

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/29/2023
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NAME OF PROVIDER OR SUPPLIER CRYSTAL LAKE CASAWORKS AND MATERNA	STREET ADDRESS, CITY, STATE, ZIP CODE 285 CAMP EASTER ROAD LAKEVIEW, NC 28350
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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>An annual and follow-up survey was completed on November 29, 2023. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders. 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorder and their Children. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility is licensed for 39 and currently has a census of 4. 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 _____