STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-127	A. BUILDING: _____ B. WING _____	R 11/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOOTHILLS AT RED OAK RECOVERY	**517 CUB CREEK ROAD ELLENBORO, NC 28040**

(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 A limited follow up survey for the Type B was completed on 11-8-21. This was a limited follow up survey, only 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .0209 Medication Requirements (V118) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) and 10A NCAC 27G .0209 Medication Requirements (V118). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors with Substance Abuse Disorders.	V 000		