

PRINTED: 11/20/2014
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011318	(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 # 233		STREET ADDRESS, CITY, STATE, ZIP CODE 233 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)	(X6) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hopkin DHSR Construction Section conducted a Biennial Survey on November 08, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on July 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 1998 (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	CONSTRUCTION SECTION APR 16 2015 RECEIVED <i>Please See Attached</i>	
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. The bathroom ventilation fans do not work.	C 174		

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

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 4

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY HEART FAMILY CARE HOME # 233

233 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 174	Continued From page 1 Hire a qualified contractor to repair or replace the bathroom ventilation fans. Provide copies of receipts, work orders, invoices, and any other supporting documentation to the DHSR Construction section when the repair is completed. 2. The kitchen exhaust hood is missing a grease filter. Replace the grease filter. Provide photos and copies of receipts to the DHSR Construction section. 3. The hot water heater is missing the thermostat cover. Replace the thermostat cover. Provide photos of the completed repair to the DHSR Construction section. 4. The kitchen cabinets are missing doors and drawers and are in a state of disrepair. Have a qualified contractor repair or replace the damaged cabinets. Provide photos, receipts, and any other supporting documentation of the repairs to the DHSR Construction section. 5. The ceiling in the staff quarters bathroom is peeling and needs to be repainted. Hire a qualified contractor to prime and paint the staff quarters bathroom. Provide photos, receipts, and any other supporting documentation of the repairs to the DHSR Construction section.	C 174		
C 142	Outside Entrances/Exits-Ramps IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) c. At least two outside entrances/exits for the residents' floor level must be ground level or	C 142		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY HEART FAMILY CARE HOME # 233

233 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 142	Continued From page 2 accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible. (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) This Rule is not met as evidenced by: 1. The front ramp is not protected by handrails and does not meet the 1 foot of ramp for every inch of drop requirement. Obtain all required permits and hire a qualified contractor to construct a handicap ramp that meets the requirements of the family care rules. Provide photos and copies of all permits, approvals, invoices, and any other supporting documentation to the DHSR Construction section. 2. The second handicap ramp has a 3 inch drop on the left side of the ramp. Have a qualified individual repair the ramp so that it discharges to grade. Provide photos and copies of all permits, approvals, invoices, and any other supporting documentation to the DHSR Construction section.	C 142		
C 145	Outside Entrances/Exits-Handrails IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2208) f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: The front porch has a large area that is unprotected by handrails. Hire a qualified	C 145		

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NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 233		STREET ADDRESS, CITY, STATE, ZIP CODE 233 COUNTRY TIME CIRCLE LEICESTER, NC 28746			
(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 145	Continued From page 3 contractor and obtain all required permits and install hand rails on the open area of the front porch and the handicap ramp. Provide photos and copies of all permits and approvals and all other supporting documentation to the DHSR Construction section.	C 145			

Serenity Heart Family Care Homes, LLC

CAR for Construction 233

In ref to NCAC 10 13G.0300/0.0317 Building/Building Service
Equipment:

- 1) The bathroom ventilation fans will be replaced or repaired by
05/01/2015
- 2) Grease filter was replaced on 11/07/2015
- 3) Thermostat cover was replaced on 11/07/2015
- 4) Cabinets will be replaced or repaired by 05/01/2015
- 5) Staff quarters ceiling in the bathroom will be painted by
01/15/2015
- 6) The ramp and hand rails will be corrected by 05/01/2015