

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/14/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6619 FARRINGTON LANE CHARLOTTE, NC 28227</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was conducted on November 14, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and currently has a census of 2. The survey consisted of audits of 2 current clients.</p>	V 000		
V 289	<p><b>27G .5601 Supervised Living - Scope</b></p> <p><b>10A NCAC 27G .5601 SCOPE</b></p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which</p>	V 289		

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

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V 289	<p>Continued From page 1</p> <p>serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>failed to operate within the scope of which they were licensed. The findings are:</p> <p>Review of the facility's license on 11/13/23 revealed: -facility was licensed as a 5600 F- Supervised Living: Alternative Family Living in a Private Residence (AFL) with a capacity of 2.</p> <p>Review on 11/13/23 of Client #1's record revealed: -Admission date 6/16/23. -Diagnoses of Intellectual Developmental Disability.</p> <p>Review on 11/13/23 of Client #2's record revealed: -Admission date 7/13/20. -Diagnoses of Autistic Disorder, Attention Deficit Hyperactivity disorder, Major Depression, Scoliosis, Unspecified Asthma, Right Upper Quadrant Pain, Congenital pes planus, unspecified foot, and Other Allergic Rhinitis.</p> <p>Review on 11/13/23 of Client #3's record revealed: -Admission date 4/24/18. -Diagnoses of Schizophrenia, Other Eating Disorder, Mild Intellectual Developmental Disability, Other Conduct Disorders, Generalized Edema, Localization- related Symptomatic Epilepsy, Hyperlipidemia, Vitamin D Deficiency, Anemia, Intermittent Explosive Disorder, and Refractive Amblyopia, Right Eye.</p> <p>Interview on 11/13/23 with the Director of Operations revealed: -Clients #2 and #3 were temporarily staying at the facility. -Clients #2 and #3 moved into the facility on</p>	V 289		

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V 289	Continued From page 3  10/23/23 -The facility was not providing AFL services at the time of survey. -The facility was providing respite services to Clients #2 and #3. -Would look into adding respite service to the facility's license.	V 289		