STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL029-135	A. BUILDING: _____ B. WING _____	C 01/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THOMASVILLE TREATMENT ASSOCIATES	1301 NATIONAL HIGHWAY THOMASVILLE, NC 27360

(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 complaint survey was completed on January 13, 2022. The complaint was unsubstantiated (intake #NC00184562). No deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .3600: Outpatient Opioid Treatment The current census as of January 12, 2022 was 411 clients. The survey sample consisted of audits of 0 current clients, 0 former clients, and 1 deceased client.	V 000		