

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/26/2024
NAME OF PROVIDER OR SUPPLIER BAART COMMUNITY HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MANGUM STREET, SUITE 300 & 400 DURHAM, NC 27701		
(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 follow up survey was completed on November 26, 2024. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT).</p> <p>This facility has a current census of 299 for .3600 Outpatient Opioid Treatment. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 0 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 0. The survey sample consisted of audits of 9 current clients and 1 former client.</p>	{V 000}		

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

TITLE

(X6) DATE