

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601368	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/02/2024
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NAME OF PROVIDER OR SUPPLIER CAROLINA CENTER FOR RECOVERY	STREET ADDRESS, CITY, STATE, ZIP CODE 7349 STATESVILLE ROAD STE A CHARLOTTE, NC 28269
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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>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/2/24. The complaints were unsubstantiated (Intake #NC00220537, NC00221460). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP)</p> <p>This facility has a current census of 89. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 53 and the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 36.</p>	V 000		

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