



COMPLAINT INVESTIGATION SUMMARY

Facility Name:
Red Springs Assisted Living

Facility Address:
1301 E. 4th Ave. PO Box 588 Red Springs, NC 28377

License Number:
HAL-078-083

Census:
68

Sample Size:
5

County:
Robeson

Date of Visit(s):
12/1/25 and 12/4/25

Exit Date:
12/11/2025

I. Complaint Intake Number:
NC00234697

II. Complaint Intake Date:
11/26/2025

III. Participants:
Stacey Holden, AHS SWS
Shachin Williams, AHS
Tokesha Gilchrist, Executive Director

IV. Allegations:
1. The facility failed to ensure the rights of residents were maintained.

V. Method of Investigation:

(Sample) An unannounced visit was made to the facility on 12/1/25 at 3:20 p.m.. The investigation included a tour of the facility, direct observations, interviews with staff and residents, and a review of resident records.

Additional Information:
Additional visit to continue the complaint investigation was made on 12/4/25

VI. Findings: (Allegation Substantiated or Unsubstantiated)
1. 10A NCAC 13F .0909 Resident Rights - Unsubstantiated

VII. Action Plan:

The AHS will continue to complete routine monitoring visits as required and address any concerns as they may arise.

Date:
12/11/2025

AHS Signature:
Shachin Williams, AHS/SW III

Date:
12/19/2025

AHS Supervisor Signature:
Stacey Holden, SWS III