STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-127	A. BUILDING: _____ B. WING _____	R-C 04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOOTHILLS AT RED OAK RECOVERY	517 CUB CREEK ROAD ELLENBORO, NC 28040

(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 April 30, 2025. The complaints were substantiated (intake #NC00229421 and #NC00229407). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600D Supervised Living for Minors with Substance Abuse Dependency. This facility is licensed for 16 and has a current census of 10. The survey sample consisted of audits of 3 current clients.	V 000		