Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011312 | A. BUILDING: 01<br>B. WING _____ | R<br>05/22/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SERENITY HEART FAMILY CARE HOMES #232 | 232 COUNTRY TIME CIRCLE<br>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<br><br>Report by Greg Williams<br><br>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<br><br>SECTION .0300 - THE BUILDING<br>10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT<br>(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.<br>(j) This Rule shall apply to new and existing family care homes.<br><br>This Rule is not met as evidenced by:<br>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.<br><br>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} | All Completed as of 7/21/15 | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator

STATE FORM 6899 XSK822 If continuation sheet 1 of 1