Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  THE WILMINGTON TREATMENT CENTER, LLC  (252 TROY DRIVE WILMINGTON, NC 28401)  PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  PREFIX TAG  NOTIFICATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY OR SUPPLIES DEFICIENCY OR SUPPL	` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  THE WILMINGTON TREATMENT CENTER, LLC  2520 TROY DRIVE WILMINGTON, NC 28401  (X4) ID  SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 000  INITIAL COMMENTS  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.  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 .3700  Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders, and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.  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.  The survey sample consisted of audits of 12	20400062		B WING					
THE WILMINGTON TREATMENT CENTER, LLC    2520 TROY DRIVE WILMINGTON, NC   28401						08/1	6/2022	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE