

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-072	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2026
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NAME OF PROVIDER OR SUPPLIER SPRING LIFE BEHAVIORAL CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 200 BECKER DRIVE ROANOKE RAPIDS, NC 27870
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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>A complaint survey was completed on March 24, 2026. The complaint was unsubstantiated (Intake #NC00236428). No deficiencies were cited.</p> <p>This facility is licensed for 0 and has a current census of 129. The .1200 Psychosocial Rehabilitation (PSR) Facilities for Individuals with Severe and Persistent Mental Illness has a current census of 34. The .4400 Substance Abuse Intensive Outpatient Program (SAIOP) has a current census of 1 and the .4500 Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) has a current census of 94. The survey sample consisted of audits of 2 current SACOT clients and 2 current PSR clients.</p>	V 000		

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