

Division of Health Service Regulation

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL011-404</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/31/2023</b> |
|--|---|---|---|

|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ASHEVILLE RECOVERY CENTER, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9 OLD BURNSVILLE HILL ROAD, SUITE 4 AND 7<br/>ASHEVILLE, NC 28804</b> |
|---|---|

| (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 complaint survey was completed on May 31, 2023. The complaint was unsubstantiated (NC# 201307). No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 40. The survey sample consisted of audits of 4 current clients.</p> | V 000         |   |                    |

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