

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2022
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NAME OF PROVIDER OR SUPPLIER ASHEVILLE RECOVERY CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9 OLD BURNSVILLE HILL ROAD, SUITE 7 ASHEVILLE, NC 28804
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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>A complaint survey was completed on August 18, 2022. The complaint was unsubstantiated (intake NC#190965). There were no deficiencies cited.</p> <p>The facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> <p>The facility currently has a census of 60.</p>	V 000		

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