PRINTED: 03/04/2024 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVI COMPLETED	DATE SURVEY COMPLETED	
SILVER RIDGE 183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			MHL045-128	B. WING		03/04/20	024	
MILLS RIVER, NC 28759 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)								
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V 000 INITIAL COMMENTS V 000	V 000 INITIAL COMMENTS			V 000				
A complaint survey was completed on March 4, 2024. The complaints were unsubstantiated (Intake #s NC00212541 and NC00213195). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G: 3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders. This facility is licensed for 15 and currently has a census of 11. The survey sample consisted of audits of 2 former clients.	A control 202 (Interest defined of the control of t	A complaint survey w 2024. The complaints (Intake #'s NC002128 deficiencies were cite This facility is license category: 10A NCAC Treatment/Rehabilita Substance Abuse Dis This facility is license census of 11. The su	ras completed on March 4, s were unsubstantiated 541 and NC00213195). No ed. d for the following service 27G .3400 Residential tion for Individuals with corders. d for 15 and currently has a rvey sample consisted of					

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

(X6) DATE TITLE