STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411039	B. WING	B. WING	
		WHE0411039			04/04/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BLESSED	NEW BEGINNINGS		KEFIELD DRIVE BORO, NC 2741		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	An annual and follow on April 4, 2025. Defic	up survey was completed ciencies were cited.			
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents				
		d for 4 and has a current ey sample consisted of ents.			
V 114	27G .0207 Emergenc	y Plans and Supplies	V 114		
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.				

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) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL0411039	B. WING		04	4/04/2025		
	ROVIDER OR SUPPLIER NEW BEGINNINGS	1002 W	ADDRESS, CITY, STATE AKEFIELD DRIVE BBORO, NC 27410					
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)						
V 114	Continued From page	÷ 1	V 114					
		ews and interviews, the act disaster drills once per						
	Review on 4/4/25 of the facility's fire and disaster drill logs from April 4, 2024 to April 4, 2025 revealed: -No documentation of any disaster drills.							
	revealed:	with clients #1, #2 and #3 pated in any disaster drills.						
	the fire drills." -Was unable to produdisaster drills were conquarter.	revealed: I "be in the notebook with Ice any documentation Inducted once per shift per Ice forward, disaster drills						
	This deficiency consti	itutes a re-cited deficiency d within 30 days.						
V 296	27G .1704 Residentia	al Tx. Child/Adol - Min.	V 296					
	telephone or page. A able to reach the facil times.	4 MINIMUM STAFFING sional shall be available by a direct care staff shall be lity within 30 minutes at all mber of direct care staff						

Division of Health Service Regulation

STATE FORM 6899 2X4211 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
MHL0411039		B. WING		04/0	4/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
			EFIELD DRIVE	,		
BLESSED	NEW BEGINNINGS	GREENSB	ORO, NC 274	10		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	2	V 296			
	NEW BEGINNINGS 1002 WAKEF					

Division of Health Service Regulation

STATE FORM 6899 2X4211 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILBING.			
	MHL0411039 B. WING		04/0	04/04/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BLESSED	NEW BEGINNINGS		EFIELD DRIVE			
0/0.15	CLIMMADV CT.	ATEMENT OF DEFICIENCIES	ORO, NC 2741	PROVIDER'S PLAN OF CORRECTION	NI.	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 296	Continued From page	e 3	V 296			
	facility failed to ensure direct care staff requirection or adolescent for 3 of 4 audited client findings are: Review on 4/3/25 of conditional control of the control of t	ews and interviews, the e the minimum number of red were present when ts were present and awake ints (#1, #2 and #3). The Slient #1's record revealed: f 7/17/23 Depressive Disorder, eflux Disorder GERD, and ful menstruation) Slient #2's record revealed: f 9/4/24 Depressive Disorder MDD Slient #3's record revealed: f 9/6/24 tive Mood Dysregulation t Traumatic Stress Disorder Deficit Hyperactivity with clients #1, #2 and #3 on third shift (11pm to 7am) ith staff #1 and #2 revealed: t staffed and only 1 staff ith the Associate				

Division of Health Service Regulation

STATE FORM 6899 2X4211 If continuation sheet 4 of 5

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Division of Health Service Regulation

MHL0411039 B. WING 04/04/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	COM		(X3) DATE S		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AND I DAY OF CONTROLLEN		A. BUILDING:			30m E21E5		
	MHL0411039			B. WING			04/04/2025	
/AAA 14/4 /##F	NAME OF P	PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
BLESSED NEW BEGINNINGS 1002 WAKEFIELD DRIVE GREENSBORO, NC 27410	BLESSED	D NEW BEGINNINGS						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE	
V 296 Continued From page 4 -Was responsible for the staff's schedule -Only had 1 staff on third shift due to "a former staff had to be terminated because she was not a good fit. -"I take responsibility for not having enough staff to cover third shift." Interview on 4/4/25 with the Qualified Professional/Director revealed: -Was aware there were to be 2 staff on every shift staff. In fact, we have an interview scheduled for Tuesday (4/6/25) with someone that has group home experience." -Would ensure there were 2 staff on third shift.	V 296	-Was responsible for -Only had 1 staff on the staff had to be termine good fit"I take responsibility to cover third shift." Interview on 4/4/25 we professional/Director -Was aware there we aware there we application staff. In fact, we have Tuesday (4/8/25) with home experience."	the staff's schedule hird shift due to "a former ated because she was not a for not having enough staff with the Qualified revealed: are to be 2 staff on every shift as out there for a third shift an interview scheduled for a someone that has group	V 296				

Division of Health Service Regulation

STATE FORM 6899 2X4211 If continuation sheet 5 of 5