STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023043	A. BUILDING: **01** B. WING _____	R **03/30/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING	**208 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 Paul Dixon DHSR Construction Section conducted a Biennial Follow-Up Survey on March 30, 2017 from 9:50 AM to 10:30 AM at the above referenced facility. Not all previously cited deficiencies have been corrected; therefore further action is required.	{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: 3. Observations during the survey showed that the light fixture in the 1/2 bath off of bedroom #3 is missing a bulb and the globe/cover. Install a working light bulb and a new globe/cover on the fixture. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. 03/30/2017-PD: Based on observations during the Follow-up Survey, this has not been corrected. The bulb has been installed, but there is no globe or cover on the fixture. Provide the DHSR Construction section with all supporting documentation concerning this repair. 4. Observations during the survey showed that the light fixture in the hall bathroom was missing 2 bulbs, and the globe/cover was very loose.	{C 174}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023043	A. BUILDING: **01** B. WING _____	R **03/30/2017**

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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 174}	Continued From page 1 Install working light bulbs in the fixture and tighten the globe/cover. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. 03/30/2017-PD: Based on observations during the Follow-up Survey, this has not been corrected. The fixture has been replaced, but there is still one bulb missing. Provide the DHSR Construction section with all supporting documentation concerning this repair.	{C 174}		