



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 22, 2023

Troy Hazel
Unique Caring Network, Inc.
7128- B Albemarle Road
Charlotte, NC 28227

Re: Annual Survey completed November 14, 2023
New Beginnings Home, 6619 Farrington Lane, Charlotte, NC 28227
MHL # 060-1369
E-mail Address: thazel@uniquecaringnetwork.com

Dear Mr. Hazel:

Thank you for the cooperation and courtesy extended during the annual survey completed November 14, 2023.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is January 14, 2024.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 22, 2023
New Beginnings Home
Unique Caring Network, Inc.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (336) 247-1723.

Sincerely,

Daneice Cheek, MS

Daneice Cheek
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
QM@partnersbhm.org
Kimberly Henderson, Director, Mecklenburg County DSS
Pam Pridgen, Administrative Supervisor

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601369	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2023
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6619 FARRINGTON LANE CHARLOTTE, NC 28227
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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>INITIAL COMMENTS</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>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</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		

Division of Health Service Regulation
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)&(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	The New Beginnings Home on 6619 Farrington Lane in Charlotte is designated for a 5600F license. It is a private residence that can serve up to 2 consumers whose Primary diagnoses is mental illness but may also have other disabilities, or two adults with primary diagnosis of developmental disabilities who live with a family and the family provides the service. I had a conversation with the owner of the New Beginnings Home on 11/21/23 about making the home a Respite Home or keeping the Home an AFL Home. Ms. Miller is going to interview consumers/guardians in the near future in hopes of serving an AFL member.	12/1/23