STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054060		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOMBER.	A. BUILDING: 01				
		FCL054060	B. WING	R 03/08/2018			
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE			
A NEW B	EGINNING		T LENOIR AVE I, 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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
{C 000}	Initial Comments		{C 000}				
	Report by Paul Dixon						
	Follow-Up Survey o AM to 12:15 PM at Not all previously ci	a Section conducted a Biennial on March 8, 2018 from 11:45 the above referenced facility. ted deficiencies have been e further action is required.					
{C 125}	Floors		{C 125}				
	material and so con cleanable. b. Scatter or throw						
	maintained in good	et as evidenced by: vealed that the floor was not repair. The floor was numerous locations. These					
	dining is uneven an b. There is a te room between the t kitchen.	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					
	kitchen, the floor be and spongy and the edge of the tub. d. In the bathro	oom between the den and etween the tub and toilet is soft e vinyl is pulling away at the oom between dining and or between the sink and the					
	tub is very soft and	spongy. The floor around the stained. The perimeter of the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054060		. ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED R 03/08/2018		
		IDENTIFICATION NUMBER:	A. BUILDING: 01				
		B. WING					
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
A NEW E	BEGINNING		T LENOIR AVE N, NC 28501	ENUE			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
{C 125}	Continued From page 1		{C 125}				
	 e. The vinyl floor around the fireplace is torn and curling at the edges. f. In Bedroom #1, the vinyl is torn in the corner between the fire place and side wall and a section of the shoe molding is broken between the corner and the window. g. There was an approximately 6" tear in the hallway vinyl floor between the front door and the back of the stairs. 						
	the damaged flooring	chnician repair or replace all of ng and subflooring as required tion 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 oom floor in the bath between has deteriorated and is a dents. Restrict use of this floor can be repaired. Have a repair the floors throughout e documentation of the im of photos, receipts or work					
		ased on observations during ey, this has not been					
{C 140}	Housekeeping and	Furnishings	{C 140}				
	42C .2212)2. Each home musa. have walls, ceilir	and Furnishings (10 NCAC st: ngs, and floors or floor n and in good repair;					

STATE FORM

RMQO23

If continuation sheet 2 of 4

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL054060		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		COM	(X3) DATE SURVEY COMPLETED	
		B. WING			R 03/08/2018	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
A NEW B	BEGINNING		T LENOIR AVE N, 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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
{C 140}	Continued From pa	ige 2	{C 140}			
	 d. have a sanitary times. e. be maintained ir manner, free of all f. have an adequa towels, washcloths blankets, and addit times; g. make available through any means personal funds of respecial Assistance (1) protective sheet and smooth pads; (2) bedpans, urina caps; (3) bedside common wheelchairs; 	ets and clean, absorbent soft ls, hot water bottles, and ice				
	14. Observations r ceiling was bubbled hallway at the front front wall. There a damages are. Obs roof had been repla damages may have a qualified technicia damaged ceilings.	et as evidenced by: evealed that the upstairs d, flaking and peeling in the wall and in the office along the opears to be mold where the ervations revealed that the aced at some point and the e been from a prior leak. Have an clean, treat and paint the Provide documentation of the of photos, receipts or work	,			
		e time of this survey, the uppe ot been repaired. Have a	r			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	(X3) DATE SURVEY COMPLETED	
		BERTH TO/THOM HOMBER.	A. BUILDING: 01			
		FCL054060	B. WING			R 08/2018
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
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 ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{C 140}	Continued From pa	200 3	{C 140}	DEFICIENC	CY)	
{C 140}	Continued From page 3 qualified technician repair the ceilings. Provide documentation of the repairs in the form of photos, receipts or work orders.					
	03/08/2018-PD: Based on observations during the Follow-up Survey, this has not been corrected.					
	For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc.					
	All deficiencies liste on-site staff during	ed above were discussed with the exit interview.				

RMQO23