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
	FCL082025	A. BUILDING: 01 B. WING _____	R 06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #2	912 BUCKHORN ROAD HARRELLS, NC 28444

(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 Rick Benton A biennial follow-up survey was conducted on June 9, 2016 from 11:15am to 12:15pm at the above referenced facility. Several listed deficiencies remain from the Biennial survey conducted on February 19, 2016. The remaining deficiencies will require another Plan of Correction. They 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) During the survey of the Kitchen, the following deficiencies were observed: a) The finished floor was damaged and it appeared to be spongy between the kitchen counter and inner wall. c) There was a throw rug covering a damaged section of the floor. Throw rugs are prohibited in family care homes. *RB 6/9/16 - These deficiencies remain uncorrected. Arrange for someone to remove the throw rug. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work. 2) During the survey of the bedrooms, the	{C 174}	All items corrected as stated. 7-5-16	

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

Erica Fennell — Owner

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082025	A. BUILDING: 01 B. WING _____	R 06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #2	912 BUCKHORN ROAD HARRELLS, NC 28444

(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 following deficiency was observed: a) There was no globe in the light fixture in bedroom 1. *RB 6/9/16 - This deficiency remains uncorrected. Arrange for someone to make the necessary installation. Provide to our office all supporting documents that will verify the completed work. 3) During the survey of the living room/dining room/staff area, the following deficiencies were observed: e) There was no exit sign installed above the rear exit door. *RB 6/9/16 - This deficiency remains uncorrected. Arrange for someone to install the exit sign at the rear exit. Provide to our office all supporting documents that will verify the completed work. 4) During the survey of the main hallway, the following deficiencies were observed: a) The return air filter was extremely dirty. b) The return air filter grill was damaged and would not properly close. *RB 6/9/16 - These deficiencies remain uncorrected. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work. 5) During the survey of the bathroom 1, the following deficiencies were observed: c) The floor appears to be slightly damaged around the entrance door frame. *RB 6/9/16 - This deficiency remains uncorrected. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work. 6) During the survey of the bathroom 2, the	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082025	A. BUILDING: 01 B. WING _____	R 06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #2	912 BUCKHORN ROAD HARRELLS, NC 28444

(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 2 following deficiencies were observed: a) The floor appears to be slightly damaged around the entrance door frame. b) There was no globe on the light fixture in bathroom 2. *RB 6/9/16 - These deficiencies remain uncorrected. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work. 8) During the survey of the rear of the home, the following deficiencies were observed: a) The dryer backdraft was not secured to the building and appeared to have a significant amount of lint between the flaps. b) The siding at the roofline appeared to be slightly damaged. d) The downspout was not attached to a gutter. e) A section of the rear gutter was missing which left the fascia board exposed. f) The steel crawl space door to the right of the patio was not secured and was held in place by what appeared to be a section of metal. *RB 6/9/16 - This deficiency remains uncorrected. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.	{C 174}		