

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-273	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/27/2026
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NAME OF PROVIDER OR SUPPLIER BRIGHT LIGHT RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 18 LOGAN ROAD CASTLE HAYNE, NC 28429
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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>An annual, complaint, and follow up survey was completed on January 27, 2026. The complaints were substantiated (intake #NC00233865 and #NC00233843). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observation on 1/22/26 between 3 - 4pm during a tour of the facility revealed:</p> <ul style="list-style-type: none"> - There was a baseball size hole in the drywall behind the bathroom door in client #1 and client #2's bathroom. - There were multiple missing slats extending approximately 8 - 12 inches from the bottom of the blinds on the side entry door in the family room. - The top far left window pane in the double hung window to the left side of the family room had a 	V 736		

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

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V 736	<p>Continued From page 1</p> <p>softball size hole in the window pane. There were glass shards along the outside of the window sill.</p> <p>Interview on 1/22/26 staff #1 stated: - She was aware that the window had recently cracked but was not aware that the window had broken. - She was going to arrange for someone to repair the the window pane.</p> <p>Interview on 1/27/26 The Clinical Director stated: - The facility would have necessary repairs made.</p>	V 736		