

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER ALCOHOL AND DRUG SERVICES-WALKER CE		STREET ADDRESS, CITY, STATE, ZIP CODE 842 EAST PRITCHARD STREET ASHEBORO, NC 27203		
(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 attempted on February 6, 2025. According to the Lead Clinician, there are no clients being served at the facility. The last time clients were served at the facility was March 2024.</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 .4400 Substance Abuse Intensive Outpatient Program, 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>Interview on 2/6/25 with the Lead Clinician revealed: -Facility was not currently serving any clients for any of their licensed programs. -The last time they served clients for a licensed program was March of 2024 and it was for the Substance Abuse Intensive Outpatient Program (SAIOP). -The SAIOP groups had to be dissolved because of the low numbers. -It was hard to bring in clients because of transportation issues. -There were no public bus stops anywhere near the facility. -He was informed that Medicaid was looking into a new definition for services and may approve telehealth services to administer SAIOP services. -It was unknown when and if the facility was to provide any licensed services.</p>	V 000		

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

TITLE

(X6) DATE