Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING: _		B.C	
		mhl060-852	B. WING		R-C 08/15/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
			ENVIEW COURT	,		
NEW VISI	ON HOME	CHARLO	TTE, NC 28215			
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on 8/15/25. One comp (intake # NC0023276 substantiated (intake NC00232934). A defice This facility is licensed category: 10A NCAC Treatment Staff Secur Adolescents.	d for 6 and has a current ey sample consisted of				
V 296	27G .1704 Residentia Staffing	ıl Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents. (c) The minimum nur during child or adolescents follows:	sional shall be available by direct care staff shall be ity within 30 minutes at all mber of direct care staff n or adolescents are as follows: are staff shall be present for children or adolescents; care staff shall be present eight children or are staff shall be present for a sha				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or dorace mon	IDENTIFICATION NOMBER.	A. BUILDING:				
		mhl060-852			1	R-C 08/15/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
NEW VISIO	ON HOME		IVIEW COURT TE, NC 28215				
(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 296			V 296				
	failed to ensure the m	as evidenced by: ew and interview, the facility hinimum staffing ratio of 2 scents. The findings are:					
	-Admission date of 3/ -16 years old. -Diagnoses of ADHD,	client #1's record revealed: 27/25. PTSD, Disruptive Mood er, Reactive Attachment					

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
					R-C		
		mhl060-852	B. WING		08/15/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
NEW VICE	ON HOME	5004 GLEI	NVIEW COURT				
NEW VISIO	JN HUME	CHARLOT	TE, NC 28215				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)		
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			
V 296	Continued From page	2	V 296				
	Review on 8/14/25 of client #2's record revealed: -Admission date of 2/21/25 -16 years oldDiagnosis of Post Traumatic Stress Disorder.						
	Response Improvement on 7/22/25 with client on 7/22/25 with client "Consumer (client #1 altercation with anoth [Client #1] was upset school. She refused to regarding her feelings a phone call from the regarding a electronic the director's desk. It took the device without called the group hom [Client #1] regarding to	er consumer (client #2). when she came home from					
	became more upset at that she apologized a another consumer (cl #1) left out of the faci (client #2) state: "This came back into the faci (client #2), what did y repeated her statemer room to put on her tel out and started to be peer. She went over the physically assault her attempt to break up the	and stated to the director and threw the phone that hit ient #2). Next, she (client lity as she heard a peer is is ridiculous". [Client #1] incility and asked the peer ieu say; The peer (client #2) ient. [Client #1] went into her iennis shoes. She came back come aggressive with the ieu the peer and begin to r. Staff (#2) intervene and ien fight."					
	-Sometimes, when th there was only 1 staff -During the incident 7	with client #1 revealed: ere was an emergency, f present. f/22/25 involving a physical elient #1 and client #2, staff					

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			COMPLETED	
			A. BOILDING.			
		B. WING		I	R-C	
	mhl060-852	D. WING		08/	15/2025	
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE			
NEW VISION HOME	5004 GL	ENVIEW COURT				
NEW VISION HOME	CHARLO	OTTE, NC 28215				
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 296 Continued From pa	Continued From page 3					
#2 was the only sta	aff present in the facility.					
Interview on 8/13/2 -Sometimes there when she arrived heavines staff was later present from 2:30penum the incident altercation between #2 was the only staff was the	#2 was the only staff present in the facility. Interview on 8/13/25 with client #2 revealed: -Sometimes there was only 1 staff at the facility when she arrived home from schoolSometimes staff was late for work. "It happens quite a lot." -When staff was late for work, there was 1 staff present from 2:30pm to 3:00pmDuring the incident 7/22/25 involving a physical altercation between client #1 and client #2, staff #2 was the only staff present in the facility. Interview on 8/13/25 with client #4 revealed: -On 3 to 4 occasions there was only one staff present when she returned from school, from 2:30pm to 2:45pm or 3:00pm. Interview on 8/13/25 with staff #2 revealed: -Had worked the first 10 to 15 minutes of her shift alone with clients when co-workers were running late and did not notify managementWas the only staff present on 7/22/25 with client #1, client #2, and client #3 for about 30 to 45 minutesClient #1 and #2 were arguing and it escalated into a physical altercation"[Client #1] jumped on her (client #2) and I tried to break it up." -"It (physical altercation between client #1 and client #2) could have been prevented with another staff here. I couldn't calm them both down by myself." Interview on 8/14/25 with the Program Director					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		A. BOILDING		P.O	R-C			
mhl060-852		B. WING		08/15/2025				
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
NEW VISIO	NEW VISION HOME 5004 GLENVIEW COURT							
	CHARLOTTE, NC 28215							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE		
V 296	Continued From page	: 4	V 296					
	-On 7/22/25 staff got t	there 15 minutes late.						
	-Some staff took Uber always get there on ti -Tried to find back up would be late. -On 7/22/25 one staff	with the Licensee revealed: rs to work and could not me. staff when notified that staff was late, and the other staff octor leaving staff #1 alone						

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