STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL084-098	A. BUILDING: _____ B. WING _____	R-C 07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW LONDON GROUP HOME	40163 HIGHWAY 740 NEW LONDON, NC 28127

(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 follow up survey was completed on July 13, 2022. The complaint was unsubstantiated (Intake #NC00190627). No deficiencies were cited. The facility is licensed for the following the following service category: 10A NCAC 5600C Supervised Living for Adults with Developmental Disabilities. The facility is licensed for three beds and currently has a census of three. The survey sample consisted of 1 current client.	V 000		