STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601369	A. BUILDING: _____ B. WING _____	R 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS HOME	6619 FARRINGTON LANE CHARLOTTE, NC 28227

(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 3/19/25. According to the Director there are no clients being served at the facility. The last time clients were served at the facility was 7/15/24. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. Interview on 3/19/25 with the Director revealed: - The last client served, former client (FC) #1, was discharged "at least 6 months ago." Review on 3/19/25 of FC #1's record revealed: - Admission Date: 2/7/24 - Discharge Date: 7/15/24 - Diagnoses: Autistic Disorder	V 000		