

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/24/2021
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NAME OF PROVIDER OR SUPPLIER ALEF BEHAVIORAL GROUP, LLC-EDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3580 NC HIGHWAY 14 REIDSVILLE, NC 27320
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(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	<p>INITIAL COMMENTS</p> <p>.</p> <p>An Annual and Complaint Survey was completed on November 24, 2021. The complaint was unsubstantiated. (Intake #NC00183173). No deficiencies were cited.</p> <p>The current census of clients at the facility is 158.</p> <p>This facility is licensed for the following service categories:</p> <ul style="list-style-type: none"> - 10A NCAC 27G .3600: Outpatient Opioid Treatment - 10A NCAC 27G .4400: SAIOP: Substance Abuse Intensive Outpatient Program 	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____