

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-391</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/06/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY CHOICES, INC - CASCADE AT DURHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2634 CHAPEL HILL BOULEVARD, SUITE 11</b> <b>DURHAM, NC 27707</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>A complaint and follow-up survey was completed on June 6, 2024. The complaint (intake #NC00216848) was substantiated. No deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT)</p> <p>This facility has a current census of 7. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 2 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 5. The survey sample consisted of audits of 2 current SAIOP and 1 current SACOT.</p>	V 000		

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