

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/12/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>RED OAK RECOVERY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>631 WILLOW CREEK ROAD LEICESTER, NC 28748</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 12, 2025. The complaint was unsubstantiated (Intake NC00230322). No deficiencies were cited.</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 (SAIOP), 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 27. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a census of 24. The .4400 SAIOP has a current census of 3. The .5400 Day Activity for Individuals of all Disability Groups has a current census of 0. The survey sample consisted of audits of 2 Day Treatment clients and 1 former client.</p>	V 000		

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

TITLE

(X6) DATE