STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-072	A. BUILDING: _____ B. WING _____	C 10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING LIFE BEHAVIORAL CARE, LLC	200 BECKER DRIVE ROANOKE RAPIDS, NC 27870

(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 October 29, 2025. The complaint was unsubstantiated (Intake #NC00233532). No deficiencies were cited. This facility has a current census of 130. The .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness has a current census of 41, the .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 89 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 0. The survey sample consisted of audits of 1 former SAIOP client.	V 000		