

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL LAKE CASAWORKS AND MATERNA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>285 CAMP EASTER ROAD LAKEVIEW, NC 28350</b>		
(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 was attempted on November 6, 2024. According to the Chief Executive Officer (CEO)/President there are no clients being served at the facility. The last time clients were served at the facility was July 2024 (no specific date).</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders; 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>Observation on 11/6/24 of the facility at approximately 8:55 am-There were no clients or staff present. All of the apartments were empty. There were 2 maintenance men onsite renovating the apartments.</p> <p>On 11/6/24 the CEO/President stated there were no clients living at that location in the local county. The last client was served at the beginning of July 2024. He could not remember the exact date in July 2024. The facility officially closed towards the end of July 2024. They moved because the landlord would not address maintenance issues with the apartments. They transferred the clients and their children to some of the agency's other licensed facilities throughout the state. This facility is closed and the license will not be renewed for 2025.</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE