	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
			_		R	
		MHL011-387	B. WING		02/28/202	.5
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
CREST VI	EW RECOVERY CENTER	•	ND AVENUE, E, NC 28801	SUITES B & D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	(X5) MPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	completed on Februa	and follow up survey was ry 28, 2025. The complaint (Intake #NC00226252). d.				
	categories: 10A NCAC Facilities for Individual Disorders, 10A NCAC Abuse Intensive Outp and 10A NCAC 27G.	I for the following service C 27G .3700 Day Treatment Ils with Substance Abuse C 27G .4400 Substance atient Program (SAIOP), 4500 Substance Abuse atient Treatment (SACOT).				
	.3700 Day Treatment Substance Abuse Dis of 9, the .4400 Substa Outpatient Program (Scensus of 1 and the .4 Comprehensive Outp (SACOT) has a current sample consisted of a	SAIOP) has a current 4500 Substance Abuse atient Treatment Program nt census of 12. The survey audits of 1 current and 1 t client, 1 current SAIOP				
V 131	G.S. 131E-256 (D2) F Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	LTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL011-387	B. WING		02/28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE	
				SUITES B & D	
CREST VI	EW RECOVERY CENTER	₹	E, NC 28801	301123 8 & 0	
			E, NC 20001		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 131	Continued From page	e 1	V 131		
	facility failed to ensure Care Personnel Regis prior to hire for 4 of 4 and the Clinical Direct Review on 2-26-25 of revealed: -Job Title: Clinician. -Date of Hire: 12-20-2 -Date of HCPR check Review on 2-26-25 of revealed: -Job Title: Behavioral -Date of Hire: 4-17-23 -Date of HCPR check	ews and interviews, the e the North Carolina Health stry (HCPR) was accessed audited staff (Staff #s 1-3 tor). The findings are: f Staff #1's personnel record 24. 22-26-25. f Staff #2's personnel record Health Technician Lead 3.			
	revealed: -Job Title: Client Liais	·			
	-Date of Hire: 5-31-22				
	-Date of HCPR check	:: 3-7-23.			
	Review on 2-26-25 of personnel record reve -Job Title: Clinical Dir -Date of Hire: 1-22-24 -Date of HCPR check	ector. 4.			
	• •				

Division of Health Service Regulation

Interview on 2-28-25 with the Vice President of

STATE FORM B8HT11 If continuation sheet 2 of 14

Division of	of Health Service Regu	lation				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE S COMPLI	
					F	₹
		MHL011-387	B. WING		02/2	28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CREST VI	EW RECOVERY CENTER	90 ASHI	ELAND AVENUE, SU	JITES B & D		
OKLOT VI	EW RESOVERT SERVE	` ASHEVI	LLE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From page	e 2	V 131			
	Operations revealed:					
		tant was responsible for				
	pre-hire checks.	tant was responsible for				
	-	itutes a re-cited deficiency				
	and must be correcte	d within 50 days.				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	G S 8122C-80 CRIM	IINAL HISTORY RECORD				
	CHECK REQUIRED					
	APPLICANTS FOR E	EMPLOYMENT.				
		ed in this section, the term				
		an area authority/county				
		vider of mental health, lity, and substance abuse				
	· ·	able under Article 2 of this				
	Chapter.					
		n offer of employment by a				
	provider licensed und	•				
		tion that does not require the				
	' '	occupational license is ent to a State and national				
		d check of the applicant. If				
		en a resident of this State for				
		then the offer of employment				
	is conditioned on con	sent to a State and national				
	_	d check of the applicant. The				
		ory record check shall				
		e applicant's fingerprints. If en a resident of this State for				
	i ine applicant nas bee	ar a residerit di tilis State idi				

five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider

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Division of	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL011-387	B. WING		R 02/28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CREST VI	EW RECOVERY CENTER		LAND AVENUE, LE, NC 28801	SUITES B & D	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	Continued From page	: 3	V 133		
	shall submit a reques Justice under G.S. 11 criminal history record section or shall subm entity to conduct a St. check required by this G.S. 114-19.10, the D return the results of n record checks for em covered by Public Lav Department of Health Criminal Records Che business days of rece history of the person, and Human Services, Unit, shall notify the p information received to of the applicant. In no national criminal histo with the provider. Pro upon request verificat check has been comp by this section. A cou appropriate local ordi the Division of Crimin may conduct on beha criminal history record section without the pr request to the Depart case, the county shall	to the Department of 4-19.10 to conduct a dicheck required by this it a request to a private ate criminal history record is section. Notwithstanding repartment of Justice shall ational criminal history report positions not iv 105-277 to the and Human Services, reck Unit. Within five right of the national criminal the Department of Health Criminal Records Check rovider as to whether the may affect the employability case shall the results of the rry record check be shared viders shall make available ion that a criminal history reted on any staff covered inty that has adopted an hance and has access to al Information data bank lif of a provider a State dicheck required by this record on the state dicheck required by this record on the state dicheck required by this dicheck required by this			

Division of Health Service Regulation

conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection

(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting

STATE FORM B8HT11 If continuation sheet 4 of 14

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		1 ' '	E SURVEY PLETED
		MHL011-387	B. WING		02	R 2/ 28/2025
NAME OF P	ROVIDER OR SUPPLIER	•	DDRESS, CITY, STATE	: ZIP CODE	,	
			LAND AVENUE, S			
CREST VI	EW RECOVERY CENTE	R	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	criminal history recor records obtained from (c) Action If an apprecord check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and serection (2) The date of the conviction. (4) The circumstance commission of the crommission of the crommission of the crommission of the crommission of the cromperson since the date (7) The subsequent (a relevant offense. The fact of conviction shall not be a bar to listed factors shall be If the provider disquared consideration of the crominal history of the criminal history applicant. (d) Limited Immunity or employee of a process.	d checks utilizing public m a State agency. dicant's criminal history one or more convictions of the provider shall consider all the provider shall conduct of the property of the provider of the provider of the provider shall considered by the provider of the provider shall considered by the provider of the provider	V 133	DEI IOIENO I		
	individual on the bas the criminal history re	provider to employ an is of information provided in ecord check of the individual.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL011-387	B. WING			R 28/2025
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
CDEST VII	EW RECOVERY CENTER	90 ASHE	LAND AVENUE, SU	JITES B & D		
OKLOT VII	W KLOOVEKI GERTEN	ASHEVIL	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 5	V 133			
	history record check i compliance with this set. (e) Relevant Offense. "relevant offense" metederal criminal historindictment of a crime, felony, that bears upon have responsibility for persons needing mendisabilities, or substancimes include the crimany of the following A General Statutes: Artilesuing Monetary Substancing Executives Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdulnjury or Damage by Uncendiary Device or and Other Housebrea Other Burnings; Article	- As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or on an individual's fitness to r the safety and well-being of stal health, developmental nce abuse services. These minal offenses set forth in rticles of Chapter 14 of the sicle 5, Counterfeiting and ostitutes; Article 5A, we and Legislative Officers; urticle 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary skings; Article 15, Arson and the 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A,				

Division of Health Service Regulation

Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article

26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74121 2741	or contraction.	BERTIN TO ATTOR TO MIBER.	A. BUILDING:		
		MHL011-387	B. WING		R 02/28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
CREST VI	EW RECOVERY CENTE	R	LAND AVENUE, S LE, NC 28801	SUITES B & D	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 133	Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment applic criminal history recorshall be guilty of a CI (g) Conditional Employemploy an applicant obtaining the results check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history recorsubsection (b) of this fingerprint cards as re (2) The provider shall criminal history recorbusiness days after the conditional employme 2001-155, s. 1; 2004-	tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in 302 or driving while of G.S. 20-138.1 through In the second of the second	V 133		
	facility failed to reque check within five busi	as evidenced by: ew and interviews, the est a criminal history record iness days of making the mployment for 1 of 4 audited			

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STATE FORM B8HT11 If continuation sheet 7 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
			D 14/15/10		R	
		MHL011-387	B. WING		02/2	8/2025
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CREST VII	EW RECOVERY CENTER	90 ASHELA	ND AVENUE,	SUITES B & D		
		ASHEVILLE	, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 7	V 133			
	staff (Staff #3). The fin	ndings are:				
	revealed: -Job Title: Client Liais -Date of Hire: 5-31-22 -Date of background of the control of	check: 6-20-22. with the Executive				
	checksCould not comment on Staff #3 as that staff was hired prior to her startingNow use a different system to run background checks than previously. Interview on 2-28-25 with the Vice President of Operations revealed: -The Executive Assistant was responsible for pre-hire checks.					
V 239	27G .3701 Day Tx. So 10A NCAC 27G .3707 (a) Day treatment factor of the provided by outposerve as an alternative program. (b) Day treatment see programs, which may and family counseling	1 SCOPE cilities provide services in a viduals who need more for substance abuse than atient treatment, and may be to a 24-hour treatment rvices shall have structured r include individual, group, g, recreational therapy, peer puse education, life skills	V 239			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		MHL011-387	B. WING		02/28	3/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CREST VI	EW RECOVERY CENTER	90 ASHE	LAND AVENUE,	SUITES B & D		
		ASHEVIL	LE, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 239	Continued From page	8	V 239			
	facility failed to operatoreatment services. The Review on 2-27-25 of -Date of Admission: 1 -Enrolled in Day Treat Individuals with Substitute of Admission: 1 -Date of Admission: 1 -Date of Admission: 1 -Date of Discharge: 1 -Enrolled in Day Treat Individuals with Substitute of Payment/Financial Agarim. For clients that election of Admission: 1 -Date of Discharge: 1 -Enrolled in Day Treat Individuals with Substitute of Payment/Financial Agarim. For clients that election of the Payment of The Paym	ews and interviews, the te within the scope of day the findings are: Client #1's record revealed: -26-25. tment Facilities for tance Abuse Disorders. Former Client (FC) #4's 2-23-259-25. tment Facilities for tance Abuse Disorders. and 2-27-25 of the greement revealed: ect the housing component, twenty four (24) hours per ter week."				
	website revealed:	nd 2-27-25 of the Licensee				
	drug-free space for he	toring ensures a safe,				
	Description" revealed -The Program Descrip					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL011-387	B. WING		02/28/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CREST VI	EW RECOVERY CENTER	90 ASHEL	AND AVENUE,	SUITES B & D		
		ASHEVILL	E, NC 28801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
V 239	Continued From page	9	V 239			
	Review on 2-28-25 of revealed: -Three phases: 1. Ori and 3. AftercareAll phases stated "M and compliance with Interview on 2-26-25Was admitted to day 12-23-25Resided in the apartible by the LicenseeHad been told they we Felt that she had to ribe engaged in the pro-	entation, 2. Specialty Track, aintain positive participation program policies and rules." with FC #4 revealed: treatment services on ments that were managed were an inpatient program. eside in the apartments to ogram.				
	treatment program we the residential apartm					
	Interview on 2-27-25 with Client #1 revealed: -Had been living in the apartments that were managed by the LicenseeWas engaged with services and the residential component was tied together with the treatment aspect of the programmingHad to reside in the apartments run by the Licensee to participate in day treatment services"If I wanted to go to a different program, I would have to move somewhere else. I couldn't stay here." -The ability to make phone calls and go to outside meetings was directly correlated to participation in the program. Interview on 2-27-25 with Staff #3 revealed:					
	the program, would to next step.	uously not participating in alk to a supervisor about the the program if they didn't apartments.				

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	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL011-387	B. WING		02/28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE	,
NAME OF T	NOVIDEN ON OUT FEET		LAND AVENUE,		
CREST VI	EW RECOVERY CENTER	₹	LE, NC 28801	301123 13 14 15	
	OU MANA DV OT		·	DDOWDEDIO DI ANI OF CODDECTIO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
V 239	Continued From page	e 10	V 239		
	President of Operatio -"I don't think we wou residential apartment participating in the da	ld kick them out (of the)(if a client chose to stop y treatment services)" itutes a re-cited deficiency			
V 280	27G .4501 Sub. Abus	se Comp. Outpt. Tx Scope	V 280		
	treatment program (S a multi-faceted appro outpatient setting for substance-related dia structure and support recovery. (b) Treatment suppo or specifically designed disabilities, co-occurr mental illness or deveronder pregnant women, chromogenous groups. (c) SACOT shall have which includes the form (1) individual condition (2) group cound (3) family cound (4) strategies form include community are treatment; (5) life skills; (6) crisis continum (7) disease mand (8) service cooders.	se comprehensive outpatient sACOT) is one that provides ach to treatment in an adults with a primary agnosis who require to achieve and sustain activities may be adapted ad for persons with physical ing disorders including alopmental disabilities, conic relapse, and other a structured program, allowing services: counseling; seling; seling; seling; or relapse prevention to and social support systems in agency planning;			

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	or realth Service Negu		()(0) MI II TIDI E	CONCEDITORION	(VO) DATE OUDVEY
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
, , , , , , , , , , , , , , , , , , , ,	5. 55. u. 25. u. 1		A. BUILDING: _		00 22.125
					R
		MHL011-387	B. WING		02/28/2025
NAME OF D	ROVIDER OR SUPPLIER	CTDEET A	DDRESS, CITY, STA	TE ZID CODE	
NAIVIE OF P	ROVIDER OR SUPPLIER		, ,	•	
CREST VI	EW RECOVERY CENTER	₹	LAND AVENUE,	SUITES B & D	
	ı	ASHEVIL	LE, NC 28801		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG			IAG	DEFICIENCY)	
	0 " 15	44	V 200		
V 280	Continued From page	2 11	V 280		
	drug use (e.g. urine d	rug screens).			
	(d) The treatment ac	tivities specified in			
	Paragraph (c) of this	Rule shall emphasize the			
	following:				
	(1) reduction in	use and abuse of			
	substances or continu				
	` <i>'</i>	anding of addictive disease;			
		nt of social support network			
	and necessary lifesty	•			
	(4) educational	-			
		skills leading to work activity			
	-	e abuse as a barrier to			
	employment;	ntarparaanal akilla:			
		nterpersonal skills; mily functioning;			
		e consequences of			
	substance abuse; and	•			
		ommitment to recovery and			
	maintenance program	_			
	ae. p. eg.a				
	This Rule is not met				
		ews and interviews, the			
	, ,	te within the scope of a			
		nprehensive outpatient			
	treatment (SACOT) p	rogram. The findings are:			
	Davious or 0.07.05 -4	Client #21e record revealed			
	-Date of Admission: 2	Client #3's record revealed:			
	-Date of Admission: 2 -Enrolled in SACOT.	. - 20-20.			
	Review on 2-26-25 ar	nd 2-27-25 of the			
	Payment/Financial Ac				
		ect the housing component,			
		twenty four (24) hours per			
	day, seven (7) days p				
	ady, soveri (1) days p	WOOK.			
	Review on 2-26-25 ar	nd 2-27-25 of the			
	Payment/Financial Ag				
		ect the housing component,			

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l l	Division of Health Service Regulation								
	(X3) DATE SURVEY								
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM	PLETED								
	R								
MHL011-387 B. WING 0	2/28/2025								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
OREST VIEW RECOVERY CENTER 90 ASHELAND AVENUE, SUITES B & D									
ASHEVILLE, NC 28801									
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE								
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE	DATE								
DEFICIENCY)									
V 280 Continued From page 12 V 280									
clients are monitored twenty four (24) hours per									
day, seven (7) days per week."									
Review on 2-26-25 and 2-27-25 of the Licensee									
website revealed:									
-"Patients live on-site throughout their									
treatment24/7 monitoring ensures a safe,									
drug-free space for healing. The length of									
inpatient rehabilitation typically ranges from 30-60 days"									
uays									
Review on 2-27-25 of the Facility's "Program									
Description" revealed:									
-The Program Description listed "Sober									
Living/Housing" as one element of the Program.									
Review on 2-28-25 of the Facility's "Phases"									
revealed:									
-Three phases: 1. Orientation, 2. Specialty Track, and 3. Aftercare.									
-All phases stated "Maintain positive participation									
and compliance with program policies and rules."									
Interview on 2-27-25 with Client #3 revealed:									
-Had only been enrolled in the program for a few									
days.									
-Had been living in the apartments that were									
managed by the LicenseeThought that she had to live in the apartments to									
be engaged in the SACOT program.									
-"They (staff) told one girl (Client) if they didn't go									
to the meetings, she would get put out (kicked out									
of the residential apartments)."									
Interview on 2-27-25 with Staff #3 revealed:									
-If a client was continuously not participating in the program, would talk to a supervisor about the									
next step.									
-They would not be in the program if they didn't									

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live at the residential apartments.

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
						R
		MHL011-387	B. WING		02	/28/2025
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT			
CREST VI	EW RECOVERY CENTER	₹	ELAND AVENUE, LLE, NC 28801	SUITES B & D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 280	Continued From page 13		V 280			
	Interview on 2-27-27 President of Operatio	and 2-28-27 with the Vice ons revealed: old kick them out (of the old)(if a client chose to stop				

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