Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL046-042	A. BUILDING: ______ B. WING ______	C 03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING LIFE BEHAVIORAL CARE, LLC	**228 EAST MAIN STREET AHOSKIE, NC 27910**

(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	INITIAL COMMENTS A complaint survey was completed on 3/23/23. The complaint was substantiated (Intake # 00198201). No deficiencies were cited. The facility is licensed for the following service categories 10A NCAC 27G. 1200 Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness (PSR), 10A 27G. 4400 Substance Abuse Intensive Outpatient Program (SAIOP) and 10A NCAC 27G. 4500 Substance Abuse Comprehensive Outpatient Treatment (SACOT). The facility has a current census of 0 for the 1200 PSR, a census 0 for SAIOP and a census of 27 for SACOT. The survey sample consisted of three current clients.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE