| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL0601369 | A. BUILDING: _____ B. WING _____ | 10/23/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NEW BEGINNINGS HOME | 6619 FARRINGTON LANE CHARLOTTE, NC 28227 |

| (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<br><br>An annual survey was attempted on 10/23/19. According to the Qualified Professional (QP) there are no clients being served at the facility. The last time clients were served at the facility was in July 2019.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.<br><br>Review on 10/23/19 of the Discharged Client #1's (DC #1's) record revealed:<br>- An admission date of 3/15/19<br>- Diagnoses of Autism and Unspecified Intellectual Disability<br>- A discharge date of 7/19/19<br><br>Interview on 10/23/19 with the Qualified Professional (QP) revealed:<br>- At the request of DC #1's aunt and legal guardian, DC #1 was discharged from the facility on 7/19/19 and returned to her care<br>- It was DC #1's first out of home placement and although he was making progress at the facility, DC #1's aunt wanted him to return home<br>- They were in the process of reviewing new referrals for placement at the facility; however, they were taking their time before admitting a new client to the facility<br>- She would ensure the Division of Health Service Regulation was notified once a new client was admitted to the facility. | V 000 | | |