

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/13/2026
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CARE ASSOCIATION, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5755 SHATTALON DRIVE WINSTON SALEM, NC 27105
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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
V 000	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 2/13/26. No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers, 10A NCAC 27G .3400 Residential Treatment for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program, 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment, 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The facility is licensed for 99 and currently has a census of 49. The 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals who are Substance Abusers has a current census of 4 and the 10A NCAC 27G .3400 Residential Treatment for Individuals with Substance Abuse Disorders has a current census of 45.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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