

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-122</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADDICTION RECOVERY MEDICAL SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>536 SIGNAL HILL DRIVE EXTENSION STATESVILLE, NC 28625</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on April 23, 2024. The complaint was unsubstantiated (intake #NC00214957). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G .3600 Outpatient Opioid Treatment, and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> <p>The 3300 Outpatient Detoxification for Substance Abuse and the 3600 Outpatient Opioid Treatment has a current census of 382 and the .4400 Substance Abuse Intensive Outpatient Program has a current census of 0. The survey sample consisted of audits of 20 current clients and 1 deceased client in the 3300 Outpatient Detoxification for Substance Abuse and the 3600 Outpatient Opioid Treatment programs.</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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