

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-685	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE PHASE III		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 NEPTUNE DRIVE RALEIGH, NC 27604		
(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 survey was attempted on September 10, 2025. According to the Director, there are no clients being served at the facility. The last time clients were served at the facility was last week of May 2025. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. Observation on 9/10/25 at about 7:30 am of the facility revealed: -Large dumpster full of household things such as roof insulation, carpets, furniture, etc was located at the end of the driveway. -Observed through front window that walls were in the process of being painted. Cloth tarps were on the floor, ladders were out and cans of paints were noticed. -There were no staff or clients at the facility. Interview on 9/10/25 with the Director revealed: -At the beginning of the year, Licensee had applied for an age waiver to serve a client that became an adult while receiving services. -While in the process of applying for the waiver, they were informed that they also needed approval from the other client's treatment teams as they would be in the same facility with an adult. -Other clients started to be linked to other services and the adult client was then linked to another facility, so they rescinded the application for an age waiver. -Facility started renovations when the last client left. Licensee took advantage that there were no clients to do the renovations. -Floors were recently completed and walls were in the process of being painted.	V 000		

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

TITLE

(X6) DATE

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V 000	Continued From page 1 -The last time a client was served at the facility was the last week of May 2025. -Facility was almost finished with the renovations. -She already had clients lined up to start at the facility. -She was planning to start bringing clients to the facility either next week or more than likely, wait until the first day of October. -Director to contact the Division of Health Services and Regulations whenever a new client gets admitted to the facility.	V 000		