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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/10/2025		
		MHL011-404					
			ADDRESS, CITY, STATE, ZIP CODE				
SHEVILL	E RECOVERY CENTER	LLC	URNSVILLE HILL R LLE, NC 28804	OAD, SUITE 4 AND 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE	
	INITIAL COMMENTS		V 000				
	An annual and complaint survey was completed on June 10, 2025. The complaint was unsubstantiated (Intake NC00230395). A deficiency was cited.						
	categories: 10A NCAC 27G .370 for Individuals with S 10A NCAC 27G .440 Intensive Outpatient 10A NCAC 27G .450	Program (SAIOP),					
	.3700 Day Treatmen Substance Abuse Di The .4400 SAIOP ha The .4500 SACOT h The survey sample c	rrent census of 70. The t Facilities for Individuals with sorders has a census of 6. as a current census of 25. as a current census of 39. consisted of audits of 1 nt, 3 current SACOT clients 9 clients.					
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring he health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a nall access the Health Care and shall note each incident ropriate business files.					

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Division of Health Service Regulation														
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED									
		MHL011-404	B. WING		06/10/2025									
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE											
ASHEVILLE RECOVERY CENTER, LLC 9 OLD BURNSVILLE HILL ROAD, SUITE 4 AND 7 ASHEVILLE, NC 28804														
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE								
V 131	Continued From page 1		V 131											
	facility failed to ensur Care Personnel Regis prior to hire to ensure Registry (HCPR) was employment for 2 of 3 the Clinical Director). Review on 6-10-25 of revealed: -Job Title: Clinician -Date of Hire: 12/9/24 -Date of HCPR check Review on 6-10-25 of personnel record reve -Job Title: Clinical Dir -Date of HCPR check Interview on 6-10-25 revealed: -HCPR checks are ty hire. -"I have been tighteni sure new hire paperw -Some paperwork "we Licensee separated fi -The internal systems	ews and interviews, the e the North Carolina Health stry (HCPR) was accessed the Health Care Personnel accessed prior to audited staff (Staff #2 and The findings are: f Staff #1's personnel record f the Clinical Director's ealed: rector () f the Clinical Director's ealed: with the Clinical Director pically completed prior to ng those things up (making												
Division of Hea	alth Service Regulation		Division of Health Service Regulation											

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