

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>20190063</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WILMINGTON TREATMENT CENTER, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2520 TROY DRIVE</b> <b>WILMINGTON, NC 28401</b>
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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><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on August 16, 2022. This was a limited follow up survey, only 10A NCAC 27G .3701 Scope (V239) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .3701 Scope (V239). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.</p> <p>This facility is licensed for 78 (Residential Treatment/Rehabilitation and Nonhospital Medical Detoxification) and currently has a census of 84. The facility has a current census of 132 Day Treatment clients.</p> <p>The survey sample consisted of audits of 12 current clients.</p>	V 000		

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