PRINTED: 08/04/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 718 MADISON STREET LINCOLNTON, NC 28092 [X4) ID PREPIX ID DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING IN-CHMATION) V 000 INITIAL COMMENTS An annual survey was attempted on August 4, 2025. According to the Director/Licensee there are no clients currently being served at the facility. This facility is licensed for the following service category: 10 A NCAC 27G .5500C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has no clients. An interview on 8/4/25 with the Director/Licensee indicated there has never been clients served at the facility, He was planning to serve clients but not sure when that would be.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
RESTORED BRIDGES, LLC (KAMALA HOUSE) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual survey was attempted on August 4, 2025. According to the Director/Licensee there are no clients currently being served at the facility. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has no clients. An interview on 8/4/25 with the Director/Licensee indicated there has never been clients served at the facility. He was planning to	MHL055-132		B. WING		08.	08/04/2025		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE