

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601376</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE NEWBILL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>11933 WATERPERRY COURT HUNTERSVILLE, NC 28078</b>		
(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 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 2/28/25.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>Interview on 3/19/25 with the Director revealed:</p> <ul style="list-style-type: none"> <li>- The last client served, former client (FC) #1, was discharged 3 weeks ago.</li> </ul> <p>Review on 3/19/25 of FC #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission Date: 4/15/19</li> <li>- Discharge Date: 2/28/25</li> <li>- Diagnoses: Severe Intellectual Disabilities and Attention-Deficit Hyperactivity Disorder</li> </ul>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE