PRINTED: 10/07/2021 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS DEFICIENCY B. WING DEFICIENCY STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETED ACTION SHOULD BE DATE) COMPLETED ATE V 000 INITIAL COMMENTS V 000	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 326 BALDWIN ROAD BURLINGTON, NC 27217 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS V 000 V 000 V 000 V 000				
NEW BEGINNINGS GROUP HOME 326 BALDWIN ROAD BURLINGTON, NC 27217 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS 326 BALDWIN ROAD BURLINGTON, NC 27217 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000			10/06/2021	
NEW BEGINNINGS GROUP HOME BURLINGTON, NC 27217				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)	I NEW REGINNINGS GROUP HOME			
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
A complaint survey was completed on October 6.	V 000 INITIAL COMMENTS	V 000		
2021. The complaint was unsubstantiated (intake #NC00181352). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	A complaint survey was completed on October 6, 2021. The complaint was unsubstantiated (intake #NC00181352). No deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised			

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

TITLE (X6) DATE