STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL013-228	A. BUILDING: _____ B. WING _____	C 09/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHEASTERN RECOVERY CENTER	1018 LEE ANN DRIVE NE CONCORD, NC 28025

(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 A complaint survey was completed on 9-27-24. The complaint was unsubstantiated (intake # NC00219717). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program. This facility has a current census of 27. The 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program has a current census of 6 and the 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program has a current census of 21. The survey sample consisted of audits of 1 former client in the 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.	V 000		