STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023046	A. BUILDING: **01** B. WING _____	**04/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING FAMILY CARE # 2	**113 LESLIE DRIVE SHELBY, NC 28152**

(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 Survey on April 13, 2016 from 12:00 PM to 1:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 15, 2014 as a Family Care Home for six ambulatory Residents (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 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 169	Fire Safety-Smoke Detectors SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (b) The building shall be provided with smoke detectors as required by the North Carolina State Building Code and U.L. listed heat detectors connected to a dedicated sounding device located in the attic and basement. These detectors shall be interconnected and be provided with battery backup. Note: Smoke detectors are required to be interconnected by this Rule. The application of the Rule permits the heat detectors to be interconnected with smoke detectors, but does not require it.	C 169		

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C 169	Continued From page 1 This Rule is not met as evidenced by: 1. In Clients Bedroom #1 (left front) The smoke detector was chirping at the time of the survey. Have the batteries replaced and provide documentation to our office when completed. 2. It was noted at the time of the survey that there was not a smoke detector located outside of Clients Bedroom #3 (right front). Have a hard wired, battery back up smoke detector or heat detector installed outside of Residents Bedroom #3 and interconnected with existing smoke detectors throughout the facility. Provide documentation to our office when completed. 3. At the time of the survey it was noted that there was a heat detector located in the front attic space but we could not verify that there was one in the back attic section. Provide documentation to our office that there is a heat detector in the back attic section and that it is interconnected with the other heat detectors.	C 169		
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. In Client Bedroom #3 (right front) there was a gap between the sheetrock wall and the brick wall. Have the gap filled in and provide	C 174		

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C 174	Continued From page 2 documentation to our office when completed. 2. In the Bathroom off of Client Bedroom #4 (back) the sheetrock around the mirror had been patched but needed painting. Provide documentation to our office when completed. 3. In the Bathroom off of Client Bedroom #4 (back) the trim at the base of the tub had separated from the tub. Recaulk the trim and provide documentation to our office when completed. 4. In the attic space by the pulldown stairs there were electrical wires that were wired together. Have the connection put into a junction box and provide documentation to our office when completed. 5. At the time of the survey we were not able to locate an acess door to the back attic space so we were not able to verify if the back clients bathroom exhaust fan was vented to the outside. We did note an exhaust cap sitting on the plumbing stack. Provide documentation to our office that there is a back attic access and that the bathroom exhaust fan is vented to the outside.	C 174		