STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601376	A. BUILDING: _____ B. WING _____	02/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEWBILL HOME	11933 WATERPERRY COURT HUNTERSVILLE, NC 28078

(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	INITIAL COMMENTS An annual survey was attempted on February 18, 2019. According to the Administrative Support Staff there are no clients being served at the facility. No clients have been admitted to the facility since initial licensure of the facility. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities. Interview on February 18, 2019 with the Administrative Support Staff revealed: -No clients were being served at the facility; -No clients were admitted to the facility since initial licensure of the facility; -Referrals for client placement were continually being reviewed for appropriateness of placement.	V 000		