

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/26/2025
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NAME OF PROVIDER OR SUPPLIER RENEWED BEGINNINGS HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13113 LAKEMORE DRIVE CHARLOTTE, NC 28278
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 11/26/25. The complaints were substantiated (intakes #NC00233489, #NC00233519, #NC00233635, #NC00233710, #NC00233852, and #NC00234088). Deficiencies were 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 3 and has a current census of 1. The survey sample consisted of audits of 1 current client and 3 former clients.</p> <p>The Licensee/Director/Chief Executive Officer was employed as staff and worked in the facility.</p> <p>This survey was originally closed on 10/29/25 and was reopened 11/25/25.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of</p>	V 107		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

N17X11

1/7/2024

RECEIVED

JAN 14 2026

DHSR-MH Licensure Sect

If continuation sheet 1 of 117

PLAN OF CORRECTION

Facility: Renewed Beginnings Home Inc.

Director: Trina Boyd

Correction #1: Medication Documentation & Reviews

All e-scripts and physician orders have been placed in each client's file. Staff training has been conducted, six-month drug regimen reviews are complete and filed, and all MAR signatures are current.

Prevention: Ongoing monitoring of MARs and medication records.

Monitoring: Director, [REDACTED]

Frequency: Monthly [REDACTED]

Correction #2: Job Descriptions & Personnel Files

All missing job descriptions have been updated and placed in employee files. Future employees will receive written job descriptions upon hire. The QP job description is on file.

Prevention: Personnel file audits.

Monitoring: [REDACTED]

Frequency: Monthly

Correction #3: Staff Training

All required trainings and continuing education have been completed and updated.

Prevention: Training tracking system.

Monitoring: Director, [REDACTED]

Frequency: Monthly

Correction #4: Supervision Structure

QP supervises AP with documented logs. LP supervises QP with logs. LP is onsite 4 hours weekly for therapy and supervision.

Prevention: Continued supervision documentation.

Monitoring: Director, [REDACTED]

Frequency: Monthly

Correction #5: Person-Centered Plans

All PCPs moving forward will use the NC-approved template.

Monitoring: Director [REDACTED]

Frequency: Monthly [REDACTED]

Correction #6: Background Checks

All HCRs will be completed before offer letters are issued.

Monitoring: Director, [REDACTED]

Frequency: Monthly [REDACTED]

Signature: 

Date: 12/18/25

PLAN OF CORRECTION

Facility: Renewed Beginnings Home Inc.

Director: Trina Boyd

Correction #8: Associate Professional (AP) Coverage by Location

Each facility location now has its own assigned Associate Professional (AP). A new AP has been hired to ensure proper coverage and compliance.

Prevention: Staffing plans will ensure each location maintains its own AP at all times.

Monitoring: Director, [REDACTED]

Frequency: Monthly

Correction #9: Client Rights & Phone Use

Client rights have been corrected. Phone calls are no longer placed on speaker unless requested by the client and documented. A sign has been posted reminding staff of this requirement.

Prevention: Staff will receive ongoing reminders regarding client rights and phone use policies.

Monitoring: Director, [REDACTED]

Frequency: Monthly

Correction #10: Restraint Training Documentation

Any staff missing required restraint training have had their personnel files updated to reflect completed training.

Prevention: Training records will be reviewed to ensure all required certifications remain current.

Monitoring: Director, [REDACTED]

Frequency: Monthly

Signature: Trina Boyd
Date: 12/18/25