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 _____	07/07/2022

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 was attempted on July 7, 2022. According to the Licensee 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 on 7/7/22 at approximately 9:35 am-The group home appeared to be empty. There were no clients and/or staff present. Interview with the Licensee-There were no clients currently living at that facility. He thought the last client was discharged on 12/15/21. They are getting a lot of referrals for that facility. They may be getting clients at that location in the future.	V 000		