PRINTED: 11/21/2018 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER NEW POSSIBILITIES HOME FOR CHILDREN, L SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG V 000 INITIAL COMMENTS A complaint survey was completed on November 15, 2018. The complaint was unsubstantiated (Intake #NC00145297). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER NEW POSSIBILITIES HOME FOR CHILDREN, L SUMMARY STATEMENT OF DEFICIENCIES BURLINGTON, NC 27215 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on November 15, 2018. The complaint was unsubstantiated (Intake #NC00145297). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or			MHL001-155		B. WING				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A complaint survey was completed on November 15, 2018. The complaint was unsubstantiated (Intake #NC00145297). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 813 TRAIL ONE								
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	V 000	A complaint survey 15, 2018. The complete (Intake #NC001452 cited). This facility is license category: 10A NCA Treatment Staff Second	was completed on N plaint was unsubstan 297). No deficiencies sed for the following s .C 27G .1700 Reside	ntiated were service	V 000				

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

TITLE (X6) DATE