Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-563			(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		B. WING			R 01/29/2025		
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
NEW BE	GINNINGS HEALTH C	ARF	LE DRIVE H, NC 27616				
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS		V 000					
	on January 29, 202 This facility is licens category: 10A NCA	w up survey was completed 5. A deficiency was cited. sed for the following service C 27G .1700 Residential cure for Children or					
		sed for 9 and currently has a urvey sample consisted of clients.					
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas constructed and exposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the stained between 100-116 t.					
	failed to ensure the	et as evidenced by: ion and interview the facility water temperature was n 100-116 degrees Fahrenheit					
	following: -Kitchen sink temper FahrenheitHallway bathroom Fahrenheit.	9/25 at 2:30 PM revealed the erature was 90 degrees temperature was 85 degrees throom was 90 degrees					

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
					,	R						
MHL092-563		B. WING			01/29/2025							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
NEW BEGINNINGS HEALTH CARE 5309 KYLE DRIVE RALEIGH, NC 27616												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)												
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE							
V 752	Continued From pa	age 1	V 752									
	Fahrenheit.											
	Interview on 1/29/2 -No clients had contemperatures being-Recently had a clobathroom which called a plumber out the water temperatibathroomWill have her husb											

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