Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL034-004 | A. BUILDING: _____ B. WING _____ | R 11/08/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADDICTION RECOVERY CARE ASSOCIATION ( | 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on 11/8/19. No deficiencies were cited. This facility is licensed for the following service categories:<br><br>10A NCAC 27G .5600E Supervised Living for Adults Whose Primary Diagnosis is Substance Abuse;<br>10A NCAC 27G .3400 Residential Treatment/Rehabilitation;<br>10A NCAC 27G .3100 Non-hospital Medical Detoxification;<br>10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program;<br>10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment and<br>10A NCAC 27G .5000 Facility Crisis Services for All Disability Groups | V 000 | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE