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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-563 B. WING 01/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5309 KYLE DRIVE **NEW BEGINNINGS HEALTH CARE** RALEIGH, NC 27616 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY 10A NCAC 27G.1700 Resident al V 000 INITIAL COMMENTS V 000 Kyle treatment Staff Secure for Children or An annual and follow up survey was completed Adolescents on January 29, 2025. A deficiency was cited. Our agency took immediate action to ensure Measures put in place to the quality of all homes. We discussed and This facility is licensed for the following service correct the preventative measures/interventions were category: 10A NCAC 27G .1700 Residential deficient area reviewed and voted on for approval by the Treatment Staff Secure for Children or of practice and Adolescents Board. how we TBGI immediately corrected the identified other This facility is licensed for 9 and currently has a deficiency and notified he areas of the census of 5. The survey sample consisted of agencies on call handy man to facility having audits of 3 current clients. come and adjust the wa er the potential to temperature that was notified by be affected by V 752 27G .0304(b)(4) Hot Water Temperatures V 752 the same the DHSR Auditor, Ms. Kimberly deficient Thigpen. 10A NCAC 27G .0304 FACILITY DESIGN AND practice and **EQUIPMENT** what corrective (b) Safety: Each facility shall be designed. actions will be constructed and equipped in a manner that taken ensures the physical safety of clients, staff and Upon learning of the deficiency, our agency visitors. Measures put in place to prevent placed the below preventative measures in (4)In areas of the facility where clients are the problem from exposed to hot water, the temperature of the place. occurring again water shall be maintained between 100-116 1.TBGI shall add checking the water degrees Fahrenheit. temperatures monthly and rando nly to remain in compliance with State rules. The Executive Director and Director and Who will This Rule is not met as evidenced by: Based on observation and interview the facility monitor the our Quality management/Quality situation to failed to ensure the water temperature was Improvement Director, and or designated ensure it will not maintained between 100-116 degrees Fahrenheit. qualified staff will continue to monitor the occur again The findings are: implementation to ensure that the deficiency will not occur again. Observation on 1/29/25 at 2:30 PM revealed the following: How often the Our agency made sure the above plan -Kitchen sink temperature was 90 degrees monitoring will happened by implementing an inmediate Fahrenheit. take place water adjustment and continual supervision -Hallway bathroom temperature was 85 degrees request with the agencies on cal handy man Fahrenheit. to perform monthly and random monitoring -Client bedroom bathroom was 90 degrees as needed of the facility to remain in Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE compliance. Dates the The corrective action was completed on 1-STATE FOR corrective 29-2025. action will be

completed

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If continuation sheet 2 of 2

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
		MHL092-563	B. WING		R 01/29/2025
NAME OF PROVI	DER OR SUPPLIER	STREET AL	ODRESS, CITY.	STATE, ZIP CODE	
5200 KVI E DDWE					
NEW BEGINNINGS HEALTH CARE RALEIGH, NC 27616					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDER OF THE	D BE COMPLETE
V 752 Con	tinued From p	age 1	V 752		
	1	U			
Inte -No tem -Red bath -Ha the bath -Wil	clients had co peratures bein cently had a cla room which ca d a plumber ou water tempera room. I have her hus	25 the Licensee stated: mplained of water g too cold. ogged toilet in the hallway aused a flood a few days ago. at and they may have caused ture to change while fixing the band turn the water heater nue to monitor the temperature.			
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