

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2015
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY HEART FAMILY CARE HOMES #232 **232 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 Greg Williams DHSR Construction Section conducted a Biennial Follow-Up Survey on May 22, 2015 from 9:15 AM to 10:00 AM at the at the above referenced facility. At the time of the survey deficiencies remain that require another plan of correction. The deficiencies 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. The kitchen range hood exhaust fan does not work. Have a qualified person repair or replace the exhaust fan. Provide copies of any receipts, work orders or any other documentation concerning this repair. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected. 2. The GFCI receptacle on the rear of the building is missing a weather proof cover. Have a qualified individual install a weather proof cover. Provide photos, receipts, work orders or any other documentation concerning this repair. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	{C 174}		

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

TITLE

(X6) DATE