STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					С	
		MHL0601558	B. WING		01/2	1/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NEWPO	RT ACADEMY-LODGE		IEF ROAD ΓΤΕ, NC 282	227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	The complaints wer	was completed on 1/21/25. re unsubstantiated (Intake C00224539). Deficiencies				
		sed for the following service C 27G 1300 Residential ren or Adolescents.				
	census of 6. The s	sed for 6 and has a current urvey sample consisted of clients, 3 former clients.				
	NCAC 27G .0604 Ir	n amended to rescind tag 10A ncident Reporting category A and B Providers				
V 131	G.S. 131E-256 (D2 Verification	) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	ealth care personnel into a personnel in				
	failed to ensure the	et as evidenced by: and record review, the facility Health Care Personnel as accessed prior to hire for 1				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL0601558	B. WING			C 2 <b>1/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW TWIL OI	THOUBER OR GOLF EIER		RIEF ROAD	5777 E, 211 GGBE		
NEWPORT ACADEMY-LODGE CHARLO			TTE, NC 282	27		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)		COMPLETE DATE
V 131	Continued From pa	ge 1	V 131			
	of 1 Executive Direction (ED/QP)). The finding	ctor/Qualified Professional ngs are:				
	Review on 1/8/25 o record revealed: -date of hire 9/19/2: -date of HCPR verif					
	-Human Resources	with the ED/QP revealed: conducted HCPR checks. HCPR checks needed to be nire.				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disaservices that is licer Chapter.  (b) Requirement A provider licensed unapplicant to fill a positional fill a positional provider licensed unapplicant to have an conditioned on conscriminal history reconstitutional criminal history re					
	five years or more,	then the offer is conditioned te criminal history record				

Division of Health Service Regulation

STATE FORM 6899 WZU011 If continuation sheet 2 of 7

PRINTED: 02/14/2025 FORM APPROVED

Division	of Health Service Re	egulation				
AND DUAN OF CODDECTION INDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:		COMIT LETED		
				С		
MHL0601558		B. WING 01		01/2	1/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NEWBO	DT 404DE18V   0D05	. 10450 BR	IEF ROAD			
NEWPORT ACADEMY-LODGE CHARLOTT		TE, NC 282	27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 2	V 133			
V 133	check of the applicate employ an applicant criminal history recessection. Except as subsection, within fuse conditional offer shall submit a requirement of the conditional history recessection or shall submit at check required by the G.S. 114-19.10, the return the results of record checks for ecovered by Public L. Department of Hea Criminal Records C. Department of Hea Criminal Records C. Dusiness days of rehistory of the personand Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verificate has been conby this section. A compropriate local or the Division of Crimmay conduct on be criminal history recessection without the request to the Department of the personal history recessection within five be section within five be section.	ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding a Department of Justice shall finational criminal history mployment positions not				

6899

Division of Health Service Regulation STATE FORM

WZU011 If continuation sheet 3 of 7

PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	DIVISION	n of Health Service Re	guiation				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10450 BRIEF ROAD CHARLOTTE, NC 28227  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of							
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10450 BRIEF ROAD CHARLOTTE, NC 28227  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG  CONTINUED FROM THE APPROPRIATE DEFICIENCY)  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check eveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of				A. BOILDING.		_	
NAME OF PROVIDER OR SUPPLIER  NEWPORT ACADEMY-LODGE  10450 BRIEF ROAD CHARLOTTE, NC 28227  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	MHL0601558		B. WING		II		
NEWPORT ACADEMY-LODGE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	WITEOOTSS					1 01/2	172023
CHARLOTTE, NC 28227	NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)  V 133 Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	NEWPORT ACADEMY-LODGE						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 133  Continued From page 3  All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of		_	CHARLO	TE, NC 282	27		
All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.  (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:  (1) The level and seriousness of the crime.  (2) The date of the crime.  (3) The age of the person at the time of the conviction.  (4) The circumstances surrounding the commission of the crime, if known.  (5) The nexus between the criminal conduct of	V 133	Continued From pa	ge 3	V 133			
filled.  (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.  (7) The subsequent commission by the person of a relevant offense.  The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.  (d) Limited Immunity A provider and an officer		All criminal history is provider is confider except to the application, the term business regularly criminal history records obtained from the coord check reveas a relevant offense, of the following fact hire the applicant:  (1) The level and set (2) The date of the (3) The age of the provider of the filled.  (4) The circumstant commission of the conviction.  (4) The circumstant commission of the filled.  (6) The prison, jail, rehabilitation, and experson since the date (7) The subsequents a relevant offense. The fact of convictions hall not be a bar to listed factors shall to the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification	Information received by the Itial and may not be disclosed, and as provided in subsection for purposes of this in "private entity" means a lengaged in conducting pord checks utilizing public form a State agency. It is one or more convictions of the provider shall consider all fors in determining whether to be riousness of the crime. It is one or the crime of the crime, if known, the crime, if known, the crime if known, the crime if known, the crime was committed. It commission by the person of the provider of a relevant offense alone of the considered by the provider. It is a relevant factors, then the se information contained in record check that is relevant for, but may not provide a copy only record check to the				

6899

Division of Health Service Regulation STATE FORM

WZU011 If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					;	
MHL0601558		I = 11/11/15		1	01/21/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		. 10450 BRI	IEF ROAD			
NEWPORT ACADEMY-LODGE CHARLOT		TE, NC 282	27			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 4	V 133			
	complies with this so civil liability for:  (1) The failure of the individual on the bathe criminal history  (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense "relevant offense" in federal criminal hist indictment of a criminal felony, that bears uphave responsibility in persons needing midisabilities, or substictimes include the cany of the following General Statutes: Alssuing Monetary Signification of the following General Statutes: Alssuing Mo	ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				

6899

Division of Health Service Regulation STATE FORM

WZU011 If continuation sheet 5 of 7

AND DUAN OF CORRECTION INDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
MHL0601558		B. WING		C <b>01/21/2025</b>		
NAME OF I	PROVIDER OR SUPPLIER			STATE ZID CODE	0172	1/2020
NAIVIE OF F	-ROVIDER OR SUPPLIER		IEF ROAD	STATE, ZIP CODE		
I NEWPORT ACADEMY-I ODGE		TE, NC 282	27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From paragramment of the Fallintoxication; and Article 39, Protection Protection of the Fallintoxication; and Article 39, Protection of the Fallintoxication; and Article 39, Protection of the Fallintoxication; and Article 30 of the General Stransport of the General Stransport of the General Stransport of G.S. 181 impaired in violation G.S. 20-138.5.  (f) Penalty for Furnicle applicant for employ supplies, or otherwican employment applicant for employ supplies, or otherwican employment application of G.S. 20-138.5.  (g) Conditional Employment application of G.S. 20-138.5.  (g) Conditional Employment application of G.S. 20-138.5.  (g) The provider shapping the following requirement (1) The provider shapping t	ge 5  ffenses Against the Public Riots and Civil Disorders; n of Minors; Article 40, mily; Article 59, Public ticle 60, Computer-Related as also include possession or ation of the North Carolina ces Act, Article 5 of Chapter tatutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on blication that is the basis for a ord check under this section class A1 misdemeanor. bloyment A provider may t conditionally prior to s of a criminal history record applicant if both of the	TAG V 133		PRIATE	DATE
	2000 4, 00. 1, 2, 0,	1, O(A), 2001 TTT, 3. U.)				

6899

Division of Health Service Regulation STATE FORM

WZU011 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
N	IHL0601558	B. WING	G C 01/21/2029		
NEWPORT ACADEMY-LODGE 10450 BRII			STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133 Continued From page 6		V 133			
This Rule is not met as everal Based on record review and failed to ensure a criminal requested within 5 business offer of employment affection Director/Qualified Profession findings are:  Review on 1/8/25 of the Engrevealed: -Hire date of 9/19/22A criminal background chee 8/23/22.  Review of email correspond 1/7/25-1/9/25 revealed: -Requested ED/QP's date of hire on 1/7/25, 1/8/25ED/QP confirmed date of emails on 1/9/25.  Interview on 1/14/25 with the sum of 10/4/23." -"I was hired to find the how write policies and apply for Human Resources staff we requesting and receiving of checks on staff.	d interview, the facility history check was s days of a conditional ng 1 of 1 Executive onal (ED/QP)). The O/QP employee record eck was requested dence dated or confirmation of date hire as 9/19/22 in the ED/QP revealed: we opened the facility use (facility location), the license." as responsible for				

6899

Division of Health Service Regulation STATE FORM

WZU011 If continuation sheet 7 of 7