

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-220</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/10/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>S &amp; H YOUTH AND ADULT ALCOHOL AND DRL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>714 SOUTH MAIN STREET SALISBURY, NC 28144</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A follow up survey was completed on September 10, 2025. No Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program or 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program.</p> <p>This facility has a current census of 32. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 5 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 27. The survey sample consisted of audits of 3 current SACOT clients and 1 former SACOT client.</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_