

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-423</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>OASIS RECOVERY TREATMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>191 CHARLOTTE STREET, SUITE 100 &amp; 200 ASHEVILLE, NC 28801</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 9, 2025. The complaint was unsubstantiated (Intake NC00230699). 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 .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT).</p> <p>This facility has a current census of 49. The .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders has a census of 0. The .4400 SAIOP has a current census of 11. The .4500 SACOT has a current census of 38. The survey sample consisted of audits of 3 current SACOT clients and 2 current SAIOP clients.</p>	V 000		

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

TITLE

(X6) DATE