		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
		A. BUILDING		1		R	
		FCL054060	B. WING			/19/2017	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
A NEW B	EGINNING		T LENOIR AVE N, NC 28501	NUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	Report by Suzanna	Fay					
	Follow-up Survey o PM to 3:42 PM at th Not all of the previo	a Section conducted a Biennial n January 19, 2017 from 2:59 ne above referenced facility. usly cited deficiencies were re, further action is required.					
	The remaining defic	ciencies are as follows:					
{C 119}	Bathroom		{C 119}				
	have one full bathro persons including li b. If there is a quest before April 1, 1984 bathrooms, the Divit responsible for deter of bathrooms requin persons living in the c. The bathroom (s) privacy. A bathroor tub/shower must hat curtains. d. Entrance to the li a kitchen, another p bathroom. e. The bathroom m conveniently as poss bedrooms. f. Hand grips must	CAC 42C .2206) d as of April 1, 1984 must born for each five or fewer ve-in staff and family. stion whether a home licensed has a sufficient number of sion of Facility Services is ermining the size and number red based on the number of a home. ) must be designed to provide n with more than one toilet or ive privacy partitions or bothroom is not to be through person 's bedroom, or another nust be located as isible to the resident 's t be installed at all commodes,					
	residents.	n the floor level used by the ng or strips must be installed					

RMQ022

	IT OF DEFICIENCIES					
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUME		(X2) MULTIPLE A. BUILDING: <b>C</b>	CONSTRUCTION		E SURVEY PLETED
		FCL054060	B. WING		R 01/19/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	•	
A NEW B	EGINNING		T LENOIR AVE N, NC 28501	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{C 119}	Continued From pa	ge 1	{C 119}			
	adequately ventilate	por must have a non-slippery				
	between the Den an handgrips at either handgrips for each	vealed that the bathroom nd Kitchen did not have the tub or the toilet. Install				
	the handgrips had r the fixtures in the H handgrips for the to	time of the follow up survey, not been installed at either of all bath by the Den. Install ilet and the tub. Provide ne correction in the form of				
	had nonskid mats of surface in the tub of prevent slipping. P	vealed that neither of the tubs or decals. Provide a nonstick r provide rubber mats to rovide documentation of the of photos or receipts.				
	tubs did not have no prevent slipping in t revealed that they h the mats by Enviror they were unsafe. mats available. Pro	ervations revealed that the onskid mats or decals to he tub. Interview with Staff had been instructed to remove mental Health stating that install decals or have nonskid ovide documentation of the m of photos or receipts.				
{C 125}	Floors		{C 125}			
	IV. The Building					
ivision of He TATE FORM	ealth Service Regulation		6899	1Q022		tion sheet 2 of

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: 0	1		
		FCL054060	B. WING			R <b>19/2017</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A NEW B	BEGINNING		T LENOIR AVE N, NC 28501	NUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETE
{C 125}	Continued From pa	ge 2	{C 125}			
	material and so cor cleanable. b. Scatter or throw c. All floors must b This Rule is not me 1. Observations re- maintained in good damaged or torn in locations include: a. The thresho dining is uneven an b. There is a ter room between the t kitchen. c. In the bathrow kitchen, the floor be and spongy and the edge of the tub. d. In the bathrow Bedroom 3, the floor tub is very soft and floor vent is heavily floor and the corner e. The vinyl flo and curling at the e f. In Bedroom a corner between the section of the shoe the corner and the o	AC 42C .2211) be of smooth, non-skid instructed as to be easily or rugs are not to be used. e kept in good repair. et as evidenced by: vealed that the floor was not repair. The floor was numerous locations. These Id between the kitchen and d the floor is ripped and torn. ear in the floor of the dining able and the door to the boom between the den and etween the tub and toilet is sofe e vinyl is pulling away at the boom between dining and or between the sink and the spongy. The floor around the stained. The perimeter of the rs need cleaning. or around the fireplace is torn dges. #1, the vinyl is torn in the fire place and side wall and a molding is broken between window.				
	hallway vinyl floor b back of the stairs.	an approximately 6" tear in the etween the front door and the				
		chnician repair or replace all of ng and subflooring as required				

Division	of Health Service Re	egulation			FORM	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (	CONSTRUCTION D1		E SURVEY PLETED
		FCL054060	B. WING			R <b>19/2017</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
A NEW B	EGINNING		T LENOIR AVE I, NC 28501	INUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{C 125}	Continued From pa	ige 3	{C 125}		·	
	Provide documenta of photos, receipts	ation of the repairs in the form or work orders.				
	the above floor repa Observations revea as well. The bathro the kitchen and der hazard for the Resi bathroom until the f qualified contractor the facility. Provide	e time of this survey, none of airs had been completed. aled tears in the kitchen floor bom floor in the bath between n has deteriorated and is a dents. Restrict use of this floor can be repaired. Have a repair the floors throughout e documentation of the rm of photos, receipts or work				
{C 134}	Fire Safety-Smoke.	. Heat Detectors	{C 134}			
	.2213) 3. The home must station U.L. listed s locations as determ Services and U.L. li	uirement (10 NCAC 42C provide automatic, single moke (ionization) detectors in hined by the Division of Facility isted heat detectors in the attic ese detectors must be directly current.				
	attic access was no was a heat detector heat detector with a	et as evidenced by: is survey, the location of the ot located to determine if there r. Verify that the attic has a a separate sounding device. of the detector in the form of				
		e time of this survey, the attic ated and interview with Staff				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	0. 00200.1		A. BUILDING: <b>01</b>				
		FCL054060	B. WING			R 01/19/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
A NEW B	EGINNING		T LENOIR AVE I, NC 28501	NUE			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE DATE	
{C 134}	Continued From pa	ge 4	{C 134}				
	attic to verify a heat	lid not know how to enter the detector. Provide verification and the location of the attic					
{C 139}	The Building-Mainta	ained Safety	{C 139}				
	42C .2212) 1. The building and mechanical, and plu maintained in a safe This Rule is not me	and Furnishings (10 NCAC d all fire safety, electrical, umbing equipment must be e and operating condition. et as evidenced by: vealed that the bathroom					
	outlets had several electrical hazard. It have a qualified tec	coats of paint which poses an f the paint cannot be removed, hnician replace the outlets. tion of the repairs in the form					
	bathroom outlets st which poses an ele cannot be removed replace the outlets.	ervations revealed that the ill had several coats of paint ctrical hazard. If the paint , have a qualified technician Provide documentation of the of photos, receipts or work					
{C 140}	Housekeeping and	Furnishings	{C 140}				
	<ul><li>42C .2212)</li><li>2. Each home mus</li><li>a. have walls, ceilin</li></ul>	ngs, and floors or floor n and in good repair;					

STATE FORM

RMQO22

If continuation sheet 5 of 11

Division of Health Service Re STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATI	E SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	)1	СОМ	PLETED
	FCL054060	B. WING			R 19/2017
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A NEW BEGINNING		T LENOIR AVE N, NC 28501	INUE		
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
{C 140} Continued From pa	age 5	{C 140}			
	ean and in good repair; grade of 90 or above at all				
	n an uncluttered, clean orderly				
	obstructions and hazards;				
	te supply of bath soap, clean, sheets, pillow cases,				
	ional coverings on hand at all				
times;					
	g. make available the following items as needed through any means other than charge to the				
	ecipients of State-County				
Special Assistance	-				
	ets and clean, absorbent soft				
and smooth pads; (2) bedpans urina	ls, hot water bottles, and ice				
caps;					
(3) bedside comm	odes, walkers, and				
wheelchairs;	and radio, each in good				
working order.					
	et as evidenced by: vealed that the lower wall to				
	in the bathroom between the				
5	edroom #3 was damaged and				
	were roughly nailed over the				
	ualified technician remove the he damaged wall. Provide				
	he repairs in the form of				
photos, receipts or	•				
01/19/17: SF-At th	e time of this survey, the				
bathroom wall had	not been repaired. Have a				
	repair the wall. Provide				
photos, receipts or	he repairs in the form of work orders				
					1

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>			E SURVEY PLETED
		FCL054060	B. WING			R 19/2017
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
A NEW E	BEGINNING		T LENOIR AVE N, NC 28501	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
{C 140}	<ol> <li>Observations rehad fall off the wall machine. The struct damage and an attat the wall. The wall the wall. The wall the wall. The wall the wall. The wall the wall if was stained qualified technician washing machine. The struct repairs in the form of orders.</li> <li>O1/19/17: SF-Obset laundry room walls wall to the left is alst technician repair the dryer. Provide doct the form of photos,</li> <li>Observations reconditioned with with below the units in e and the finish was for qualified technician units. In the upstate unit is heavily damate and there is a large window trim. Have the wall and patch the documentation of the photos, receipts or 01/19/17: SF-At the conditional was and the second the second technician of the photos, receipts or 01/19/17: SF-At the conditional was second to the second technician of the photos.</li> </ol>	vealed that the plaster finish to the right of the washing cture was exposed behind the ached shelf had collapsed with o the left of the washing ed and cracked. Have a repair the walls around the Provide documentation of the of photos, receipts or work ervations revealed that the had not been repaired. The so damaged. Have a qualified e walls around the washer and umentation of the repairs in receipts or work orders. vealed that the rooms were ndow A/C units. The wall very location were damaged flaking and peeling. Have a repair the walls below the rs office, the wall below the a qualified technician repair the hole. Provide ne repairs in the form of				
	painted. Have a qui necessary repairs.	s sit have not been repaired or ialified technician make all Provide documentation of the of photos, receipts or work				
		vealed a large crack in the e door to Bedroom #3. The				

If continuation sheet 7 of 11

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>(</b>			E SURVEY PLETED	
			A. BUILDING:	71		R	
		FCL054060	B. WING			n 19/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE			
A NEW E	BEGINNING		T LENOIR AVE N, NC 28501	INUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 140}	Continued From pa	ige 7	{C 140}				
	vent to the door frantechnician repair th	ng and curves up from the wal me. Have a qualified e wall. Provide documentatior form of photos, receipts or					
	crack outside of Be repaired. Have a q wall. Provide docu	ervations revealed that the wal edroom #3 has not been ualified technician repair the mentation of the repairs in the eipts or work orders.					
	of the upstairs door damaged. Have a wall. Provide docu	vealed that the wall to the left to the second exit was heavily qualified technician repair the mentation of the repairs in the eipts or work orders.					
	by the exit was still observation reveale plaster walls are cra qualified technician	ervations revealed that the wal heavily damaged. Further ed that several of the upstairs acked and damaged. Have a repair the upper level walls. ation of the repairs in the form or work orders.					
	and flaking on the in and paint the interior	vealed that the paint was worn nterior window sills. Clean or window trim. Provide ne repairs in the form of work orders.					
	the interior window painted. Clean and	ervations revealed that none of sills had been cleaned and d paint the window trim. ation of the repairs in the form or work orders.	F				
		vealed that the inside face of stained and the finish was					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: <b>0</b>			E SURVEY PLETED	
		FCL054060	B. WING		R 01/19/2017		
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		01/13/2017	
A NEW B	EGINNING		T LENOIR AVE I, NC 28501	NUE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 140}	Continued From pa	age 8	{C 140}				
	refresh the paint on	he hardware edge. Clean and in the front door. Provide he repairs in the form of work orders.					
	door finish was heat and paint the front of	e time of this survey, the front avily stained and worn. Clean door. Provide documentation e form of photos, receipts or					
	door hardware in B door veneer was da hitting the chest of enough room betwe open the door fully. repair or replace the and rearrange the f can get into their cle	evealed that the left hand close edroom #1 was loose and the amaged where the door was drawers. There was not een the door and furniture to Have a qualified technician e door, secure the hardware furniture so that the Resident oset. Provide documentation e form of photos, receipts or					
	corrections to Bedr The furniture had n closet door was stil technician make the	e time of this survey, the oom #1 had not been made. ot been rearranged and the I damaged. Have a qualified e necessary repairs. Provide he repairs in the form of work orders.					
	door to Bedroom #3 and the door hardw qualified technician paint the door. Pro	revealed that the paint on the 3 was scratched and flaking vare was loose. Have a tighten the door hardware and wide documentation of the of photos, receipts or work	8				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (			E SURVEY PLETED
			A. BUILDING: (	J1		
		FCL054060	L054060 B. WING		R 01/19/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
A NEW E	EGINNING		T LENOIR AVE N, NC 28501	INUE		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE
{C 140}	Continued From pa	age 9	{C 140}			
	Tighten the hardwa	nade to Bedroom #3's door. Ire and paint the door. Provide the repairs in the form of work orders.				
	hardware was loos Bedroom #3. Tight	evealed that the door e on the closet door of en the hardware. Provide he repairs in the form of work orders.				
	the closet door hard been repaired. Hay the closet door hard	e time of the follow up survey, dware in Bedroom #3 had not ve a qualified technician repair dware. Provide documentation e form of photos, receipts or				
	looking substance i between the dining	revealed a large yellow waxy in the tub in the bathroom area and Bedroom #3. Clean stance. Provide documentatior e form of photos.				
	waxy sealant was s Further observation some type of patch qualified technician	ervations revealed that the still in the tub by Bedroom #3. Ins revealed that this may be In the tub is damaged, have a In replace the tub. Provide the repairs in the form of work orders.				
	ceiling was bubbled hallway at the front front wall. There and damages are. Obs roof had been replat damages may have	revealed that the upstairs d, flaking and peeling in the wall and in the office along the ppears to be mold where the servations revealed that the aced at some point and the e been from a prior leak. Have an clean, treat and paint the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED	
		BERTH TO/THOM NOMBER.	a. Building: <b>C</b>	)1		
		FCL054060	B. WING			R <b>19/2017</b>
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NEW B	BEGINNING		T LENOIR AVE N, NC 28501	INUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 140}	Continued From pa	age 10	{C 140}			
		Provide documentation of the of photos, receipts or work				
	level ceilings had n qualified technician	e time of this survey, the uppe ot been repaired. Have a repair the ceilings. Provide he repairs in the form of work orders.	r			
	countertops were h burn marks along s qualified technician countertop. Provid	revealed that the kitchen leavily stained and there were surface to the right. Have a repair or replace the kitchen e documentation of the repairs os, receipts or work orders.				
in 0' ki re re of	kitchen countertops replaced. Have a c replace the counter	ervations revealed that the s had not been repaired or qualified technician repair or rtop. Provide documentation e form of photos, receipts or				