

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
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NAME OF PROVIDER OR SUPPLIER HARMONY RECOVERY CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11403 NORTH TRYON STREET CHARLOTTE, NC 28262
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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 survey was completed on 10-17-24. The complaints were unsubstantiated (intake #NC00221730 and #NC00220703). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill. 10A NCAC 27G .3300 Outpatient Detoxification For Substance Abuse. 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program. 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 89. The 10A NCAC 27G .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill has a current census of 41 and the 10 A NCAC 27G .3300 Outpatient Detoxification For Substance Abuse has a current census of 0. The 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program has a current census of 17 and the 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program has a current census of 31. The survey sample consisted of audits of 1 current clients, in the 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p>	V 000		

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