

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 R 03/01/2024
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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 Kelly Myers</p> <p>DHSR Construction Section conducted a Biennial Follow-up Survey on March 1, 2024 from 9:40 AM to 10:40 AM at the above referenced facility. At the time of the survey not all deficiencies were corrected therefore further action is required. One additional deficiency was noted. Please reach out to DHSR Construction if there are any questions regarding the heat detector.</p> <p>NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from previous survey.</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 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>	{C 102}		

Division of Health Service Regulation
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>This Rule is not met as evidenced by:</p> <p>1. At the time of the survey it was observed that a heat detector was installed in the attic but was not on a dedicated circuit or have a separate sounding device to alert all residents and staff. The heat detector was also installed to low on the rafter. It should be closer to the ridge of the roof where the heat will rise to. This is not compliant with the rule. Take the necessary steps to move the heat detector closer to the ridge of the roof and add a sounding device that has a distinct sound different than the smoke alarms. The heat detector needs to be installed on a dedicated circuit can not be interconnected to the smoke detectors.</p> <p>*This deficiency was previously cited during our August 15, 2023 biennial survey, take action to correct this deficiency.</p> <p>2. At the time of the follow-up survey it was observed that there was not a cover separating the house from the attic at the attic access opening. This is not compliant with the rule. Take the necessary steps to install an attic access cover so that a chimney effect does not occur in the event of a fire.</p>	{C 102}		