STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011320	A. BUILDING: **01** B. WING _____	R **05/22/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY HEART FAMILY CARE HOME # 235	**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 Greg Williams DHSR Construction Section conducted a Biennial Follow-Up Survey on May 22, 2015 from 10:45 AM to 11:30 AM 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: 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. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected. 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	{C 174}		

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{C 174}	Continued From page 1 repairs are completed. Provide to DHSR Construction section copies of all invoices, receipts, permits as appliciable, and approvals, indicating the corrections are complete. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	{C 174}		