	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		COMPLETED	
		FCL054060	B. WING		08/1	5/2023
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, S	STATE, ZIP CODE		
A NEW B	EGINNING		LENOIR AV , 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Scott Gre	eenwood				
	Survey on August 1 1:15 PM at the above records indicate the June 16, 1980 for fi This facility is license. Residents (able to rany physical or verto other emergency) we count was increase 1984. Based on this the home to maintate following: the 1984 Minimum Standards portions of the 2005 Family Care Homes	a Section conducted a Biennial 5, 2023 from 12:00 PM to we referenced facility. DHSR whome was first licensed on we (5) ambulatory Residents. Seed for six (6) ambulatory respond and evacuate without onal assistance during a fire or which indicates that the bed do to six sometime after April 1, as information we are requiring in compliance with the "Family Care Homes and Regulations," applicable of Rules 10A NCAC 13G for and the 1978 North Carolina e - Section 409.1 (g) - accilities.				
	NOTES:					
	that require an acce	or visit, we cited deficiencies eptable plan of correction. All were discussed with on-site interview.				
	once completed pro	correct all listed deficiencies, ovide verification in the form of voices, etc. for all work				
	The cited deficienci	es are as follows:				
C 102	Rules Are Minimum	Requirements	C 102			
	SECTION .0300 - T	HE BUILDING				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		FCL054060	B. WING		08/1	5/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
A NEW B	EGINNING		LENOIR AV , 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 102	care home shall be (4) Rules contained requirements and a buildings, systems exceed minimum re  This Rule is not med. At the time of the the egress window remain in the fully of compliant with the maintenance and of difficult during a first necessary steps to  2. At the time of the time of that the heat detect incorrect. This is not the necessary steps a 135 degree rate of temperature. Detect dedicated circuit and sounding device ced.  3. At the time of the the right hand side not test. This is not routine interior main potential shock haz do to the GFCI not.	REQUIREMENTS requirements for each family applied as follows: ed in this Section are minimum are not intended to prohibit or operational conditions that equirements;	C 102			
C 174	SECTION .0300 - 1	t Maintained Safe, Operating  THE BUILDING  B17 BUILDING SERVICE	C 174			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE :				
		A. BUILDING: <b>01</b>				
		FCL054060	B. WING		08/1	5/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
A NEW B	EGINNING		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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 2	C 174			
	mechanical, and plucare home shall be operating condition. (j) This Rule shall family care homes.  This Rule is not meat. At the time of the the entry door to be properly. This is not resident privacy. Ta correct this deficient	et as evidenced by: e survey it was observed that droom # 3 would not latch compliant with the rule for ke the necessary steps to cy.				
	the hallway night lig not compliant with t maintenance and c hazard to the reside	ht globe was missing. This is the rule for routine interior buld potentially cause a burn ents and staff. Take the correct this deficiency.				
	there was a large of door panels. This is routine interior main	survey it was observed that rack in one of the rear egress not compliant with the rule for tenance and appearance. steps to correct this				
	the right hand side properly. This is not	survey it was observed that bathroom door would not latch compliant with the rule for ke the necessary steps to cy.				
	the right hand side the base. This is no	survey it was observed that bathroom toilet was loose at t compliant with the rule for ntenance and could potentially				

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cause floor damage due to the toilet base leaking.

DIVISION	of Health Service Re	guiation			T	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAIN	OI SOMMESTION	DENTIFICATION NOMBER.	A. BUILDING:	01	CONF	LLILD
			5 4444			
		FCL054060	B. WING		08/1	5/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔNFWF	BEGINNING	300 EAST	LENOIR AV	ENUE		
ANEW		KINSTON	, NC 28501			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 3	C 174			
	Take the necessary deficiency.	steps to correct this survey it was observed that				
	there was peeling p and guardrails. This for routine exterior i	aint at the front porch hand is not compliant with the rule maintenance and appearance. steps to correct this				
	there was a deterior front porch. This is routine exterior mai	survey it was observed that rated edge trim board at the not compliant with the rule for ntenance and appearance.  steps to correct this				
	the front porch floor the edges under the compliant with the r maintenance and a	survey it was observed that ing boards were warped at e guardrails. This is not ule for routine exterior ppearance. Take the correct this deficiency.				
	there were deteriora boards next to the r compliant with the r maintenance and a	survey it was observed that ated and missing siding ear egress door. This is not ule for routine exterior ppearance . Take the correct this deficiency.				
	observed that there and trim boards. The rule for routine exte	e time of the survey it was was dirt buildup at the siding is is not compliant with the rior maintenance and he necessary steps to correct				
		e survey it was observed that ted soffit and fascia boards on				

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NAME OF PROVIDER OR SUPPLIER  A NEW BEGINNING  SUMMARY STATEMENT OF DEFICIENCIES WINSTON, NC 28501  (C4) ID PREPTIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (CROSS-REFERENCED TO THE APPROPRIATE DATE  (CROSS-REFERENCE TO THE APPROPRIATE DATE  (CROSS-REFERENCE TO THE APPROPRIATE DATE  (CROS			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
A NEW BEGINNING  300 EAST LENOIR AVENUE KINSTON, NC 28501  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH DEFICIENCY)  (EACH DEFICIENCY)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  COMPLETE DATE  CONSULTED THE APPROPRIATE DATE  COMPLETE DATE  COMPLETE DATE  COMPLETE DATE  COSS-REFERENCED TO THE APPROPRIATE DATE  COMPLETE COMPLETE COMPLETE  COMPLETE DATE  COMPLETE  CARLO CORS-REFERENCED TO THE APPROPRIATE  COMPLETE  CARLO CORRECTIVE ACTION SHOULD BE  CECOSS-REFERENCED TO THE APPROPRIATE  COMPLETE  CARLO CORRECTIVE ACTION SHOULD BE  CECOSS-REFERENCED TO THE APPROPRIATE  COMPLETE  COMPLETE  COMPLETE  COMPLETE  COMPLETE  CARLO CORRECTIVE ACTION SHOULD BE  CECOSS-REFERENCED TO THE APPROPPIATE  COMPLETE  COMPLETE  COMPLETE  CARLO CORRECTIVE ACTION SHOULD BE  CECOSS-REFERENCED  COMPLETE  CARLO COMPLETE  COMPLETE  CARLO CORRECTIVE ACTION SHOULD BE  CECOSS-REFERENCED  COMPLETE  CARLO CORRECTIVE ACTION SHOULD  CECONOCITE  CECOSS-REFERENCED  COMPLETE  CARLO CORRECTIVE ACTION SHOULD  CECOSS-REFERENCED  CECOSS-RE			FCL054060	B. WING		08/1	5/2023
XA) ID   SUMMARY STATEMENT OF DEFICIENCIES   CACH DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   TAG   COntinued From page 4   C 174   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.  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.  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.	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
C 174   ID   PREFIX   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CEACH DEFICIENCY MUST BE PRECEDED BY FULL   TAG   CONTINUED FROM INFORMATION)   TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE   CACH CORRECTIVE ACTION SHOULD BE   CACH CACH CORRECTIVE BE   CACH	A NEW B	EGINNING			ENUE		
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	C 174	the left hand side of compliant with the right maintenance and of infiltration into the asteps to correct this 12. At the time of the there was peeling pleft hand side of the with the rule for rou appearance. Take the this deficiency.  13. At the time of the this deficiency.  14. At the time of the with lint buildup. The rule for routine externote potentially allow rood dryer duct. Take the	of the house. This is not rule for routine exterior ould potentially allow rodent attic area. Take the necessary deficiency.  The survey it was observed that paint and loose siding on the exterior maintenance and the necessary steps to correct the survey it was observed that dryer vent cover was missing is is not compliant with the erior maintenance and could dent infiltration into the clothes	C 174	DEFICIENCY)		

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