

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 B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2023
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NAME OF PROVIDER OR SUPPLIER A NEW BEGINNING	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST LENOIR AVENUE KINSTON, NC 28501
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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
C 000	<p>Initial Comments</p> <p>Report by Scott Greenwood</p> <p>DHSR Construction Section conducted a Biennial Survey on August 15, 2023 from 12:00 PM to 1:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 16, 1980 for five (5) ambulatory Residents. This facility is licensed for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency) which indicates that the bed count was increased to six sometime after April 1, 1984. Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Family Care Homes Minimum Standards and Regulations," applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes and the 1978 North Carolina State Building Code - Section 409.1 (g) - Residential Care Facilities.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows:</p>	C 000		
C 102	<p>Rules Are Minimum Requirements</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF</p>	C 102		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 102	<p>Continued From page 1</p> <p>PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements;</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that the egress window in bedroom # 1 would not remain in the fully open position. This is not compliant with the rule for routine interior maintenance and could potentially make egress difficult during a fire emergency. Take the necessary steps to correct this deficiency.</p> <p>2. At the the time of the survey it was observed that the heat detector in the attic was missing or incorrect. This is not compliant with the rule. Take the necessary steps to install a heat detector with a 135 degree rate of rise or 194 degree fixed temperature. Detectors need to be installed on a dedicated circuit and attached to a separate sounding device centrally located in the home.</p> <p>3. At the time of the survey it was observed that the right hand side bathroom GFCI outlet would not test. This is not compliant with the rule for routine interior maintenance and could cause a potential shock hazard to the residents and staff do to the GFCI not functioning properly. Take the necessary steps to correct this deficiency.</p>	C 102		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE</p>	C 174		

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C 174	<p>Continued From page 2</p> <p>EQUIPMENT</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. At the time of the survey it was observed that the entry door to bedroom # 3 would not latch properly. This is not compliant with the rule for resident privacy. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that the hallway night light globe was missing. This is not compliant with the rule for routine interior maintenance and could potentially cause a burn hazard to the residents and staff. Take the necessary steps to correct this deficiency. 3. At the time of the survey it was observed that there was a large crack in one of the rear egress door panels. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that the right hand side bathroom door would not latch properly. This is not compliant with the rule for resident privacy. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that the right hand side bathroom toilet was loose at the base. This is not compliant with the rule for routine interior maintenance and could potentially cause floor damage due to the toilet base leaking. 	C 174		

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C 174	<p>Continued From page 3</p> <p>Take the necessary steps to correct this deficiency.</p> <p>6. At the time of the survey it was observed that there was peeling paint at the front porch hand and guardrails. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>7. At the time of the survey it was observed that there was a deteriorated edge trim board at the front porch. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>8. At the time of the survey it was observed that the front porch flooring boards were warped at the edges under the guardrails. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>9. At the time of the survey it was observed that there were deteriorated and missing siding boards next to the rear egress door. This is not compliant with the rule for routine exterior maintenance and appearance . Take the necessary steps to correct this deficiency.</p> <p>10. At the time of the time of the survey it was observed that there was dirt buildup at the siding and trim boards. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>11. At the time of the survey it was observed that there was deteriorated soffit and fascia boards on</p>	C 174		

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C 174	<p>Continued From page 4</p> <p>the left hand side of the house. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent infiltration into the attic area. Take the necessary steps to correct this deficiency.</p> <p>12. At the time of the survey it was observed that there was peeling paint and loose siding on the left hand side of the house. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.</p> <p>13. At the time of the survey it was observed that the exterior clothes dryer vent cover was missing with lint buildup. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent infiltration into the clothes dryer duct. Take the necessary steps to correct this deficiency.</p>	C 174		