STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-605	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURHAM RECOVERY RESPONSE CENTER	309 CRUTCHFIELD STREET DURHAM, NC 27704

(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	INITIAL COMMENTS An annual survey was completed on March 15, 2024. No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers and 10A NCAC 27G .5000 Facility Based Crisis Services for Individuals of all Disability Groups. This facility is licensed for sixteen and currently has a census of ten. The survey sample consisted of audits of three current clients and one former client.	V 000		