

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/04/2022
NAME OF PROVIDER OR SUPPLIER NEW SEASON MORGANTON		STREET ADDRESS, CITY, STATE, ZIP CODE 145 WEST PARKER ROAD, SUITE C MORGANTON, NC 28655		
(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 limited follow up survey for the Type A1 was completed on November 4, 2022. This was a limited follow up survey, only 10A NCAC 27G .0201 Governing Body Policies (V105), 10 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .3603 Staff (V235), and 10A NCAC 27G .3604 Operations (V237) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0201 Governing Body Policies (V105), 10 NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .3603 Staff (V235), and 10A NCAC 27G .3604 Operations (237). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 170. The survey sample consisted of audits of 9 current clients.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE