STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL002-029	A. BUILDING: _____ B. WING _____	03/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDICTION RECOVERY MEDICAL SERVICES	31 E MAIN AVENUE TAYLORSVILLE, NC 28681

(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 An annual survey was completed on 3/10/22. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse and 10A NCAC 27G .3600 Outpatient Opioid Treatment. The survey sample consisted of audits of 11 current clients and 1 deceased client. The current census was 234.	V 000		