

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/12/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALCOHOL AND DRUG SERVICES-WALKER CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>842 EAST PRITCHARD STREET</b> <b>ASHEBORO, NC 27203</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>An annual and follow up survey was completed on March 12, 2024. 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 .4400 Substance Abuse Intensive Outpatient Program, 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>The facility is licensed for 0 and currently has a census of 3. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 0 and the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 3 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 0. The survey sample consisted of audits of 3 current SAIOP clients.</p>	V 000		

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