STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-212	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NU-IMAGE	130 SOUTH MAIN STREET RED SPRINGS, NC 28377

(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	INITIAL COMMENTS A complaint and follow up survey was completed on February 13, 2025. The complaint was unsubstantiated (Intake #NC00225409). No deficiencies were cited. This facility has a current census of 13. 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 13. The survey sample consisted of audits of 3 current SACOT clients. According to the Chief Executive Officer/Licensee, SAIOP services were not currently offered.	V 000		