

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 230633	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2025
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NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE @ DURHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 2309 NATION AVENUE, APT. #15 DURHAM, NC 27707
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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>An annual survey was completed on January 17, 2025. No deficiencies were cited.</p> <p>This facility is licensed for the following service: 10A NCAC 27G .4100. Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>The facility is licensed for 18 and currently has a census of 12. The survey sample consisted of audits of 3 current clients.</p>	V 000		

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