

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2025
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NAME OF PROVIDER OR SUPPLIER RESTORED BRIDGES, LLC (KAMALA HOUSE)	STREET ADDRESS, CITY, STATE, ZIP CODE 718 MADISON STREET LINCOLN, NC 28092
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 18, 2025 . Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client.</p>	V 000	<p>QP will update Policy and procedure manual in accordance to the governing body policies. QP will ensure to maintain a physical/electronic copy on the premises.</p>	
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105	<p>V 000 V 105</p> <p style="text-align: center;">RECEIVED JAN 16 2026 DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Orlando Walker

Director

01/12/2026

Division of Health Service Regulation

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to implement its written policies for the delegation of management authority. The findings are: Observation on 12/17/25 at 12:05pm of the facility revealed: -No staff or clients were present at the facility. Interviews on 12/17/25 and 12/18/25 the QP Revealed: -"Nobody (staff or clients) at home (facility) during the day." -Client #1 was at the day program. -Staff #1 was scheduled to work at the facility at 2:30pm. -He was unable to come to the facility on 12/17/25 due to being "in a meeting" for another job and having to pick his kids up from school. -Was in the process of hiring additional staff.	V 105	QP will update staff charts. Maintain physical/electronic staff files on the premises. QP will conduct semi annual internal audits to ensure compliance. V 107 V 108	
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and	V 107		

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V 107	<p>Continued From page 3</p> <p>(4) is retained in the staff member's file.</p> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <p>(1) is at least 18 years of age;</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the</p>	V 107		

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 15th inst. in relation to the above matter. I am sorry to hear that you are unable to attend to the same at present. I will endeavor to do all in my power to expedite the same as soon as possible.

I have also the honor to acknowledge the receipt of your letter of the 18th inst. in relation to the above matter. I am sorry to hear that you are unable to attend to the same at present. I will endeavor to do all in my power to expedite the same as soon as possible.

I have also the honor to acknowledge the receipt of your letter of the 20th inst. in relation to the above matter. I am sorry to hear that you are unable to attend to the same at present. I will endeavor to do all in my power to expedite the same as soon as possible.

I have also the honor to acknowledge the receipt of your letter of the 22nd inst. in relation to the above matter. I am sorry to hear that you are unable to attend to the same at present. I will endeavor to do all in my power to expedite the same as soon as possible.

I have also the honor to acknowledge the receipt of your letter of the 24th inst. in relation to the above matter. I am sorry to hear that you are unable to attend to the same at present. I will endeavor to do all in my power to expedite the same as soon as possible.

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V 107	Continued From page 4 facility failed to ensure a file was maintained for 3 of 3 staff (Staff #1, Staff #2 and the Qualified professional (QP)). The findings are: An attempted review on 12/17/25 of Staff #1, Staff #2 and the QP's personnel record revealed: -No personnel records that contained the following: -A written job description with the following: (1) Specified the minimum level of education, competency, work experience and other qualifications for the position. (2) Specified the duties and responsibilities of the position. (3) Was signed by the staff member and the supervisor. (4) Was retained in the staff member's file. -Documentation that each staff member: (1) Met the minimum level of education, competency, work experience, skills and other qualifications for the position. (2) Had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. -Documentation that: (1) The facility required that all applicants for employment disclose any criminal conviction. (2) A file was maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. Interviews on 12/17/25 and 12/18/25 the QP Revealed: -Was working on "compiling everything" (gathering staff records)... "have a lot of stuff (staff records), but not all together." -"First time doing a state review, still learning	V 107		

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V 107	Continued From page 5 everything we need to have." -"Now that we know what we need for the staff files we will have everything together moving forward."	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

Dear Mr. [Name],
I have received your letter of the 15th and am glad to hear from you.
The information you have provided is being reviewed and we will contact you again as soon as possible.
Thank you for your patience.

Sincerely,
[Name]

Enclosed for you are the documents mentioned in your letter.
Please review them and let me know if you need any further information.

I am sure that the information provided will be helpful to you.
If you have any questions, please do not hesitate to contact me.

Very truly yours,
[Name]

Yours faithfully,
[Name]

Yours sincerely,
[Name]

Yours truly,
[Name]

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V 108	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the minimum required training was met by 3 of 3 staff (Staff #1, Staff #2 and the Qualified professional (QP)). The findings are:</p> <p>An attempted review on 12/17/25 of Staff #1, Staff #2 and the QP's personnel record revealed: -No personnel records that contained the following: -Continuing education -Employee trainings programs were provided and, at a minimum, consisted of the following: (1) General organizational orientation. (2) Training on client rights and confidentiality. (3) Training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan. (4) Training in infectious diseases and bloodborne pathogens. (5) Basic first aid including seizure management. (6) Training to provide cardiopulmonary resuscitation (CPR). (7) Training in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>Interview on 12/17/25 with Staff #1 revealed: -"Did a lot of trainings on [online training vendor] but don't remember which ones."</p>	V 108		

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V 108	Continued From page 7 Interviews on 12/17/25 and 12/18/25 the QP Revealed: -Was working on "compiling everything (gathering staff records)...have a lot of stuff (staff records), but not all together." -"First time doing a state review, still learning everything we need to have." -"Now that we know what we need for the staff files we will have everything together moving forward."	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	QP will update and maintain accurate client chart including assessment, treatment plan, Physician orders, medication review. Client file will be accessible on premises electronic/physical copies. QP will conduct monthly internal audits to ensure compliance. V 112 V 113	

Dear Sir,

I am writing to you regarding the matter of the...

The details of the matter are as follows...

I am sure that you will find this information...

Yours faithfully,

Division of Health Service Regulation

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V 112	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement treatment strategies to address the needs of 1 of 1 current client (Client #1). The findings are:</p> <p>Review on 12/17/25 of Client #1's record revealed: -Date of admission: 9/12/25. -Diagnoses: Autism Spectrum Disorder, Mild Intellectual Disability, Persistent Depressive Disorder, and Conduct Disorder. -No documentation of allotted unsupervised time in the facility or out in the community.</p> <p>Interview on 12/17/25 with Client #1 revealed: -Worked at a local fast food restaurant in the evenings from 4pm-9pm. -"Staff drop me off at work and pick me up after." -Staff did not stay with him at work nor did he have a day worker with him, "no staff with me (while at work)."</p> <p>Interview on 12/17/25 with Client #1's guardian revealed: -Client #1 did not have an allotted amount of unsupervised time in the facility or out in the community documented. -Will work with facility staff to have Client #1's unsupervised time documented and approved.</p> <p>Interview on 12/17/25 with Staff #1 revealed:</p>	V 112		

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy auditing of the accounts.

In addition, it is noted that the records should be kept up-to-date and organized in a systematic manner. This helps in identifying trends and anomalies in the data, which can be useful for financial planning and decision-making.

The second part of the document provides a detailed breakdown of the accounts for the period from January to December. It lists the various categories of expenses and income, along with the corresponding amounts. This provides a clear overview of the financial performance over the course of the year.

Overall, the document serves as a comprehensive guide for managing financial records and ensuring compliance with relevant regulations. It highlights the need for diligence and accuracy in all financial reporting.

The following table summarizes the key financial metrics for the year:

Category	Amount
Total Revenue	\$1,200,000
Total Expenses	\$850,000
Net Profit	\$350,000

It is important to note that these figures are preliminary and subject to final audit. The actual results may vary slightly due to rounding or adjustments made during the audit process.

The document concludes by reiterating the commitment to transparency and accuracy in financial reporting. It expresses confidence in the reliability of the data presented and looks forward to continued growth and success in the future.

Prepared by: [Name]

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V 112	<p>Continued From page 9</p> <p>-Took Client #1 to work and picked him up after his shift.</p> <p>-Was unsure if Client #1 had approved unsupervised time in the facility or while in the community.</p> <p>Interviews on 12/17/25 and 12/18/25 the QP Revealed:</p> <p>-Staff took Client #1 to work when scheduled and picked him up after his shift.</p> <p>-Will work with the guardian to ensure Client #1 has approved unsupervised time in the facility and out in the community.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p>	V 113		

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V 113	<p>Continued From page 10</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain the required documentation in the client's record affecting 1 of 1 current clients (#1). The findings are:</p> <p>Review on 12/17/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 9/12/25. -Diagnoses: Autism Spectrum Disorder, Mild Intellectual Disability, Persistent Depressive Disorder, and Conduct Disorder. -No documentation of a face sheet to identify client's name, record number, date of birth, race, gender, marital status, and admission date. 	V 113		

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V 113	<p>Continued From page 11</p> <p>Interview on 12/17/25 with Staff #1 revealed: -Client #1 had a binder of information in the facility. -Was not aware Client #1 needed a face sheet to identify Client #1's name, record number, date of birth, race, gender, marital status, and admission date.</p> <p>Interviews on 12/17/25 and 12/18/25 the QP Revealed: -Was not aware Client #1's binder in the facility did not have a face sheet. -"First time doing a state review, still learning everything we need to have." -"...we will have everything together moving forward."</p>	V 113		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

1. Introduction
2. Methodology
3. Results
4. Discussion
5. Conclusion

The first part of the document discusses the background and objectives of the study. It outlines the research questions and the scope of the investigation. The methodology section describes the data collection and analysis procedures used throughout the study.

The results section presents the findings of the study, including statistical analyses and graphical representations. The discussion section interprets these results in the context of existing literature and theoretical frameworks, highlighting the implications of the findings.

The conclusion summarizes the main points of the study and provides recommendations for future research. The document is structured to provide a clear and comprehensive overview of the research process and its outcomes.

The methodology employed in this study was designed to ensure the reliability and validity of the results. The data collection process involved a series of steps, including the selection of participants, the development of instruments, and the implementation of the study protocol.

The results of the study indicate that there are significant differences between the groups being compared. These findings are supported by statistical tests and are consistent with the hypotheses of the study. The discussion section explores the reasons behind these results and their potential implications.

The conclusion of the study suggests that the research has provided valuable insights into the topic under investigation. The findings have practical implications and may inform policy decisions and future research in the field.

The document concludes with a final summary of the key findings and a statement of the author's contributions. The overall structure and content of the document are intended to provide a thorough and accessible account of the research project.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-132	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2025
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NAME OF PROVIDER OR SUPPLIER RESTORED BRIDGES, LLC (KAMALA HOUSE)	STREET ADDRESS, CITY, STATE, ZIP CODE 718 MADISON STREET LINCOLNTON, NC 28092
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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 536	<p>Continued From page 12</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). 	V 536	<p>QP will conduct monthly internal audits to ensure compliance with state regulations. Qp will maintain records on site that are demonstrative of following training compliance on alternative to restrictive interventions.</p> <p>V 536</p>	

Division of Health Service Regulation

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V 536	Continued From page 13 (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing,	V 536		

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The first part of the report deals with the general situation of the country and the progress of the war. It is noted that the war has been a long and hard one, and that the country has suffered greatly. The report then goes on to discuss the various aspects of the war, including the military, the economy, and the social situation.

In the military section, it is stated that the army has been retrained and is now a more professional fighting force. The navy has also been strengthened, and the air force is beginning to take shape. The report also mentions the progress of the war in various theaters, and the importance of maintaining a strong home front.

The economic section discusses the impact of the war on the economy, and the measures that have been taken to support the war effort. It is noted that the economy has been strained, but that the government has managed to keep it from collapsing. The report also mentions the importance of rationing and the need to conserve resources.

The social section discusses the impact of the war on society, and the measures that have been taken to support the war effort. It is noted that the war has caused a great deal of hardship for the people, but that the government has managed to keep the country from falling apart. The report also mentions the importance of maintaining a strong sense of national unity.

The report concludes with a summary of the main points and a statement of the author's conclusions. It is noted that the war has been a long and hard one, but that the country has managed to survive and is now beginning to rebuild. The report also mentions the importance of maintaining a strong sense of national unity and of supporting the war effort.

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER RESTORED BRIDGES, LLC (KAMALA HOUSE)	STREET ADDRESS, CITY, STATE, ZIP CODE 718 MADISON STREET LINCOLNTON, NC 28092
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V 536	<p>Continued From page 15</p> <p>facility failed to ensure staff were trained in alternatives to restrictive interventions prior to providing services affecting 3 of 3 staff (Staff #1, Staff #2 and the Qualified professional (QP)). The findings are:</p> <p>An attempted review on 12/17/25 of Staff #1, Staff #2 and the QP's personnel record revealed: -No personnel records that contained the following: -Training in alternatives to restrictive interventions.</p> <p>Interview on 12/17/25 with Staff #1 revealed: -Did not remember completing a training in alternatives to restrictive interventions prior to working in the facility.</p> <p>Interviews on 12/17/25 and 12/18/25 the QP Revealed: -Could not provide a certificate of completion for training in alternative interventions for Staff #1, Staff #2 and himself. -Was working on "compiling everything (gathering staff records)...have a lot of stuff (staff records), but not all together." -"First time doing a state review, still learning everything we need to have." -"Now that we know what we need for the staff files we will have everything together moving forward."</p>	V 536		
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</p>	V 736		

Division of Health Service Regulation

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V 736	Continued From page 16 odor. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility and its grounds were not maintained in a safe manner. The findings are: Observation on 12/17/25 at 12:05pm of the exterior of the facility revealed: -Ramp leading up to the front door is cork board covered with a black rubber mat and sinks in when weight applied. -Front porch has 4 wooden slats that are warped and sink in when weight applied. -Back deck has 1 wooden slat that is the full length of the deck that sinks in when weight applied. Interviews on 12/17/25 and 12/18/25 the QP Revealed: -Was doing repairs on the facility prior to admitting clients and believed the ramp leading up to the front door, front porch and back deck issues were fixed. -Will make sure the ramp, front porch and back deck get fixed.	V 736	QP will ensure that repairs to damaged property are in compliance with safe grounds protocol. QP will conduct monthly visual observations of any unsafe grounds conditions. V 736	

The first part of the report deals with the general conditions of the country, and the second part with the details of the various districts. The first part is divided into two sections, the first of which deals with the general conditions of the country, and the second with the details of the various districts. The second part is divided into three sections, the first of which deals with the details of the various districts, the second with the details of the various districts, and the third with the details of the various districts.

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 6, 2026

O'Neil Walker, Director
Restored Bridges, LLC
3126 Milton Rd.
Suite 217
Charlotte, NC 28215

Re: Annual Survey completed December 18, 2025
Restored Bridges, LLC (Kamala House), 718 Madison Street, Lincolnton, NC 28092
MHL # 055-132
E-mail Address: restoredbridges@gmail.com

Dear Mr. Walker:

Thank you for the cooperation and courtesy extended during the annual survey completed December 18, 2025.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- The standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is February, 16 2026.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the statistical tools employed to interpret the results.

3. The third part of the document presents the findings of the study. It discusses the observed trends and patterns in the data, highlighting the key insights and conclusions drawn from the analysis.

4. The fourth part of the document discusses the implications of the findings and provides recommendations for future research. It suggests areas where further investigation is needed to address the remaining questions and challenges.

5. The fifth part of the document provides a summary of the overall research project. It reiterates the main objectives, the methodology used, and the key findings, ensuring that the reader has a clear understanding of the study's scope and results.

6. The sixth part of the document includes a list of references and a list of figures. The references cite the sources of information used in the study, while the figures provide visual representations of the data and results.

7. The final part of the document is a concluding statement that summarizes the overall significance of the research and expresses the author's appreciation for the support and assistance provided throughout the project.

January 6, 2026
Restored Bridges, LLC (Kamala House)
Restored Bridges, LLC

please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Eileen Moreno at 336-247-0107.

Sincerely,



Jason Arenillas
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Maria Smith
Nurse Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
Matthew Hillman, Director, Lincoln County DSS
Michael Blake, Administrative Supervisor

1. Introduction
2. Methodology
3. Results

The first part of the paper discusses the theoretical background of the study and the research objectives.

The second part of the paper describes the research methodology, including the data collection and analysis procedures.

The results of the study are presented in this section, showing the findings of the research and their implications.

The final part of the paper discusses the conclusions of the study and provides recommendations for future research.

The authors would like to thank the following individuals for their assistance and support during the course of this research.