Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-678	A. BUILDING: _____ B. WING _____	R-C 08/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRUSON GROUP /NEW BEGINNINGS HE/	4513 FOX ROAD RALEIGH, NC 27616

(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 A complaint and limited follow up survey for a Type A1 was completed on 08-01-19. This was a limited follow up survey; only 10A NCAC 27G.1301 Scope (V179) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G. 1301 (V179). The complaint (Intake # NC00153764) substantiated based on survey completed on survey 06-18-19; (Intake # NC00153784) was unsubstantiated. No deficiencies were cited. This facility is licensee for the following service category: 10A NCAC 27G .1300 Residential Treatment Level II.	V 000		

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