STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R B. WNG MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D CREST VIEW RECOVERY CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint, and follow up survey was completed on February 28, 2025. The complaint was unsubstantiated (Intake #NC00226252). Deficiencies were cited. The 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 (SAIOP), and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT). This facility has a current census of 22. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a current census of 9, the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 1 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 12. The survey sample consisted of audits of 1 current and 1 former Day Treatment client, 1 current SAIOP client and 1 current SACOT client. V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification RECEIVED G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a DHSR-MH Licensure See health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. Division of Health Service Regulation

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

TITLE

(X6) DATE

Interim Executive Director

03/17/2025

Division	of Health Service Regu	ulation			FURI	MAPPROVE
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE	
ANDIGE	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	S:	COMPL	LETED
						R
		MHL011-387	B. WING			28/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, ST	TATE, ZIP CODE		
CREST V	IEW RECOVERY CENTER	90 ASHF	ELAND AVENUE	E, SUITES B & D		
01120	TETT NEOOTEN. OLI		ILLE, NC 28801	l		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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				DEFICIENCY)	Nation	
V 131	Continued From page	e 1	V 131			
	\$10.000					
	This Rule is not met a					
	Based on record revie	ews and interviews, the		V 131G.S. 131E-256 (D2) HCPR - Prid	or	
		e the North Carolina Health		Employment Verification The Vice Pre		
		stry (HCPR) was accessed		Operations met with the Executive		
		audited staff (Staff #s 1-3		Administrator and Human Resources	and the same of th	
	and the Clinical Direct	or). The findings are:		department to discuss rule G.S. 131 E		
	Review on 2-26-25 of	Staff #1's personnel record		(d2) with the emphasis that the Health Personnel Registry check must be con	Care	
	revealed:	Otali #1 a personner record		prior to the hire date. During this meeti	ing the	
1	-Job Title: Clinician.			Vice President of Operations, Executiv		
	-Date of Hire: 12-20-24			Administrator and Human Resources		
	-Date of HCPR check:	. 2-26-25.		Department revised policy number CV		
	22225	AND THE PROPERTY OF THE PROPER		Conditions of Employment and policy r		
		Staff #2's personnel record		CVRC-066 Health Care Personnel Reg (HCPR) Reporting Policy, to include the		
	revealed:	Health Technician Lead		Health Care Personnel Registry shall be		
	-Job Title: Benavioral F -Date of Hire: 4-17-23.			accessed for any health care personne		
	-Date of HCPR check:			to hire. The Executive Administrator an		
1	-bato of free free	J=10-4-T.		Human Resources department have		
	Review on 2-26-25 of	Staff #3's personnel record		developed a Pre-Employment Checklis		
	revealed:			includes documentation of the HCPR roto be completed and signed off on prior		
1	-Job Title: Client Liaiso			submitting an offer of employment. As a	10 an	
	-Date of Hire: 5-31-22.			additional measure, The Executive	an	
	-Date of HCPR check:	3-7-23.		Administrator and/or Human Resources		
	Review on 2-26-25 of t	the Official Disasteria		department will complete an internal au	ıdit of	
	personnel record revea			all active personnel records on a bi-ann	iual	
100	-Job Title: Clinical Direct			basis. All record audits will be document and submitted by the Executive Administration		
	-Date of Hire: 1-22-24.			and/or Human Resources department to	Strator	
	-Date of HCPR check:	1-23-24.		Vice President of Operations. If an insta	ance of	
				non-compliance is identified, a corrective	/e	
	Interview on 2-26-25 w			action plan is required to be submitted t		
	Administrator revealed:			Vice President of Operations.		
	-Employed with the Lice	censee since June 2022.				1
1.	-Was responsible for co	ompleting HCPR checks.				
1,	Interview on 2-28-25 w	vith the Vice President of				

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D **CREST VIEW RECOVERY CENTER** ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 131 V 131 Continued From page 2 Operations revealed: -The Executive Assistant was responsible for pre-hire checks. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. V 133 G.S. 122C-80 Criminal History Record Check V 133 G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health. developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for 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

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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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upon request verification that a criminal history check has been completed on any staff covered

by this section. A county that has adopted an

appropriate local ordinance and has access to

the Division of Criminal Information data bank

may conduct on behalf of a provider a State

criminal history record check required by this

section without the provider having to submit a

request to the Department of Justice. In such a

case, the county shall commence with the State

conditional offer of employment by the provider.

provider is confidential and may not be disclosed,

except to the applicant as provided in subsection

All criminal history information received by the

subsection, the term "private entity" means a business regularly engaged in conducting

criminal history record check required by this

section within five business days of the

(c) of this section. For purposes of this

of Operations.

developed a Pre-Employment Checklist,

check within 5 business days of conditional

offer of employment, to be completed and

onboarding. As an additional measure, The

internal audit of all active personnel records

on a bi-annual basis. All record audits will be

documented and submitted by the Executive

Operations. If an instance of non-compliance

required to be submitted to the Vice President

Executive Administrator and/or Human

Resources department will complete an

Administrator and/or Human Resources

is identified, a corrective action plan is

department to the Vice President of

which includes documentation of the submission of the criminal history record

signed off on prior to completion of

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D **CREST VIEW RECOVERY CENTER** ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 133 | Continued From page 4 V 133 criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of

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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

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D **CREST VIEW RECOVERY CENTER** ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 6 V 133 sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)

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This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to request a criminal history record check within five business days of making the conditional offer of employment for 1 of 4 audited

PRINTED: 03/06/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D **CREST VIEW RECOVERY CENTER** ASHEVILLE, NC 28801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)**PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 | Continued From page 7 V 133 staff (Staff #3). The findings are: Review on 2-26-25 of Staff #3's personnel record revealed: -Job Title: Client Liaison -Date of Hire: 5-31-22. -Date of background check: 6-20-22. Interview on 2-26-25 with the Executive Administrator revealed: -Employed with the Licensee since June 2022. -Was responsible for completing background checks. -Could not comment on Staff #3 as that staff was hired prior to her starting. -Now 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. Sub. Abuse - Scope V 239 10A NCAC 27G .3701 SCOPE (a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment

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program.

(b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.

PRINTED: 03/06/2025 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WNG MHL011-387 02/28/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D **CREST VIEW RECOVERY CENTER** ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 239 Continued From page 8 V 239 The VP of Operations met with Executive Leadership, the Clinical Director, the Operations Manager, the Marketing Department, and other key stakeholders to align policies and practices with the scope of day treatment services under 27G .3701. Several modifications will be implemented, including revisions to existing policies, amendments to This Rule is not met as evidenced by: financial agreements, and updates to client rights to Based on record reviews and interviews, the accurately reflect available housing options. facility failed to operate within the scope of day Program rules were adjusted to clarify that treatment services. The findings are: treatment services and the residential component are not tied together as a single program, but clients must reside in a sober living environment of their Review on 2-27-25 of Client #1's record revealed: choosing in order to enroll in the day treatment -Date of Admission: 1-26-25. program, but there will be a clear delineation -Enrolled in Day Treatment Facilities for between day treatment services and the clients' Individuals with Substance Abuse Disorders. living situation such that the two will not be related or coordinated. Phone usage and outside meeting Review on 2-27-25 of Former Client (FC) #4's attendance in the residences will no longer be linked to participation in the treatment program, and record revealed: program documents were updated to clearly state -Date of Admission: 12-23-25. that participation in the day treatment program -Date of Discharge: 1-9-25. requires housing in a sober living environment. -Enrolled in Day Treatment Facilities for However, staff will be trained and the policy will be Individuals with Substance Abuse Disorders. clear that participants in day treatment have the right to select any sober living environment and that no specific sober living environment is required to Review on 2-26-25 and 2-27-25 of the participate in the program. Sober living refers to a Payment/Financial Agreement revealed: structured, substance-free housing environment -"...For clients that elect the housing component, designed for individuals recovering from substance clients are monitored twenty four (24) hours per use disorder (SUD). These residences provide a safe and day, seven (7) days per week." supportive setting where individuals can continue their recovery after inpatient treatment or while Review on 2-26-25 and 2-27-25 of the Licensee participating in a substance use disorder program. website revealed: -"Patients live on-site throughout their treatment...24/7 monitoring ensures a safe,

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days..."

Description" revealed:

drug-free space for healing. The length of inpatient rehabilitation typically ranges from 30-60

Review on 2-27-25 of the Facility's "Program

Living/Housing" as one element of the Program.

-The Program Description listed "Sober

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next step.

-If a client was continuously not participating in the program, would talk to a supervisor about the

-They would not be in the program if they didn't

live at the residential apartments.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 10 10 10 10 10 10 10 10 10 10 10 10 10	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL011-387	B. WNG		R 02/28/2025
NAME OF P	PROVIDER OR SUPPLIER	STREET AF	DDRESS, CITY, STATE	E. ZIP CODE	
OBEST VI	THE DECOMEDY CENTER	90 ASHFI	LAND AVENUE, S		
CREST VI	IEW RECOVERY CENTER	R	LE, NC 28801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 280	Continued From page	e 11	V 280		
	drug use (e.g. urine dr (d) The treatment acti Paragraph (c) of this F following: (1) reduction in substances or continu (2) the understa (3) development and necessary lifestyle (4) educational sk (5) vocational sk by reducing substance employment; (6) social and in (7) improved fan (8) the negative substance abuse; and	drug screens). tivities specified in Rule shall emphasize the use and abuse of ued abstinence; anding of addictive disease; nt of social support network le changes; skills; skills leading to work activity e abuse as a barrier to nterpersonal skills; mily functioning; e consequences of dommitment to recovery and			
	This Rule is not met as Based on record review facility failed to operate substance abuse comp treatment (SACOT) pro	ews and interviews, the e within the scope of a			
	-Date of Admission: 2-2 -Enrolled in SACOT. Review on 2-26-25 and Payment/Financial Agre -"For clients that elect clients are monitored to day, seven (7) days per	d 2-27-25 of the reement revealed: ct the housing component, wenty four (24) hours per er week."			
1	Review on 2-26-25 and Payment/Financial Agre				

-"...For clients that elect the housing component,
Division of Health Service Regulation

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Division of Health Service Regi STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Jation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 10	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-387	B. WING		02/28	8/2025	
NAME OF P	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE	•	"	
CREST VI	IEW RECOVERY CENTER	90 ASHFI		E, SUITES B & D			
OILLO!	EW REGOVER, GERTE.		LE, NC 28801	<u> </u>			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC 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 280	Continued From page	÷ 12	V 280				
	day, seven (7) days p Review on 2-26-25 an	twenty four (24) hours per per week." and 2-27-25 of the Licensee		The VP of Operations met with Executive Leadership, the Clinical Director, the Opera Manager, the Marketing Department, and o stakeholders to align policies and practices scope of day treatment services under V28	other key s with the		
	-"Patients live on-site	website revealed: -"Patients live on-site throughout their treatment24/7 monitoring ensures a safe, 27G .4501. Several modifications will be implemented, including revisions to existing amendments to financial agreements, and		policies,			
	drug-free space for he	ealing. The length of		to client rights to accurately reflect available	e housing		
	inpatient rehabilitation days"	n typically ranges from 30-60		options. Program rules were adjusted to cla treatment services and the residential comp are not tied together as a single program, b must reside in a sober living environment of	ponent out clients		
		the Facility's "Program		choosing in order to enroll in the day treatme	nent		
	-The Program Description listed "Sober between day trea			program, but there will be a clear delineation between day treatment services and the clie			
			living situation such that the two will not be r	related or			
		attendance in the residences will no longer be linked		be linked			
1	Review on 2-28-25 of revealed:	the Facility's "Phases"		to participation in the treatment program, an program documents were updated to clearly	nd		
		entation, 2. Specialty Track,		that participation in the day treatment progra requires housing in a sober living environme	am ent.		
		aintain positive participation		However, staff will be trained and the policy clear that participants in day treatment have	will be		
	**************************************	program policies and rules."		to select any sober living environment and the specific sober living environment is required	that no		
		with Client #3 revealed: ed in the program for a few		participate in the program. Sober living referstructured, substance-free housing environm			
1	days.	d in the program for a few		designed for individuals recovering from sub	ostance		
	-Had been living in the			use disorder (SUD). These residences provide safe and supportive setting where individuals			
	managed by the Licens			continue their recovery after inpatient treatm	nent or		
	be engaged in the SAC	to live in the apartments to		while participating in a substance use disord program. Most sober living homes have curfe			
		girl (Client) if they didn't go		required house meetings, and expectations			
		ould get put out (kicked out		regarding employment, treatment participation			
1	of the residential aparti	ments)."		attendance at recovery meetings. In rare insi	ne		
	Interview on 2-27-25 w	vith Staff #3 revealed:		supports the structure and success needed f living.	or sober		
		ously not participating in					
	the program, would talk next step.	k to a supervisor about the					
	Control of the Contro	the program if they didn't					

live at the residential apartments.

Division	of Health Service Regu	lation			FORI	WIAPPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	307.000	(X2) MULTIPLE CONSTRUCTION		
			A. BOILDING	A. BUILDING:		LETED
		MHL011-387	B. WNG			R 28/2025
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		New York
CREST V	EW RECOVERY CENTER	(E, SUITES B & D		
		ASHEVI	LLE, NC 28801	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	JLD BE COMPLETE	
V 280	Continued From page	13	V 280	Continued from page 13:		
V 280	Interview on 2-27-27 a President of Operation -"I don't think we woul	and 2-28-27 with the Vice ns revealed: d kick them out (of the (if a client chose to stop	V 280	Continued participation in the day treatment program will not be contingent on a client at any particular sober living environment patient is not allowed to live in their current living housing they will be required to find sober living environment to continue in the Additionally, website content will be updated 30 days to remove language suggesting of living and 24/7 monitoring, ensuring a cledistinction between off-site housing and the services. The program's length of stay will described as based on medical necessity than a predefined 30- to 60- day time-fram support these changes, marketing and su will receive further training to ensure accure representation of program services, housi options, and length of stay. A new financial agreement has been implemented to clarify the treatment services are separate from arrangement and staff will no longer provision monitoring at the apartments, which are mand operated by a separate legal entity unseparate agreement with its own rules	remaining but if a nt sober a different e program. ted within on-site ar eatment I be rather ne. To pport staff rate ng al fy that the any living de 24/7 anaged	

STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building MHL011-387 B. Wing 2/28/2025 **Y3** NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE CREST VIEW RECOVERY CENTER 90 ASHELAND AVENUE, SUITES B & D ASHEVILLE, NC 28801 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 Y5 **Y4** Y5 Y4 Y5 **ID Prefix** V0118 **ID Prefix** Correction V0752 Correction **ID Prefix** Correction 27G .0209 (C) 27G .0304(b)(4) Reg. # Completed Reg. # Completed Reg. # Completed LSC 02/28/2025 LSC 02/28/2025 LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY** REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) Benjamin Robinson 2-28-25 **REVIEWED BY** REVIEWED BY DATE TITLE DATE CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 2/12/2020

Page 1 of 1

EVENT ID:

EUBY12

YES NO



March 12, 2025

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: Plan of Correction Crest View Recovery Center 90 Asheland Ave. Asheville, NC 28801 MHL# 011-387

Dear Licensure and Certification Team,

Enclosed is our completed Plan of Correction for Crest View Recovery Center, addressing the deficiencies cited during the annual licensing survey on February 28, 2025.

Thank you for your time, guidance, and assistance throughout this process. If you need any additional information, please contact me at the details below.

Regards,

Mark Gerges, MD

Interim Executive Director

561-756-6491

mark.gerges@dreamliferecovery.com