		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			Tu bolebino.		
		MHL068-003	B. WING		03/13/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA		
FREEDOM	I HOUSE RECOVERY C	FNTFR	V STATESIDE DR _ HILL, NC 2751(
			,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 000	INITIAL COMMENTS	3	V 000		
	An annual survey wa 2024. A deficiency w	is completed on March 13, as cited.			
	categories: 10A NCAC 27G .370 for Individuals with S 10A NCAC 27G .440 Intensive Outpatient 10A NCAC 27G .450 Comprehensive Outp This facility has a tota Day Treatment Facili Substance Abuse Dis of 0. The .4400 Subs Outpatient Program (census of 9 and the . Comprehensive Outp (SACOT) has a curre	Program (SAIOP). 0 Substance Abuse batient Treatment (SACOT). al census of 23. The .3700 ties for Individuals with sorders has a current census stance Abuse Intensive (SAIOP) has a current 4500 Substance Abuse batient Treatment Program ent census of 14. The survey audits of 1 current SAIOP			
V 139	Period 10A NCAC 27G .040 DURING LICENSED (f) DHSR shall cond without advance noti (g) Licenses for facil any clients during the not be renewed. (h) DHSR shall cond 24-hour facilities an a months, to occur no b July 1, 2007. (i) Written requests s	PERIOD uct inspections of facilities	V 139	Response to V139 (1) Construction of a new facility or any renovation of a facility; Freedom House Recovery Center has submitted an ap license 104 New Stateside Drive-Building 116 for .3700 Treatment Facilities for individuals with Substance Abu Disorders4400 Substance Abuse Intensive Outpatier (SAIOP) and .4500 Substance Abuse Comprehensive Treatment Program (SACOT). The request for a license application was submitted on DHSR and is awaiting confirmation of receipt and inspec-	plication to 0 Day se tt Program Outpatient 3/26/24 to

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

TITLE

RECEIVED BY

MHL & C 3/28/24 (X6) DATE

If continuation sheet 1 of 5

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-003			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 03/13/2024	
		B. WING				
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,		03	/13/2024
			V STATESIDE DRIVE			
REEDON	I HOUSE RECOVERY C	ENTER	HILL, NC 27516	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 139	Continued From pag	e 1	V 139			
	renovation of an exis (2) Increase or program service type (3) Change in (4) Change in (j) Written not to DHSR a minimum the following change (1) Change in change in partnershi (2) Change in (k) When a licensee discontinue a service days in advance sha affected clients, and legally responsible p This notice shall add clients in the facility. (I) Licenses shall ex DHSR for an addition expiration of a licens to DHSR the followin (1) Annual Fee (2) Description facility since the last submitted; (3) Local curre (4) Annual san the exception of a da that does not handle inspection report is n	r decrease in capacity by s; program service; or location of facility. ification must be submitted of 30 days prior to any of s: ownership including any p; or name of facility. plans to close a facility or a, written notice at least 30 II be provided to DHSR, to all when applicable, to the ersons of all affected clients . ress continuity of services to pire unless renewed by hal period. Prior to the e, the licensee shall submit g information: s; of any changes in the written notification was ant fire inspection report; itation inspection report, with py/night or periodic service food for which a sanitation				
	owner, partners or sh	nareholders holding an ing interest of 5% or more of				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL068-003	3 B. WING		03/13/2024	
		STREET A 104 NEV	DDRESS, CITY, ST.	RIVE	03/13/2024	
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC	CHAPEL TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	6 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	
V 139	This Rule is not met Based on record revi interviews, the facility Department of Health with written notification services, construction in location of facility. Review on 3/12/24 of maintained by DHSR -Mental Health Licen with address of facility Stateside Drive, Cha -Facility was license comprehensive outpas substance abuse inter (SAIOP) and day treat individuals with subsi -No change of location -No record of a license Drive, Chapel Hill, No Interview on 3/12/24 revealed: -The SACOT program	as evidenced by: iew, observation and y failed to provide the in Service Regulation (DHSR) on of discontinuance of in of a new facility or change The findings are: f the facility's public record R revealed: se (MHL) effective 1/2/24 ty listed as 104 New pel Hill, NC. for substance abuse atient treatment (SACOT), ensive outpatient program atment facilities for tance abuse disorder. on noted in the record. se for 116 New Stateside C. with the Receptionist m was not in the building. m was in another building.	V 139	 -Mental Health License (MHL) effective with address of facility listed as 104 Ne Stateside Drive, Chapel Hill, NC. -Facility was license for substance abuc comprehensive outpatient treatment (S substance abuse intensive outpatient p (SAIOP) and day treatment facilities for individuals with substance abuse disor -No change of location noted in the rece -No record of a license for 116 New St Drive, Chapel Hill, NC. According the US Postal Service, 116 Stateside Drive is not considered a se address apart from 104 New Stateside Chapel Hill, NC. Building 116 sits on the Freedom House Recovery Center can located at 104 New Stateside Drive, C Hill, NC. However, the campus consists of multi buildings with parking spaces separati buildings. Although the address remai same, Freedom House has submitted application for 104 New Stateside Drive Building 116 in compliance with MHL. Effective immediately, and continuing license is issues for Building 116, all li services including .3700 Day Treatme SACOT and .4400 SAIOP will be oper 	ew ase SACOT), program r der. cord. ateside New parate b Drive, the pus hapel iple ing the ns the a license ve- until a censed nt; .4500	
	outpatient services a evening group.	ensed building was for nd the SAIOP program /24 at 11:41 of the licensed outpatient services.		of 104 New Stateside Drive-Building 1		

Division of Health Service Regulation STATE FORM

6899

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION UMBER:		(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL068-003	B. WING		03	8/13/2024
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
REEDOM	I HOUSE RECOVERY C	ENTER	W STATESIDE DRIVE L HILL, NC 27516	Ξ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 139	Continued From pag	e 3	V 139			
	a.m 1:30 p.m.					
	Observation on 3/13/24 at 11:15 a.m. of the Unlicensed 116 New Stateside Drive address revealed: -Two group spaces and a bathroom. -SACOT program was currently in session utilizing one group space.					
	Quality Assurance & -She was filling in un Director of Operation -Both were off site un -She knew they were new stateside drive b	til the Clinical Director and as came on campus. htil 3/13/24. e doing renovations in the 116 puilding. en the SACOT program				
	November 2023. -Group hours were fi Monday-Friday. -The use of the build October or November	: oved to unlicensed building in rom 9:00 - 1:30 p.m. ing was available around				
	in the license buildin Interview on 3/13/24 revealed: -SACOT program op facilitated at the 116	g until they obtain a license. with the Clinical Director erated five days a week and new stateside drive building. from 9-1:30 p.m. and the size				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL068-003	B. WING		03	8/13/2024	
ME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
REEDOM	HOUSE RECOVERY C	ENTER		E			
	SIIMMARY S		- HILL, NC 27516	PROVIDER'S PLAN (0(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 139	Continued From pag	e 4	V 139				
	building would be mo -She reported it was clients to the building -They felt clients wou -She was unaware th 104 new stateside dr whole campus. -They would submit license the 116 new	a team decision to move					