

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL023046	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/08/2016
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NAME OF PROVIDER OR SUPPLIER SERENITY LIVING FAMILY CARE # 2	STREET ADDRESS, CITY, STATE, ZIP CODE 113 LESLIE DRIVE SHELBY, NC 28152
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(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 Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on December 8, 2016 from 10:55 AM to 11:40 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies 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. This Rule is not met as evidenced by: 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.	{C 169}	RECEIVED MAR 09 2017 CONSTRUCTION SECTION <i>all items corrected on 01-10-17 except smoke detector and attic wiring.</i> <i>Smoke detector and wiring to be completed by March 31, 17</i>	

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

TITLE

(X6) DATE

STATE FORM

6899

OFKE22

If continuation sheet 1 of 4

Mary Herkey

3-9-17

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{C 169}	Continued From page 1 12/08/16: SF-At the time of this survey, there was neither a smoke detector or a heat detector installed outside of Bedroom #3. Have a qualified technician install a smoke detector or a 135 degree heat detector outside the bedroom that is wired to the house current, interconnected to the other detectors and has battery backup. Provide documentation of the correction in the form of receipts or work orders. 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. 12/08/16: SF-At the time of this survey, access to the back portion was not found and the heat detector could not be verified. Provide verification that a heat detector is located in the back section by sending in photos, receipts or work orders.	{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:	{C 174}		

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{C 174}	Continued From page 2 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 documentation to our office when completed. 12/08/16: SF-Observations revealed that the wall intersection was not finished off leaving a gap between the sheetrock and masonry walls. Have a qualified technician finish the intersection of the walls. Provide documentation of the correction in the form of photos, receipts or work orders. 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. 12/08/16: SF-Observations revealed that the wall around the base cabinet needed painting. Paint the wall to complete the repairs. Provide documentation of the correction in the form of photos, receipts or work orders. 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. 12/08/16: SF-Observations revealed that the wires were still taped together. Have a qualified technician pull the wires to a junction box. Provide documentation of the correction in the form of photos, receipts or work orders. 5. At the time of the survey we were not able to locate an access 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	{C 174}		

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{C 174}	Continued From page 3 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. 12/08/16: SF-At the time of this survey, the vent for the exhaust could not be verified. Provide documentation that the fan is vented from the box to the exterior in the form of photos, receipts or work orders.	{C 174}			