A NIEW BEGINNING

300 E. LENDIR AVE. KINSTON, NC 28501
PH. (252) 522-5436 FAX: (252) 522-5043

EAX TRANSMITTAL

TO: PHONE/EXTENSION: FAX NUMBER: DATE:	Kelly Myers 919-855-5893 919-733-6592
SENDING THIS COVER	PAGE + 2 PAGE(S).
MESSAGE:	
Sorry for the	s delay. Please-Call-for.
IF NOT RECEIVED IN G	OOD ORDER, CONTACT
Rashonna	<u>a 252-2685912</u>

Division of Health Service Regulation

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	E CONSTRUCTION 01	COMPLETED		
		FCL054060	B. WING		R 03/01/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	*		
A NEW BEGINNING 300 EAST LENOIR AVENUE KINSTON, NC 28501							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCI S 'MUST BE PRECEDED B' FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	DBE COMPLETE		
(C 000)	Initial Comments		{C 000}				
	Report by Kelly Mye	ers		,			
	Follow-up Survey of AM to 10:40 AM at the time of the su corrected therefore additional deficiency	Section conducted a Biennial n March 1, 2024 frc m 9:40 the above referenc∈d facility. urvey not all deficier cies were further action is required. One y was noted. Please reach ruction if there are ∉ny the heat detector.	;				
	that require an acce deficiencies listed w staff during the exit previous deficiencie from an open bienni	r visit, we cited deficiencies eptable plan of correction. All rere discussed with posite interview. There were so that were not closed out ial survey, these de iciencies of from previous survey.					
	once completed pro	correct all listed defixiencies, vide verification in the form of voices, etc. for all work					
	The cited deficiencie	es are as follows;					
{C 102}	Rules Are Minimum	Requirements	{C 102}				
	PHYSICAL PLANT I The physical plant recare home shall be a (4) Rules contained requirements and ar	O1 APPLICATION OF REQUIREMENTS equirements for each family applied as follows: d in this Section are minimum re not intended to prohibit or operational condil ons that					
ivision of He	ealth Service Regulation DIRECTOR'S OR PROVIDE	ER/SUPPLIER REPRESEN TATIVE'S SIGN	IATUREA	TITLE	(X8) DATE		

STATE FORM

⁸() FDX422

Administrator

(70) 071

continuation sheet 1 of

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Division of Health Service Regulation											
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLI :R/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01	COMPLETED							
			1		R						
		FCL054060	B. WING	***	03/01/2024						
											
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
A NEW BEGINNING 300 EAST LENOIR AVENUE											
W MEAR E	EGINNING	KINSTO	N, NC 28501								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCE S (EACH DEFICIENCY MUST BE PRECEDED B) FULL REGULATORY OR LSC (DENTIFYING INFORM (TION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TON SHOULD BE COMPLETE THE APPROPRIATE DATE						
{C 102}	Continued From pa	ge 1	{C 102}								
•	This Rule is not met as evidenced by: 1. At the time of the survey it was obselved that a heat detector was installed in the atticit ut was not on a dedicated circuit or have a separale 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. *This deficiency was previously cited during our August 15, 2023 biennial survey, take action to correct this deficiency. 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 at sees.		e t	Corrected 412 Corrected 412	1-5-4 -5-4						
		nney effect does not occur in									
ς#''											