

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2025
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NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE RALEIGH, NC 27616
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(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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/16/25. The complaint was unsubstantiated (Intake NC#00233933). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 9 and has a current census of 7. The survey sample consisted of audits of 1 current client and 3 former clients.</p>	V 000		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p> <p>(b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p>	V 295		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 295	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain one staff who met the requirements of an Associate Professional. The findings are:</p> <p>Review on 10/10/25 of Staff #4's record revealed:</p> <ul style="list-style-type: none"> - Hired 3/19/21 - Title: Direct Care Staff/Associate Professional (AP) - Signed job description for direct care staff and a signed job description for AP - Bachelor of Arts degree in Sociology <p>Interview on 10/10/25 with the Director/Qualified Professional #1 (D/QP) revealed:</p> <ul style="list-style-type: none"> - Staff #4 was her AP <p>Interview on 10/16/25 with Staff #4 reported:</p> <ul style="list-style-type: none"> - She had been an AP for 2 years but not at this facility - Denied working at this facility - Acknowledged working at Sister Facility A <p>Interview on 10/16/25 with the D/QP reported:</p> <ul style="list-style-type: none"> - Staff #4 had worked at this facility "at times" and is AP qualified - She did not know she needed a full time AP - She would start locating an AP 	V 295		