

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-368 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R-C 12/02/2022 |
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| NAME OF PROVIDER OR SUPPLIER RED OAK RECOVERY | STREET ADDRESS, CITY, STATE, ZIP CODE 631 WILLOW CREEK ROAD LEICESTER, NC 28748 |
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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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on December 2, 2022. The complaint was unsubstantiated (Intake #NC00194651). No deficiencies were cited.</p> <p>The facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facility for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 SAIOP: Substance Abuse Intensive Outpatient Program, and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 17. The survey sample consisted of audits of 3 current clients.</p> | V 000 | | |

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