

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL094-013</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING LIFE BEHAVIORAL CARE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1107 US HIGHWAY 64 WEST PLYMOUTH, NC 27962</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>A complaint and follow up survey was completed on 5/9/25. This was a limited follow up survey, only 10A NCAC 27G .0201 Governing Body Policies (V105), 10A NCAC 27G .0203 Privileging/Training Professionals (V109), and 10A NCAC 27G .0204 Training/Supervision Paraprofessionals (V110) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .0201 Governing Body Policies (V105), 10A NCAC 27G .0203 Privileging/Training Professionals (V109), and 10A NCAC 27G .0204 Training/Supervision Paraprofessionals (V110).</p> <p>The following were not reviewed for compliance due to the program 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness not having any clients since 10/6/23: 10A NCAC 27G .1201 Psychosocial Rehabilitation-Scope (V174), 10A NCAC 27G .1202 Psychosocial Rehabilitation-Staff (V175)), and 10A NCAC 27G .1203 Psychosocial Rehabilitation-Operations (V176).</p> <p>This 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 NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SAIOP), and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT).</p> <p>This facility has a current census of 39. The PSR has a current census of 0, the SAIOP has a current census of 0 and the SACOT has a current census of 39. The survey sample consisted of audits of 3 current SACOT clients.</p>	V 000		

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

TITLE

(X6) DATE

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