

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 R 05/22/2015
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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 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 10:00 AM to 10:45 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: 1. The bathroom ventilation fans do not work. 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. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected. 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. 05/22/2015 GW - The Deficiency remains outstanding.	(C 174)		

CONSTRUCTION SECTION
JUL 21 2015
RECEIVED

→ completed

→ completed by 7/24/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sharon A. Holt, Administrator

STATE FORM

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If continuation sheet 1 of 3

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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 R 06/22/2015
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)		(X5) COMPLETE DATE
(C 142)	Continued From page 2 approvals, invoices, and any other supporting documentation to the DHSR Construction section. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	(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 .2209) f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: 1. The front porch has a large area that is unprotected by handrails. Hire a qualified 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. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	(C 145)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011318	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 D. WING: _____	(X3) DATE SURVEY COMPLETED R 05/22/2015
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)	(X5) COMPLETE DATE
(C 174)	Continued From page 1 Provide documentation to our office when corrected.	(C 174)		
(C 142)	Outside Entrances/Exits-Ramps: IV. The Building C. Physical Environment (10 NCAC 42C .2201) B. Outside Entrances/Exits (10 NCAC 42C .2209) c. At least two outside entrances/exits for the residents' floor level must be ground level or 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. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected. 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,	(C 142)	Completed by 8/1/15	

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If continuation sheet 2 of 3