

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011320	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 235		STREET ADDRESS, CITY, STATE, ZIP CODE 235 COUNTRY TIME CIRCLE LEICESTER, NC 28748		
(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	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on November 06, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on June 24, 1997 as a Family Care Home for six residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 (97 Rev) North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of survey we discovered behind the	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 dryer a large build up of lint; lint is extremely combustibile and can create a potential fire hazard. Remove all lint and debris (loose linens) from behind the dryer. Provide to DHSR Construction section verification in the form of photos indicating the corrections are complete. 2. it was observed at the time of our visit that the kitchen faucet handle is loose and difficult to operate. Have a qualified individual repair or replace the faucet. Provide the DHSR Construction section with a copy of any receipts, work orders, and photos pertaining to this repair. 3. At the time of survey we observed that the floor tile in bathroom #1 is damaged in several areas. Have a qualified individual repair or replace the damaged floor tile(s). Once completed provide the DHSR Construction section with copies of any receipts, work orders, and photos pertaining to this repair. 4. During our visit it was found that the floor around the toilet in bathroom #3 is soft and shows various signs of water damage. Have a qualified individual remove the toilet and repair the substrate and floor tile. Install a new seal and properly attach the toilet to the floor. Once all repairs are completed. Provide to DHSR Construction section copies of all invoices, receipts, permits as applicable, and approvals, indicating the corrections are complete.	C 174		