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
	MHL001-164	A. BUILDING: ______ B. WING ______	02/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW DIMENSIONS INTERVENTIONS, INC	**602 PIEDMONT WAY BURLINGTON, NC 27215**

(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 and follow up survey was attempted on 2/15/22. According to the Assistant Director there are no clients being served at the facility. The last time clients were served at the facility was 12/15/21. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. Observation of the facility on 2/15/22 at approximately 9:50 AM revealed: The home appeared to be empty. There were no staff and/or clients present at the group home. Interview with the Assistant Director on 2/15/22 revealed: The group home did not have any clients living there. The group home had no clients since December 15, 2021. They may be getting clients at the group home soon.	V 000		

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