

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/17/2022
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION (STREET ADDRESS, CITY, STATE, ZIP CODE 1931 UNION CROSS ROAD WINSTON-SALEM, NC 27107
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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 11/17/22. The complaints were unsubstantiated (intake #NC 00194630 and intake #NC00194632). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification - Individuals who are Substance Abusers; 10A NCAC 27G .3400 Residential Treatment - Individuals with Substance Abuse Disorders; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP); 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT); 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups and; 10A NCAC 27G.5600E Supervised Living for Adults with Substance Abuse Dependency</p> <p>The facility is licensed for 67 and currently has a census of 21. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		

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