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
	FCL082028	A. BUILDING: 01 B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 Wendy Chester DHSR Construction Section conducted a Biennial Survey on January 10th, 2018 from 11:00 AM to 12:45 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 29, 2015 as a Family Care Home for five (5) ambulatory Residents (able to respond and evacuate 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 applicable portions of 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	cccc -Serenity acknowledges receipt of the letter to identify the changes per the POC 04-30-18 revised 10-12-18 C 101 ES The discharge pipe is located to the left of the entrance door. You will see a white pipe C101 10A NCAC 13 G. 0301. 5-8-18 The overflow pipe for the water heater has been corrected.	
C 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Erica Fennell
TITLE: Owner/Administrator
(X6) DATE: 5-8-18

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C 101	Continued From page 1	C 101	C101 continued	01-15-18

which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;

This Rule is not met as evidenced by:
1.) The Rule requires that existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes."

Finding:

At the time of our survey it was observed that the overflow pipe for the water heater was piped through the wall into the Kitchen. No exterior termination point could be determined outside of the building.

Effect:

Without discharge from the overflow pipe to an area outside the building problems with the heater may go unnoticed until an unsafe pressure condition occurs.

Directive:

Have a qualified technician determine the location of the overflow pipe. If it is found not to terminate outside of the building, including outside of the Crawlspace, have the technician make the repair so that it does terminate outside of the Crawlspace. Provide DHSR Construction Section copies of invoices, material purchase receipts,

C101
See previous page. Overflow pipe installed.
See revision per letter 10-12-18 your

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C 101	Continued From page 2 and photos of the final termination point.	C 101		
C 116	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1.) The Rule requires that the "building shall meet sanitation requirements as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health." Finding: At the time of the survey it was found that there was evidence of vermin living in the Attic. Vermin bait was found eaten and recent droppings were observed. Active vermin sounds were heard which is what initially drew our attention. This is a violation of sanitation regulations in accordance with EHS Form 2094 Section 14 Vermin Control: Premises: .1615 "premises neat, clean, drained and free of litter and vermin harborages and breeding areas." Effect: Vermin and their droppings can transmit disease and pose health risks. Vermin can cause damage to the structure. Directive:	C 116	C116 10A NCAC 13G. 0302 The vermin droppings were all removed from the attic. The maintenance man & office manager are checking the house weekly, to include the attic space. No droppings or evidence of any vermin has appeared. The attic has been throughly cleaned as of 2/2018. 04-11-18	

10-12-18
See Attached Contract
EF

C116- continued- See attached copy per your request of the contract w/ Cleggs Exterminators

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C 116	Continued From page 3 Have a qualified technician determine the best course of vermin removal and dropping cleaning for the area and maintain a vermin free condition. Provide to DHSR Construction Section copies of invoices, service contract, purchase receipts, and photos to verify the deficiency is corrected.	C 116	C116 See attached contract from Cleggs. This is also being monitored by the maintenance man W. Merritt & G Cain - Office manager weekly.	
C 126	Bedrooms-Sufficient In Number SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (a) There shall be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in a family care home. Residents are not to share bedrooms with staff or other live-in non-residents. (b) Only rooms authorized by the Division of Facility Services as bedrooms shall be used for bedrooms. This Rule is not met as evidenced by: 1.) The Rule requires that "only rooms authorized by the Division of Facility Services as bedrooms shall be used for bedrooms." Finding: At the time of the survey it was suggested that when staff stays overnight they sleep on the couch or in the Living Room. There is no documentation identified as filed with DHSR that any Bedrooms were assigned to Staff. The only couch located was in the Living Room and no pull out bed was observed. There was no call station located in any Bedroom or in the Living Room	C 126	C126 10A NCAC 13G.0308 Serenity installed call stations for the house. The house does not operate with Any sleep Staff. All Staff are awake 3-15-18	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

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C 126	Continued From page 4 which would be required for overnight sleep Staff in a home of this floor plan layout. Effect: This observation creates privacy issues for both Residents and Staff. The lack of a call system wherever the Staff is sleeping creates a safety concern for the Residents located away from where the Staff sleeps. Directive: If there is a need for Staff to stay overnight, then a reduction in Resident occupancy is required, a Bedroom needs to be reassigned for that Staff, and a call system must be added to the Staff Bedroom. Provide documentation to DHSR Construction Section that confirms whether only awake Staff is to service this facility, or that a Bedroom has been reassigned. If the later, provide a revised floor plan designating all plan changes, invoices, purchase receipts, and photo documentation to DHSR Construction Section that a qualified technician has installed a call system.	C 126	Call system installed [redacted] is required for a family care home per consulting w/ Sampson Co. DSS Adult Care Worker 02-08-18	
C 130	Bedrooms-Windows SECTION .0300 - THE BUILDING 10A NCAC 13G .0308 BEDROOMS (g) Each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height. This Rule is not met as evidenced by:	C 130	C130 10A NCAC 13G.0308 The bedroom window in room #4 has been fixed & will	

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	FCL082026	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 130	Continued From page 5 1.) The Rule requires that "each resident bedroom must have one or more operable windows and be lighted to provide 30 foot candles of light at floor level. The window area shall be equivalent to at least eight percent of the floor space. The windows shall have a maximum of 44 inch sill height." Finding: At the time of the survey it was observed that the window in Resident Bedroom # 4 would open but would not stay in an open position without human intervention. Effect: Windows are a secondary means of emergency egress. If the window does not stay open on it's own it can impede immediate exit in the time of an emergency which poses a life safety hazard. Directive: Have a qualified technician repair/ replace the window. Provide to DHSR Construction Section copies of invoices, material purchase receipts and photos to verify correction.	C 130	C130 Continued now stay up independently. See attached photo & invoice. The maintenance man will check All Windows weekly to ensure compliance 01-22-18	
C 134	Bathroom-Location. Entrance Through SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (c) Entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom. (d) The required residents' bathrooms shall be located so that there is no more than 40 feet from any residents' bedroom door to a resident use	C 134	C134 10A NCAC 13G .0309 As of 02-01-18 the designation for a staff bathroom was 02-01-18	

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C 134	Continued From page 6 bathroom door. This Rule is not met as evidenced by: 1.) The Rule requires that an "entrance to the bathroom shall not be through a kitchen, another person's bedroom, or another bathroom." Finding: At the time of our survey the Rear Bathroom, labeled #2, whose entry is located within Resident Bedroom # 3, was described as the Staff Bathroom and it was locked. Effect: The use of this Bathroom by anyone other than the Resident whose room must be used to access it creates a privacy issue. Directive: Reassign the Bathroom to only be used by the Resident of Bedroom #3. Or, reorient the access door to this Bathroom to open to and from the Rear Corridor. Or, lower the number of Residents and reassign Bedroom #3 into an overnight Staff Bedroom, which also would require the addition of a call system that interfaces with each Resident Bedroom. Provide to DHSR Construction Section any documentation, a revised floor plan designating all plan changes, invoices, purchase receipts, and photographs of method chosen to remedy this deficiency.	C 134	C134 continued removed for the rear bathroom within resident #3 bedroom, The resident currently in bedroom #3 is the only one using the rear bathroom labeled #2. We have no designated staff bathrooms at the Rosehill location, The office manager will monitor weekly 02-01-18	
C 139	Storage Areas-Separate Clean & Soiled Linens SECTION .0300 - THE BUILDING 10A NCAC 13G .0310 STORAGE AREAS	C 139	C139 10A NCAC 13G .0310 The laundry room 2-1-18	

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C 139	Continued From page 7 (e) Storage areas shall be adequate in size and number for separate storage of clean linens, soiled linens, food and food service supplies, and household supplies and equipment. This Rule is not met as evidenced by: 1.) The Rule requires that "Storage areas shall be adequate in size and number for separate storage of clean linens, soiled linens, food and food service supplies, and household supplies and equipment." Finding: It was observed at the time of the survey that the Laundry Room was a catch-all storage area which contained all of the items that should be separately stored. These items included old mattresses, an unused stove, a portable heater, multiple trash bags full of clothing, loose containers of pre-packaged food, incontinence supplies, laundry cleaning chemicals, and a floor freezer full of food. Effect: These items can cross-contaminate, some are combustible, all are being stored in an environment that is high in humidity, unconditioned, and moldy. These conditions can cause spoilage, mold, illness, allergies, and fire and safety hazards. Directive: Store appropriate items in separate storage areas that are not high in humidity. Dispose of or remove from premises any items that are no longer intended for use in the home. Provide photo documentation to DHSR Construction	C 139	C139 continued and storage area has been cleaned. 2-1-18 The old mattresses, stove & bags of clothes have all been removed. The laundry cleaning chemicals have been removed to a locked space within the house to avoid cross contamination. A vent has been added to reduce humidity. Photo provided. The office manager will monitor weekly	

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C 139	Continued From page 8 Section showing the corrected condition of the Laundry Room.	C 139	C139 continued see pgs. 7 & 8	2-1-18
C 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1.) The Rule requires that "Corridors shall be lighted with night lights providing 1 foot-candle power at the floor." Finding: At the time of the survey it was found that neither the Front nor Rear Corridors in the home had night lights providing the required 1 foot-candle power of lighting at the floor. Effects: Night lights provide minimal but effective light to allow for safe movements throughout the home at night without disturbing other Residents while they sleep. Directive: Install low height and low power night lights in both the Front and Rear Corridors. Provide to DHSR Construction Section copies of purchase receipts and photos to verify deficiency corrections.	C 142	C142 10A NCAC 13G .0311 Nightlights installed in the front & rear corridor area. The night lights provide 1 foot of candle lighting on the floor Area See attached photo. Staff have additional lights stored on site as back ups. The office manager will monitor weekly	02-05-18
C 146	Outside Entrances/Exits-Ramp(s)	C 146	C146- see pg. 10	

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C 146	Continued From page 9 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1.) The Rule requires that "at least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp." Finding: At the time of our survey it was observed that the landing at the end of the front exit ramp was not level with grade and was slightly unstable tilting outward when stepped upon. Effect: Landings which are not at grade and/ or not secure pose trip/ fall hazards.	C 146	C146 10 A NCAC 13G.0312 The landing at the front exit ramp has been leveled with grade in order to ensure stable footing. Sand was Added & packed down around the cement landing. See photo provided 02-05-18	

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C 146	Continued From page 10 Directive: Have a qualified technician level the landing so that it does not tilt and bring the top surface level with grade. Provide to DHSR Construction Section copies of photos confirming correction of deficiency.	C 146	C146 continued 02-05-18 See pg. 10	
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1.) The Rule requires that "all floors shall be kept in good repair." Findings: At the time of the survey it was observed that there were multiple instances of damaged floor covering. These are as described below: a. In the Rear Corridor of the home there was a crack several inches long in the vinyl perpendicular to the flow of travel. b. In the pathway of the Rear exit there was a quarter sized hole in the vinyl. c. In the Dining Room between the Rear wall and the dining table there was a tear a couple inches long in the vinyl. d. In the Laundry Room there are two tears, a couple of inches each, in the vinyl in front of the appliances.	C 152	C 152 The vinyl flooring was sealed with a sealant and a mental strip provides a temporary fix. 02-22-18 We are reviewing total replacement within the next 120 days. The floor is not a a trip hazard &	

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C 152 Continued From page 11

C 152

Effect:

Floor surfaces which are not smooth, such as with tears and cracks, are trip hazards and are also unattractive.

Directive:

Have a qualified technician repair/ replace vinyl. Provide to DHSR Construction Section copies of documentation, photos and purchase receipts to verify correction of deficiency.

the maintenance man & office manager are monitoring floors weekly to make sure no cracks or tears appear. 02-02-18

C 153 Housekeeping And Furnishings-Clean, Repaired

C 153

SECTION .0300 - THE BUILDING
10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS
(a) Each family care home shall:
(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
(2) have no chronic unpleasant odors;
(3) have furniture clean and in good repair;
(e) This Rule shall apply to new and existing homes.

This Rule is not met as evidenced by:
1.) The Rule requires that "each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair."

Findings:

At the time of the survey there were multiple instances of holes being in walls. These are as noted below:

a. The Laundry Room has a hole behind the

C153
10A NCAC 13G .0315

a-g (i) All holes in the laundry room area have been spackled, sanded & repaired. The holes in bath-room #2 (previously) 1-26-18

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	160 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

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C 153	Continued From page 12	C 153	C153 continued noted as a staff bathroom have been spackled, sanded & repaired. Bathroom #1 has been completly redone All holes around the vanity & tub area have been repaired. The vanity has been replaced & the wall across from the entry has been repaired, all areas spackled sanded and painted, new carpet & floor in the bathroom & hall area.	

washer where the baseboard molding has become detached.
b. In the Laundry Room another hole was located where the water connection cutout occurs.
c. The Resident Bathroom #1 has a hole at the base of the wall between the closet and the tub.
d. The Resident Bathroom #1 also has a crack/gap between the wall board and the tub along the entirety of the top and left side of the tub.
e. In the Resident Bathroom #1 there is a hole at the base of the wall between the vanity and the door.
f. The Staff Bathroom #2 had multiple holes in the wall near the toilet where it appeared something had been hung with screws and later removed.
g. The Resident Bedroom #1 has a large dent in the wall directly across from the entry.

Effects:

In the case of findings a through e, these can be harbors for lint, mold, and vermin which pose safety and health hazards.
In the case of findings f and g, these are unattractive.
In case g specifically, there could be a path of electrical circuitry behind the damaged area which poses a safety hazard.

Directive:

Have a qualified technician repair/ replace/ seal the areas in disrepair. Provide to DHSR Construction Section copies of invoices, purchase receipts, and photos confirming the corrected deficiencies.

2.) The Rule requires that "each family care home shall have walls, ceilings, and floors or floor

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
	FCL082328	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	160 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 153	Continued From page 13 coverings kept clean and in good repair." Finding: At the time of the survey it was found that the Laundry Room had lint on the walls and floor behind and around the dryer. Effect: Lint is flammable and poses a fire hazard. It is unclean and unattractive. Directive: Clean and maintain a lint free condition in this space. Provide to DHSR Construction Section copies of photos and a copy of the cleaning and maintenance schedule to confirm this deficiency is corrected. 3.) The Rule requires that "each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair." Finding: At the time of the survey it was observed that the wall above the Resident Bedrooms 1 and 2 had black staining. Effect: Black staining can be caused due to mold, mildew, or dirt. Mold creates a health risk and can cause respiratory illness. Mildew and dirt is an unclean condition and is unattractive. Directive:	C 153	C153 continued The laundry room 1-26-18 area was throughly cleaned & all lint removed from the walls & behind the washer & dryer. This will be monitored weekly by the office manager. 3) The walls in all the bedrooms were cleaned throughly all black stains removed from the walls.	

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
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 153	Continued From page 14 Have a qualified technician clean, paint, and maintain in a clean condition. Provide to DHSR Construction Section copies of invoices, photos and a copy of the cleaning and maintenance schedule to confirm this deficiency is corrected. 4.) The Rule requires that "each family care home shall have walls, ceilings, and floors or floor coverings kept clean and in good repair." Finding: At the time of our survey it was observed in the Laundry Room that there was peeling spackle on the ceiling. Effect: Peeling spackle is unattractive. Directive: Peeling spackle can be the result of high humidity caused by the lack of proper ventilation in the Laundry Room. Have a qualified technician repair the spackle and match it with the surrounding surface. Provide to DHSR Construction Section copies of material purchase receipts and photos of the corrected deficiency.	C 153	C153- continued Laundry room ceiling & walls painted. The office manager will weekly do a WALK thru to ensure compliance with 10A NCAC 13G.0315 See pages 12, 13, 14 & 15.	
C 155	Housekeeping-Free of Obstructions SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;	C 155	C155 10A NCAC 13G.0315 New cleaning logs 3-6-18 were developed for cleaning	

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
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	00 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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
O 155	O 155 Continued From page 15 (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The Rule requires that "each family care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards." Findings: At the time of the survey it was observed that there were multiple areas that need cleaning and require regular maintenance. These areas are as follows: a. All of the blinds in the home were heavily coated in dust. b. Resident Bedroom #3 had dead bugs, dust, and debris on the interior window sill. Effect: Dust is an allergen that can cause allergic reactions and respiratory issues. It is unattractive. Directive: Thoroughly clean all items above. Maintain these areas in a clean state. Provide to DHSR Construction Section copies of photos of the areas after they are cleaned and a copy of the cleaning and maintenance schedule to confirm correction and planned maintenance. 2.) The Rule requires that "each family care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards."	O 155	purposes to ensure the rule identified in C155 was met. All staff have specific cleaning duties for each shift. The office manager is currently monitoring the cleaning weekly and the administrator is also checking the cleaning logs weekly. Two staff were suspended without pay for failure to clean adequately. The entire house	3-6-18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	108 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 155	Continued From page 16	C 155		

Findings:

At the time of the survey it was observed that there were multiple areas that were dirty and they are as follows:

a. The Kitchen exhaust fan top was coated in grease and dirt.
b. The Rear exit door is dirty with black smudges across the surface and around the knob assembly.

Effect:

Grease is flammable and poses a fire hazard. Dirt is an unclean condition and is unattractive.

Directive:

Clean the areas and maintain a clean condition. Provide to DHSR Construction Section copies of photos and copy of the cleaning and maintenance schedule to confirm this deficiency is corrected.

3.) The Rule requires that "each family care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards."

Finding:

At the time of the survey it was found that the Laundry Room has mold on the drapes, ceiling, walls, and molding around the door. This condition was also noted on the Environmental Health Inspectors reporting from 1/8/18 EHS Form 2094 Section 12 (.1608) and their recommendation was to paint the walls and ceiling.

was throughly cleaned including but not limited to the items listed in C155. See attached cleaning log & pictures. 3-6-18
The drapes were replaced in the laundry room.
The ceiling & walls have been painted based on recommendations.
The bookcase used for a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	100 W MAGNOLIA CUSHION RD ROSE HILL, NC 28458

(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 155	Continued From page 17 Effect: Mold is an allergen and can cause respiratory illness. Mold spore growth can be the result of high humidity and absent or too low levels of ventilation. Mold is unclean and unattractive. Directive: Have a qualified technician determine the best course of action to remedy the mold and keep it from reoccurring. As per their recommendation, have the area cleaned, painted, and maintain the drapes, walls, and molding a mold free condition in this space. Provide to Dwight Construction Section copies of invoices, purchase receipts, and photos to confirm this deficiency is corrected. 4.) The Rule requires that "each family care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards." Finding: At the time of the survey it was observed that the Living Room contained a modular bookcase turned on its side and a large screen TV was placed on top of it for Resident use. Effect: This is not the intended or designed use for this piece of furniture and is not a safe location for a large screen TV to be placed. It poses a safety hazard should the bookcase fail to support the TV. Directive:	C 155	t.v. stand has been replaced by a regular t.v. stand. The manager will monitor weekly to ensure All items regarding house-keeping & furnishing are met. Once cleaned any mold can be reduced or elimated by removing the molded item or by preventing moisture & increased ventalation. The staff has been	3-6-18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL062028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 155	Continued From page 18	C 155	C155 continued to use the ceiling fan in the laundry room. The vanity in Bathroom #1 has been replaced with a new vanity. See pgs 15, 16, 17, 18, 19 & 20. 3-6-18	

Relocate to a wall mount or cabinet specifically designed to support a large TV or place TV on floor. Turn bookcase upright and use for the intended purpose. Provide to DHSR Construction Section copies of purchase receipts and photos of the corrected deficiency.

5.) The Rule requires that "each family care home shall be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards."

Findings:

At the time of our survey it was observed that the Resident Bathroom #1 vanity had several issues as noted below.

a. The interior of the cabinet had water damage but there did not appear to be an active water leak.
b. Mold was evident on the floor of the vanity cabinet and a plastic liner.
c. A hole was cut out of the toe kick plate at the base of the cabinet to accommodate a floor vent located underneath the vanity.
d. There was damage to the lower front portion of both vanity doors.

Effect:

The condition of disrepair of the vanity is providing harbor for mold spore growth in the immediate area and providing the potential of spore spread since it is located directly in the path of forced air flow from the air handler. The hole in the toe kick has rough edges and could cause injury to toes and is unattractive. The damaged condition of the front doors is unattractive.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FAL0660128	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	4004 MAGNOLIA ALLISHON ROAD ROSE HILL, NC 28458

(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 155	C 155 Continued From page 19 Directive: Have a qualified technician repair/ replace the vanity and remediate the mold. If the vanity is replaced then proper consideration should be given to the location of the floor air handling vent so that a similar condition is not created. If the vanity is only repaired then an air register plate should cover the hole in the cabinet toe kick/ base. Provide to DHSR Construction Section copies of invoices, material purchase receipts, and photos to verify the deficiency is corrected.	C 155	C155 Continued has been replaced by a regular t.v. stand. The office manager will monitor weekly to make sure All items regarding house-keeping & furnishings are met See pgs. 15, 16, 17, 18, 19, & 20. 3-6-18	
C 159	C 159 Housekeeping-Curtains, Blinds, Res. Privacy SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (3) have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The Rule requires that "each family care home have curtains, draperies or blinds at windows in resident use areas to provide for resident privacy." Finding: At the time of the survey it was observed that there were broken blinds in the windows in several locations including on the Porch, in Bedrooms #2, #3, and #4. Effect:	C 159	C159 10A NCAC 13G.0315 All of the broken blinds have been replaced in bed-rooms #2, #3, & #4.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL032028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 159	Continued From page 20 Broken blinds do not provide privacy to the Resident and are unattractive. Directive: Have a qualified technician repair/ replace all broken blinds with suitable replacements. Provide to DHSR Construction Section copies of purchase receipts and photos of completed corrections.	C 159	C159 - continued. The office manager will monitor the facility weekly to ensure compliance w/ C159	3-1-18
C 162	Bedroom Furnishings-Bed SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed is to have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The Rule requires that "each bedroom shall have the following furnishings in good repair and	C 162	C162 10A NCAC 13G.0315 The mattress in bedroom #2 has been replaced & the resident is very satisfied with the mattress. The office manager will monitor weekly to ensure	2.14.18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	[illegible]	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 162	Continued From page 21 clean for each resident: a bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home." Finding: At the time of the survey it was observed that in Resident Bedroom #2 has a mattress that had partially slid down into the box spring underneath. It appeared that the box spring may have been placed on the frame upside down or that it is broken. Effect: The condition of the mattress would have made sleep highly uncomfortable for the Resident. Improper sleep leads to physical and wellbeing issues. Directive: Provide a proper box spring with a smooth and even surface for the mattress above to lay on. Provide to DHSR,Construction Section copies of photos or purchase receipts confirming correction of this deficiency.	C 162	compliance with 10A NCAC 13G .0315.	2.14.18
C 163	Bedroom Furnishings: Table, Mirror, Chairs SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident:	C 163	C163 10A NCAC 13G .0315 All of the bedrooms have comfortable chairs in order for the	03.07.18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 163	Continued From page 22 (2) a bedside type table; (3) chest of drawers or bureau when not provided as built-ins, or a double chest of drawers or double dresser for two residents; (4) a wall or dresser mirror that can be used by each resident; (5) a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; (6) additional chairs available, as needed, for use by visitors; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: 1.) The Rule requires that "each bedroom shall have the following furnishings in good repair and clean for each resident: a minimum of one comfortable chair (rocker or straight, arm or without arms, as preferred by resident), high enough from floor for easy rising; and additional chairs available, as needed, for use by visitors;" Finding: At the time of our survey it was observed that Resident Bedrooms #1, #2, and 4 did not have comfortable chairs within the Bedrooms for each Resident. It was stated that Bedroom #1 Resident's chair was out on the back porch. An interior grade upholstered chair was observed on the exterior porch exposed to weather. Bedroom #2 had only a metal folding chair, and Bedroom #4 had no chairs at all. Effect: There are no means for the Residents for both comfort and privacy within their personal spaces and this condition does not allow for private	C 163	C163 continued residents to have comfort & privacy within their own private space. The office manager will monitor the facility weekly to ensure compliance w/ C163. The residents also have the flexibility to communicate with the office manager at any time, the cell number for the office manager	03.07.18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL030003	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 163	Continued From page 23	C 163		

conversation or visitation with guests. This can result in issues with overall housekeeping.

Directive:

Provide each Resident with a minimum one comfortable chair, that has not been exposed to exterior damp (moldy) conditions. This seating should not reduce the available seating in the Living Room and is in addition to that seating. Resident needs should be a consideration when providing this seating. Reserve and properly store the metal chair for additional visitor use. Provide to DHSR Construction Section copies of purchase receipts and photos to verify this correction.

C 168 Fire Extinguishers

SECTION .0300 - THE BUILDING
10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN
(e) Fire extinguishers shall be provided which meet these minimum requirements in a family care home:
(1) one five pound or larger (net charge) "A-B-C" type centrally located;
(2) one five pound or larger "A-B-C" or CO/2 type located in the kitchen; and
(3) any other location as determined by the code enforcement official.

This Rule is not met as evidenced by:
1.) The Rule requires that "fire extinguishers shall be provided which meet these minimum requirements in a family care home; including one (1) five pound or larger (net charge) "A-B-C" type centrally located; and one (1) five pound or larger "A-B-C" or CO/2 type located in the kitchen."

C 168

C163 continued

is posted on the wall for all residents should they have any concerns regarding housekeeping & furnishings. See pages 22, 23 & 24. 03.07.18

C168

10A NCAC 13G .0316 02.15.18

New fire extinguishers have been purchased 5lb or larger which has been mounted in the kitchen &

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 168	Continued From page 24	C 168	C168 continued dining room area. Both fire extinguishers have been inspected & are centrally located. The office manager will monitor the fire extinguishers weekly & will ensure they are inspected once a year & tag monitored monthly. See attached photo. See	02-15-18

Findings:

At the time of our survey it was observed that there were multiple concerns with regard to fire extinguishers and they are as noted below:

a. There was only one fire extinguisher located in the staff office area.
b. It was in the original box on a shelf and was not mounted on the wall, immediately visible, or accessible without prior knowledge of it's location.
c. There were no tags showing monthly or yearly checks.
d. There was no extinguisher in the Kitchen.

On the most recent Fire Marshal report on 10/10/2017 no violations were reported.

Effect:

Kitchens are very common areas for fires and missing extinguishers pose fire hazards. Un-mounted extinguishers make accessibility difficult or impossible. Unchecked fire extinguishers cannot be guaranteed to work when expected or required endangering the user and delaying evacuation response unnecessarily.

Directive:

Provide properly sized fire extinguishers for areas required by the Rule and have a qualified technician mount in easily accessible locations in the areas described. Provide tags for each showing monthly checks by qualified technician and yearly recharge checks by an inspector. Provide to DHSR Construction Section copies of documentation including purchase receipts, annual contracts, and mounted extinguisher

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
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL NC 28458

(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 168	Continued From page 25 photos with tags.	C 168	C168 See pgs 24, 25 & 26	
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: (.) The Rule requires that "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." Finding: At the time of our survey it was observed that the heat detector in the Attic has multiple concerns	C 169	C169 10A NCAC 13.G .0316 The heat detector in the attic has been fixed & working Properly All the smoke detectors are interconnected & working properly. The maintenance man & office manager will monitor monthly	

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
	FCL082028	A. BUILDING: 01 B. WING	01/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 169	Continued From page 26 which are as follows: a. The device was on a live circuit but did not function when the test button was depressed. b. The device is rated for 135 degrees which is a low heat register for this geographic location. Effect: With the detector not working it would not function in the event of a fire hazard. The low temperature rating would cause it to be susceptible to false alarms during high heat days. Directive: Have a qualified technician repair/ replace the heat detector. Provide to DHSR Construction Section copies of invoices, purchase receipts and photos.	C 169	C169 continued to ensure compliance w C169.	
C 171	Fire Safety- Evacuation Plan SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (d) A written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. This Rule is not met as evidenced by: 1.) The Rule requires that "a written fire evacuation plan (including a diagrammed drawing) which has the approval of the local code enforcement official shall be prepared in large	C 171	C171 10A NCAC 13G. 0316 The written fire evacuation plans (diagrammed drawing) have all been turned & moved to reflect 2-15-18	

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
	FRL0860128	B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	100 W MAGNOLIA / LUGHON ROAD ROSE HILL NC 28458

(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 171	Continued From page 27	C 171		

print and posted in a central location on each floor. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff."

Finding:

At the time of our survey it was observed that there were written floor plan evacuation routes posted within the facility; however, they were not oriented to match the locations of the exit doors in relation to the point posted. These were noted as being located in the Staff Bathroom and in Resident Bedroom #2 but all posted signs should be reviewed.

Effect:

Disorientation to acceptable routes of emergency egress in the event of a required emergency exit can cause serious injury and death.

Directive:

Place evacuation plans to show the correct orientation of the facility. The evacuation plan should be orientated to correspond with it's specific location within the home. When the plan is located on a wall, UP should be straight ahead. Once the evacuation plans signs have been properly posted provide photos to the DHSR Construction Section as verification of compliance.

C 172 Fire Safety-Four Rehearsals

C 172

SECTION .0300 - THE BUILDING
10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN

the proper direction for the purpose of the exit locations. 2-15-18
All signs have been reviewed & currently match the point posted. The plans (diagrams) have been reviewed with residents & staff & will also be a topic for the March resident meeting. The signage will be reviewed monthly by the office manager.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 172	Continued From page 28	C 172		

(e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.

This Rule is not met as evidenced by:
1.) The Rule requires that "there shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved."

Finding:

At the time of our survey it was observed that the required documentation of fire rehearsals was not available on site.

Effect:

Without documentation we are unable to verify fire rehearsals are being performed in accordance with the Rule: therefore, safe evacuation training cannot be confirmed and risk of life safety and injury to Clients is a potential.

Directive:

Please note that copies of fire drills should remain on site at all times for review. The Rule references quarterly drills (a minimum of four per year), but the intent is to have one drill per each shift during the four quarterly periods for a total of

C172
10A NCAC 13G.0316
2-15-18
The fire drill report has been revised to include quarterly fire drills with drills being done on All three shifts.
The fire drill quarterly report was Also on the staff meeting agenda on 2-28-18.
A minimum of 12 fire drills will be completed in 2018 & forth coming years.

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
	FDL082928	A. BUILDING: _____ B. WING _____	01/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #2	[illegible] ROSE HILL, NC 28458

(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 172	Continued From page 29 12 drill's per year. Provide to DHSR Construction Section copies of the last six months fire drill rehearsal logs which should include the information: dates, times, notification method, resident and staff activity conditions simulated, problems encountered, weather conditions, and the elapsed time to complete the drill.	C 172	C172 continued 2-15-18 The fire drill report will be monitored quarterly by the office manager. See attached fire drill report.	
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. (1) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: (1) The Rule requires that "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." Finding: At the time of our survey it was observed that the water supply well cap is broken. The surface area of the water was moving suggesting that something was disturbing the water, but it was too dark and deep to determine what was moving. Insects were observed on the well vinyl lining. It is not known whether this is the sole source of potable water for the home. Effect:	C 174	C174 10A NCAC 13G .0317 1) The water supply well cap observed during the review 2-16-18 was not the current well being used for water for the house. It is not a safety or contamination	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING _____	01/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 30	C 174	C174 - continued concern or a health risk to the facility. A 500lb weight has been placed on top of the well cap for safety concerns. The landlord plans to eventually build a yard ornament over the old well. The office manager will monitor the building & grounds weekly to comply with 10A NCAC 13G. 0317 2) The electrical Outlet in bedroom #1 was checked	2-16-18 2-16-18

A broken well cap provides access to the well for Residents, insects, and vermin. It poses a safety hazard and can potentially cause water contamination which can make users sick.

Directive:

Have a qualified technician repair/ replace well cap to provide a proper seal. Provide to DHSR Construction Section copies of invoices, purchase receipts, and photos of corrected condition for verification.

2.) The Rule requires that "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."

Finding:

At the time of our survey it was observed in Resident Bedroom # 1 that the electrical outlet nearest the door on the left hand wall had an audible humming sound emanating from it when an electronic device adapter plug was in the outlet. When the plug was removed the sound stopped.

Effect:

Sounds emanating from electrical circuits are signals that there is some problem with the wiring or with a device that is plugged in to it. Electrocution, overheating and fire are potential hazards.

Directive:

Have a qualified electrician check the circuit and devices using it and repair/ replace or discontinue

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
	FCL092021	A. BUILDING: _____ B. WING _____	01/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	[illegible] ROSE HILL, NC 28458

(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) COMPLET DATE
C 174	Continued From page 31	C 174	C174 continued	

using item causing issue. Provide to DHSR Construction Section copies of documentation invoices, purchase receipts, or diagnosis from the electrician stating that there is no concern to confirm the deficiency correction.

3.) The Rule requires that "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."

Finding:

It was observed at the time of the survey that the electric panel circuits were not labeled properly as to identify their specific purpose or use.

Effect:

Without proper labeling it is difficult to shut off the breaker in an emergency and to make electrical repairs. Labeling of all the circuits in the panel is important for trouble-shooting your electrical system when problems arise and for quick shut-off of a circuit in the event of an emergency.

Directive:

Have a qualified technician test and label each circuit appropriately. Provide photos of the completed work for our records to the DHSR Construction Section.

4.) The Rule requires that 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.

Finding:

out by a qualified technician. The outlet was replaced & there is no longer a humming sound.
3) The electrical box was relabeled properly. All circuits have been properly identified
4) The metallic duct tape was used to replaced the common duct tape on the two connections for the exhaust fan

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
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 32	C 174	C174 continued for the Kitchen exhaust. Moving 2-16-18 forward will we instruct the land-lord & any electrician or maintenance staff that it is a requirement per this regulation to use metallic duct tape to reduce fire hazards. All issues addressed in C 174 will be monitored weekly by the office manager.	

At the time of the survey it was observed that the exhaust duct piping for the Kitchen exhaust fan was connected using common household duct tape instead of the required metallic duct tape on two connections.

Effect:

Metallic duct tape is required in areas that are higher risk for fire hazards since it is not flammable. Common household duct tape is flammable so it's use poses a fire hazard.

Directive:

Have a qualified technician repair the connections with the proper metallic duct tape. Provide DHSR Construction Section with copies of invoices and photos to verify correction of this deficiency.

5.) The Rule requires that 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.

Finding:

At the time of our survey it was observed that there was electric wiring sticking out of the wall above the Laundry Room appliances.

Effect:

Improperly covered wiring poses an electrocution potential and safety hazard.

Directive:

Have a qualified electrician properly complete the wiring for the intended device or to remove or

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
	FQL030028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	[redacted] HIGHLAND/HUSHON ROAD HOPE MILLS, NC 28348

(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	C 174 Continued From page 33 conceal the wiring as per the building code requirements. Provide to DHSR Construction Section copies of invoices, material purchases and photos to verify correction of this deficiency. 3.) The Rule requires that the mechanical equipment in a family care home shall be maintained in a safe and operating condition. Findings: It was observed at the time of the survey that the Kitchen range hood exhaust fan had multiple issues which are as described below: a. There was no filter on the fan. b. The fan motor was very loud and sounded as though it may be binding up. c. There was a short in the the fan switch that made it difficult to turn on unless the special way for it to turn on was known. Effect: Improper fan filtering conditions of a Kitchen exhaust fan can allow grease to accumulate. Grease is an appelarent. This condition combined with a binding fan and a shorted switch, both of which can spark or overheat, poses a fire hazard. Directive: Have a qualified technician thoroughly clean, repair/ replace the exhaust fan and filter. Provide documentation to DHSR Construction Section consisting of invoices, purchase receipts, and photos to verify correction. 7.) The Rule requires that the home shall be maintained in a safe and operating condition.	C 174	C174 continued 5) The small electrical wiring Above the appliances in the laundry room has been removed. It has been capped & is no longer available to any one in the facility (see attached photo) 2-16-18 6) After numerous to clean & repair the fan, & range hood it was decided to replace the entire Kitchen range hood. The new hood will be in place no later than 3-15-18.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL052028	A. BUILDING: 01 B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 34 Finding: At the time of the Survey it was found in the Laundry Room that four or more old mattresses were being stored. Effect: Old mattresses are flammable in general and pose a fire hazard. When grouped together in an environment that already contains a fire hazard such as a Laundry Room with flammable lint and high heat, the intensity and danger is greatly increased if they were to catch on fire. Directive: Remove and properly dispose of all the unused mattresses as per the County guidelines for these items. Provide DHSR Construction Section copies of disposal receipts and photos of the Laundry Room after the deficiency is corrected.	C 174	C174 Continued 1) The laundry room has been throughly cleaned, all old mattress & debris has been removed C174 see pgs. 30, 31, 32, 33, 34 & 35. The office manger will monitor the building & grounds weekly to comply with 10A NCAC 13G.0317	2-16-18
C 175	Heating Sys.-No Unvented or Portable Elec. SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (b) There shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited. (j) This Rule shall apply to new and existing family care homes.	C 175	C175 10A NCAC 13G .0317 (1&2) The central heating system is maintaining a temperature of ~~75°~~ in the,	2-16-18

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
	FCL082028	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY [illegible] DARE HOME #3	[illegible] MAGNOLIA [illegible] ROAD ROSE HILL, NC 28458

(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 175	C 175 Continued From page 35	C 175	C175	

This Rule is not met as evidenced by:
1.) The Rule requires that "there shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited."

Findings:

At the time of our survey it was observed that there were two portable electric heaters within the home. One was in the Laundry Room and other was in the Dining Room on the fireplace hearth.

Effect:

Portable electric heaters pose a fire hazard.

Directive:

Remove the portable heaters from the home and maintain the home in a temperature that is comfortable for Residents using the central home heating system.

2.) The Rule requires that "there shall be a central heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. Built-in electric heaters, if used, shall be installed or protected so as to avoid hazards to residents and room furnishings. Unvented fuel burning room heaters and portable electric heaters are prohibited."

Findings:

house. All portable heaters have been removed. Central heat has been added to the laundry room in order to comply with 10A NCAC 13G.0317 The office manager will monitor the heating & air system weekly to ensure compliance with this regulation. 2-16-18

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
	FCL082028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28468

(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 175	Continued From page 36 At the time of our survey it was observed that there is no central heating system servicing in the Laundry Room. As noted above, a portable heater was also found in the room. Effect: The Laundry Room is required to meet this Rule as it is a part of the Home and Residents have a right to do their own laundry. Since they, Staff or Others can regularly use the area it must be conditioned for the comfort and safety of all users. Directive: Have a qualified technician install a supply and return extension to the central heating system to service the Laundry Room which allows it to sufficiently maintain 75 degrees F (24 degrees C) under winter design conditions. Provide to DHSR Construction Section copies of invoices, purchase receipts, and photos of the areas after the system is installed.	C 175	C175 Continued 2-16-18 See pages 35 & 36	
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition." Finding:	C 183	C183 10A NCAC 13G.0318 The crawlspace door has been replaced. The crawlspace is sealed in order 2-19-18	

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
	[illegible]	A. BUILDING: _____ B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	[illegible] HIGHWAY 91/ BISHOP ROAD ROSE HILL, NC 28458

(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 183	C 183 Continued From page 37	C 183		

At the time of our survey it was observed that the Crawlspace has no door and that the frame around the entrance is loose or damaged.

Effects:

Missing doors leave openings to the space which are accessible by Residents, Intruders, Vermin, Insects and weather penetration. It is unsafe for unauthorized people to be in this space. Vermin and insects can cause damage, spread disease, or cause allergy symptoms.

Directive:

Have a qualified technician repair the frame and replace the missing door with a lockable door. Provide to DHSR Construction Section copies of invoices, purchase receipts, and photos to verify correction of this deficiency.

2.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that the Back Porch has loose screen and vinyl trim.

Effects:

Loose screen and vinyl trim is unattractive.

Directive:

Have a qualified technician repair/ replace the screen and vinyl trim. Provide to DHSR Construction Section photos of the corrected

to prevent vermin & insects from going under the house. See photo

2) The back porch of the facility has had the repairs made 2-9-18 to the loose screen & the vinyl trim. See attached photos.

3) The opening into the crawl space where the septic pipe is located has

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
	FCL082028	A. BUILDING: 01 B. WING _____	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 183	Continued From page 38	C 183	C183 Continued sealed. See attached photo. 4) The entire house was powerwashed and the vinyl is now white & clean. All evidence of dirt & mildew has been removed. The landlord has agreed to have the house powerwashed at a minimum of once yearly. See attached photo. 2-19-18	

deficiency.

3.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that there is a large hole around the Septic pipe entry into the Crawlspace in the concrete masonry.

Effects:

Openings into the Crawlspace allows weather to penetrate into the area and access by vermin and insects which can cause damage, spread disease, or cause allergy symptoms.

Directive:

Have a qualified technician seal the opening around the Septic pipe entry with suitable sealing compound. Provide DHSR Construction Section copies of invoices, purchase receipts, and photos confirming correction of this deficiency.

4.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that the vinyl siding on all sides of the exterior is dirty and covered in mildew. The staff was aware and showed text messages where these services were pending for pressure washing for a future yet undetermined date.

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
		A. BUILDING: _____ B. WING _____	1/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	1001 W MAGNOLIA / LUSHON ROAD ROSE HILL, NC 28458

(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 183	C 183 Continued From page 39	C 183	C183 continued C184 #4 see Pg. 39 5) The fascia board that was rotted at the time of the survey has been replaced & the vinyl siding has been added to protect the boards. 2-19-18 6) A qualified technician checked all the windows. Some glass was removed & new	

Effects:

Dirty siding is unattractive and mildew can cause permanent stains that are more costly to remedy.

Directive:

Have a qualified technician pressure wash the exterior of the home. Provide DHSR Construction Section with copies of invoices and photos of each elevation after corrective action.

5.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that Back Porch is missing fascia and the wood beneath the missing piece of fascia is rotted.

Effects:

Vinyl fascia protects the subsurface from weather damage and rot. Since this vinyl piece is missing rot has already occurred and will further worsening and degrading the integrity of the roof structure potentially creating a hazard to the Residents walking and sitting underneath.

Directive:

Have a qualified technician repair/ replace the rotted wood and check for additional damaged subsurface. Replace the vinyl fascia with a suitable and attractive replacement. Provide to DHSR Construction Section copies of invoices, purchase receipts and photos.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 183	Continued From page 40	C 183		

3.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that every window, except those on the front porch, is in need of repair or replacement. Most are missing glazing and individual pane trim moldings, have damaged mullions/ rails, have loose glass and rusted glass clips, and have rotted wood.

Effects:

Windows that are in disrepair allow weather intrusion which contributes to further deterioration and rot. They cause temperature inconsistencies within the home, drafts, and contributes to high central heating use, higher electric bills, and often the need for back up heat options such as portable heaters which were observed and are a violation of the Rules. Additionally, loose glass and rusted clips can fall out of the frames and break becoming a safety hazard.

Directive:

Have a qualified technician repair/ replace the damaged windows throughout the home. Given the number needing attention and the intensity of recent adverse and dangerously cold weather conditions, priority should be given to the Residents Bedrooms, followed by the remaining Resident use areas, and last the Laundry Room. Provide to DHSR Construction Section copies of invoices, purchase receipts, and photos of corrected deficiencies

C183- continued
glass was placed in the windows. Where needed, the technician replaced the missing glazing and the individual trim & molding. The windows will no longer Allow weather intrusion. All loose glass & rusted clips were removed for safety purposes. All outside surfaces will be monitored 2-19-18

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
	[illegible]	A. BUILDING: _____ B. WING _____	[illegible]

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	[illegible] MAGNOLIA / LISBON ROAD ROSE HILL, NC 28458

(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 183	Continued From page 41	C 183	C 183 continued	

7.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Findings:

At the time of our survey it was observed that there are multiple holes in the vinyl around the home as described below:
a. On the right Side of the home below a bedroom window there is a circular hole.
b. On the right Front of the home there is hole on a lower piece of vinyl.

Effects:

Holes in vinyl allow weather and insect intrusion to penetrate to the substrate which can cause damage and deterioration. They are also unattractive.

Directive:

Have a qualified technician repair/replace the vinyl. Provide DHSR Construction Section copies of invoices, purchase receipts and photos to verify corrective action.

8.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that multiple Crawlspace vents around the entire perimeter of the home are broken, improperly sealed, or in a state of disrepair.

Effects:

by the maintenance man & office manager weekly.

7) All of the SMALL holes in the vinyl siding located on 2-19-18 the outside of the facility have been filled in with a weather resistant substance (see attached photos)

8) The outside vents to the crawlspace that were

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL082028	A. BUILDING: 01 B. WING	01/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	100 W MAGNOLIA / LISHON ROAD ROSE HILL, NC 28458

(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 183	Continued From page 42	C 183	C183 continued	

Missing or broken vents allow weather, insect, and vermin intrusion to the Crawlspace which can cause damage, deterioration, disease and allergic reactions. Improperly sealed vents do not allow the vents to provide the function for which they are intended. All these issues are also unattractive.

Directive:

Have a qualified technician repair/ replace the missing Crawlspace vents. Provide to DHSR Construction Section copies of invoices, purchase receipts and photos to verify corrective action.

9.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that there was an abandoned water conditioner at the right Front of the home.

Effects:

Decommissioned equipment that is not properly disposed of is dangerous and unattractive.

Directive:

Properly dispose of the water conditioner as per the disposal requirements of the municipality. Provide DHSR Construction Section copies of the disposal receipts or photographs showing the equipment removed.

10.) The Rule requires that "the outside grounds

damaged have been replaced.

9) The old Abandoned water conditioner tank that was in the front part of the house has been removed and placed in the trash. See attached photo 2-19-18

10) The piece of guttering above the door was added to ensure the rain is re-

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
	FQL088048	A. BUILDING: _____ B. WING _____	12/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME #3	130 W MAGNOLIA / LISBON ROAD RISE HILL, NC 28458

(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 183	Continued From page 43	C 183		

of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our survey it was observed that the small piece of guttering above the front door did not have end caps or a downspout.

Effects:

Guttering is used to direct water away from the foundation of the home and is used in conjunction with downspouts. The guttering above the front door has no downspouts and is instead directing a concentrated force of water flow to the ground at the foundation on either end of the gutter. This force is washing out the ground where water lands. Over time this will degrade the stability of the ground and eventually the foundation of the home.

Directive:

Have a qualified technician add downspout to the existing guttering and direct the water away from the foundation. Provide copies of invoices, purchase receipts, and photos to DHSR Construction Section to verify correction of deficiency.

11.) The Rule requires that "the outside grounds of new and existing family care homes shall be maintained in a clean and safe condition."

Finding:

At the time of our initial attempt to survey on Dec. 15, 2017, (an attempt that was a no-show) it was observed that there was an open septic drain that

directed away from the door & foundation. All downspouts & gutters were checked for proper water flow. See attached pictures

1) A new coupling was installed on the septic pipe in the rear of the house. The pipe is checked weekly

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
	FCL082028	A. BUILDING: 01 B. WING	01/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME # 3	100 W MAGNOLIA / ELISHA DIX ROAD ROSE HILL, NC 28458

(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 183	Continued From page 44	C 183	C 183 Continued	

was allowing raw sewage to flow out onto the surface of the ground at the Rear of the home. Upon review during the survey covered within this current reporting, it appeared as though some effort had been made to repair the connection and stop the leak. There was fresh dirt covering the connection and no fluid directly on the surface, though the soil was moist. Seen in the immediate area, following the path of the pipe and in the location where the tank and drain field would logically be, there was dark, moist, soggy soil and deep tire tracks suggestive of muddy conditions. We visited on a dry day. Either the repair was very recent and the soil had not had time to thoroughly dry or the repair did not fix the original problem.

Effects:

Raw sewage has the potential to spread disease and has an unpleasant odor. Driving a multi-ton vehicle over septic system piping, tank, or drain field causes large ruts in the yard surface which is a trip hazard and it can cause unseen subsurface damage the septic system.

Directive:

Provide to DHSR Construction Section invoices, purchase receipts, and documentation describing the type of repair that appears to have occurred. Keep observing the area to assure the soil dries out and that the prior repair was successful. Level the ground in the area where there are tire tracks. Prohibit heavy vehicles from driving or parking in the area. Prohibit pedestrian traffic from being the area to prevent tracking contaminated soil into the home.

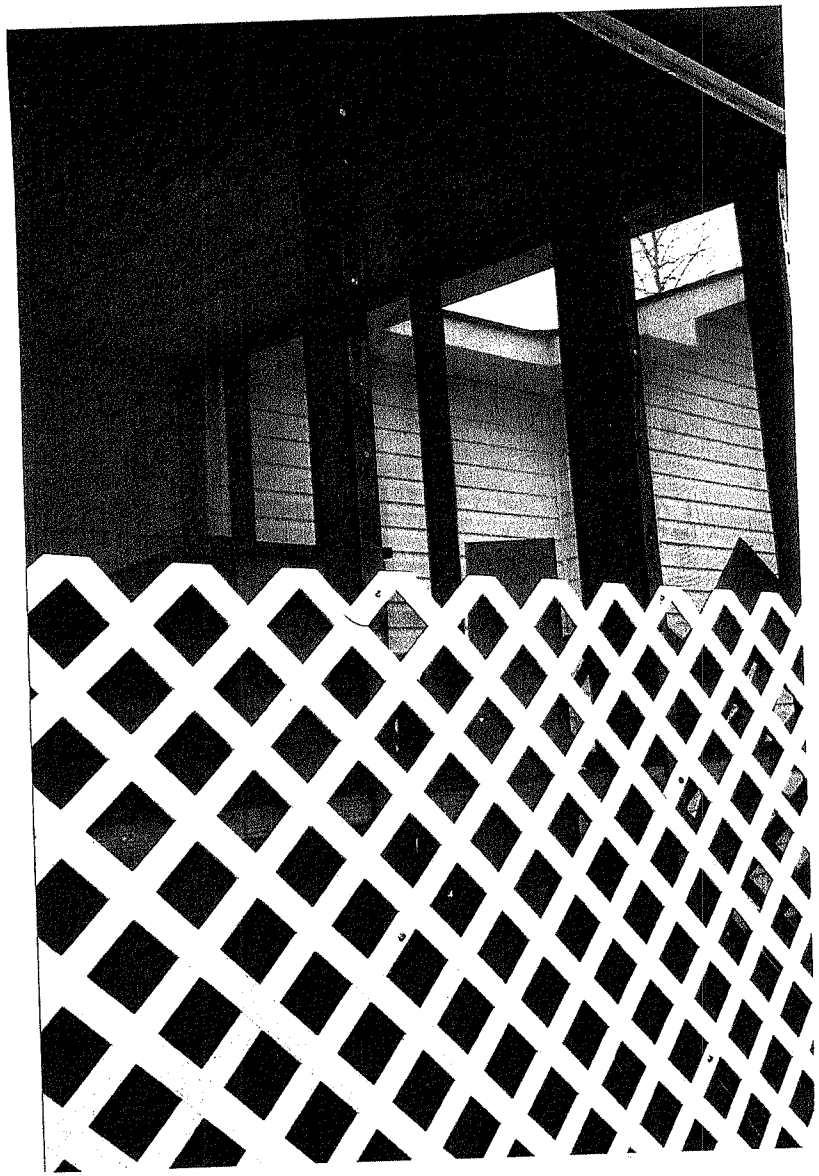
to ensure the seal has not broken. Driving has been prohibited from the back yard & foot traffic is not allowed in the pipe area. The office manager & maintenance man will weekly inspect the grounds & the outside premises to ensure compliance with 10A NCAC 13G.0318 See pgs 37, 38, 39, 40, 41, 42, 43, 44 & 45.

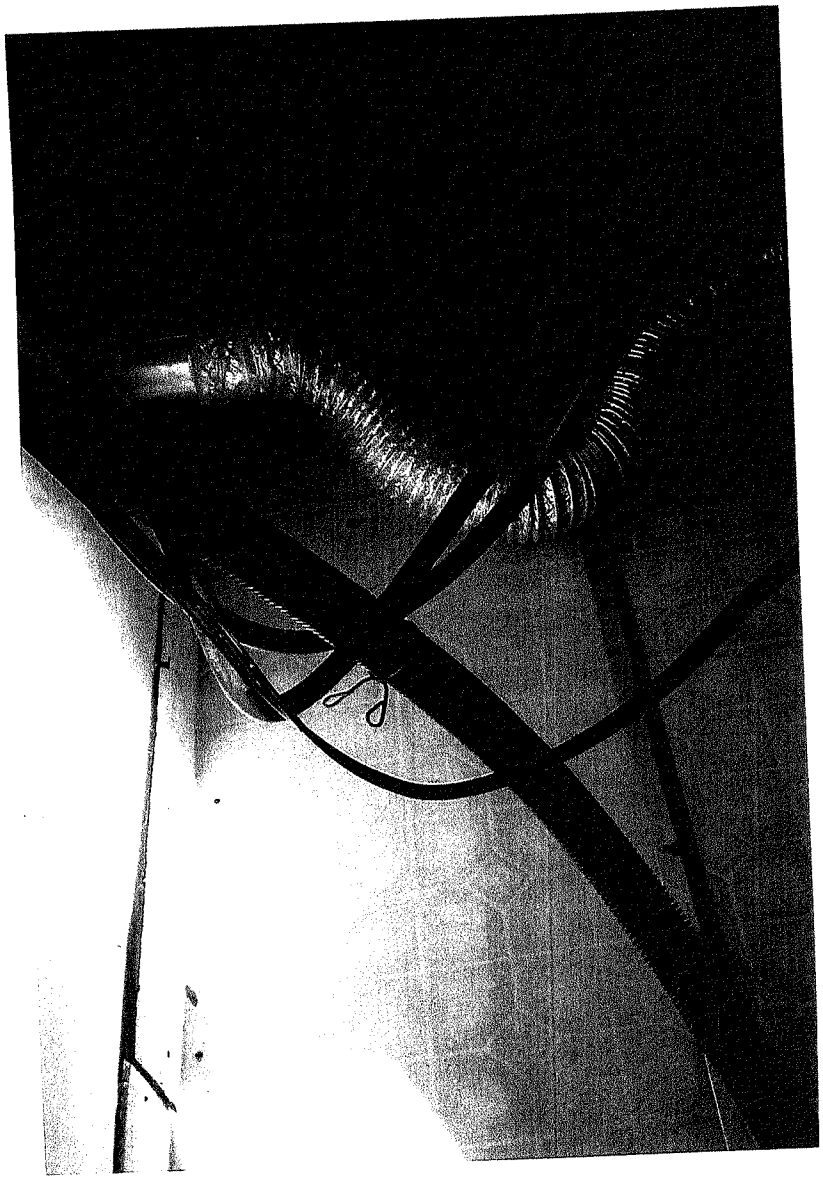
Sand to make cement flush on walkway

500 lb weight on old well. This well is not operationA

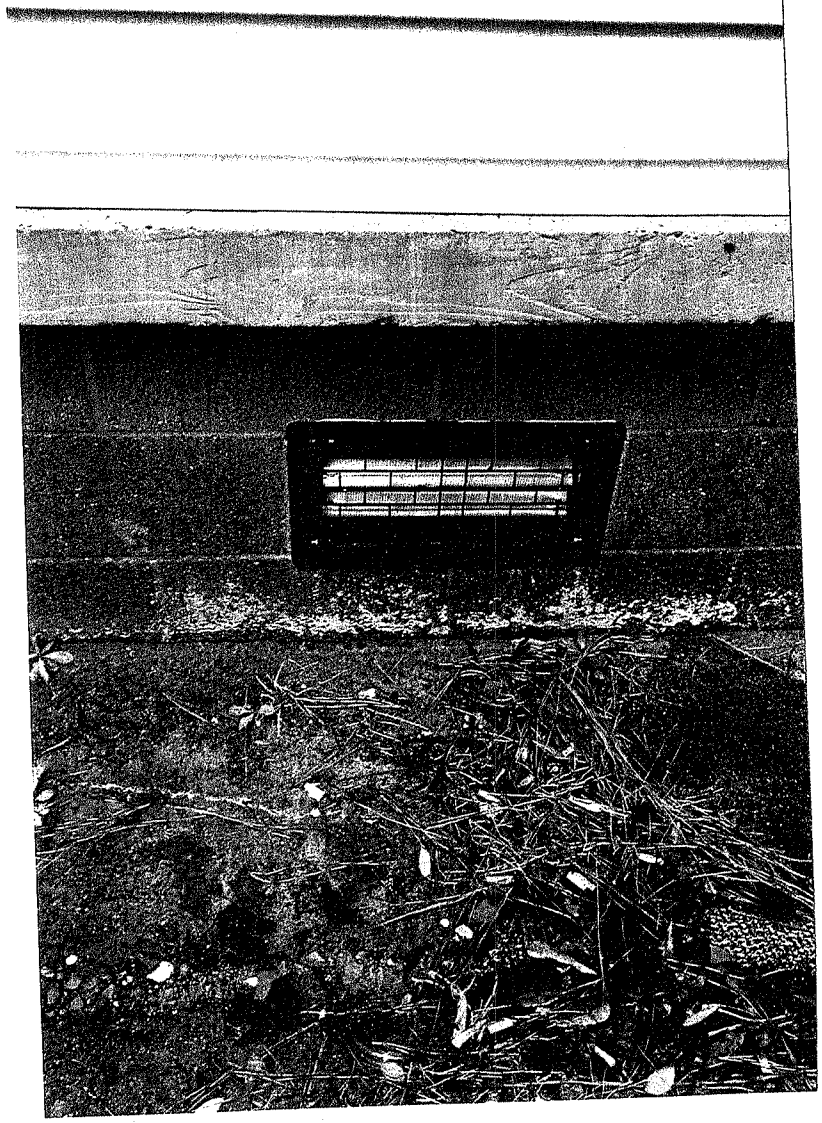
Utility Room
Laundry
Cleaned

Back Porch screen repaired &
replaced Board fixed



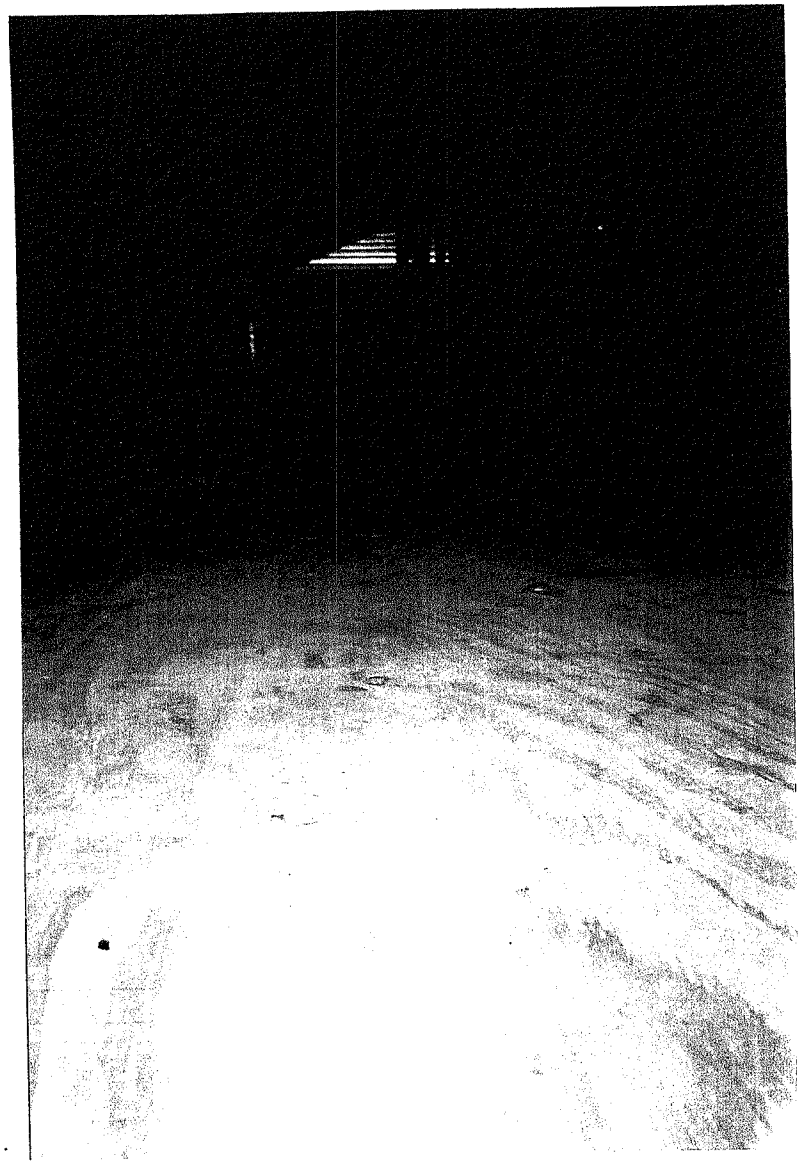


Floor Cleaned
Behind Washer
Laundry Room

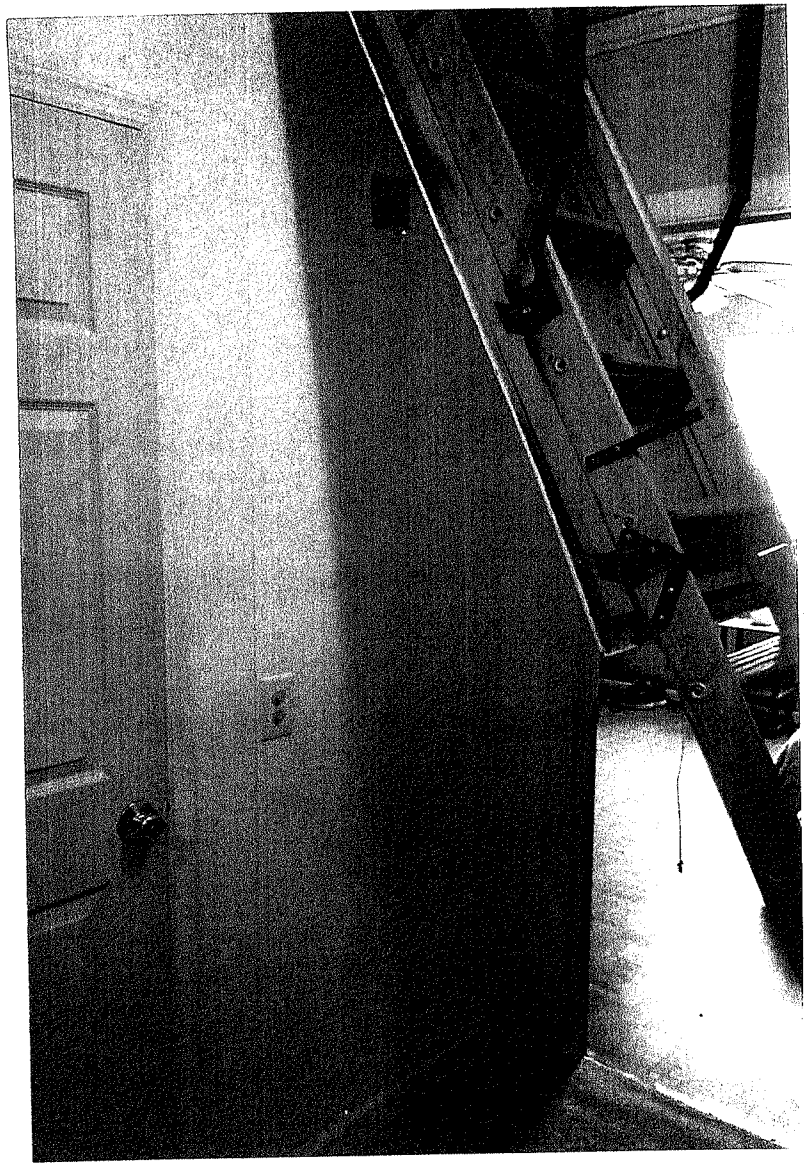


Outside Vent

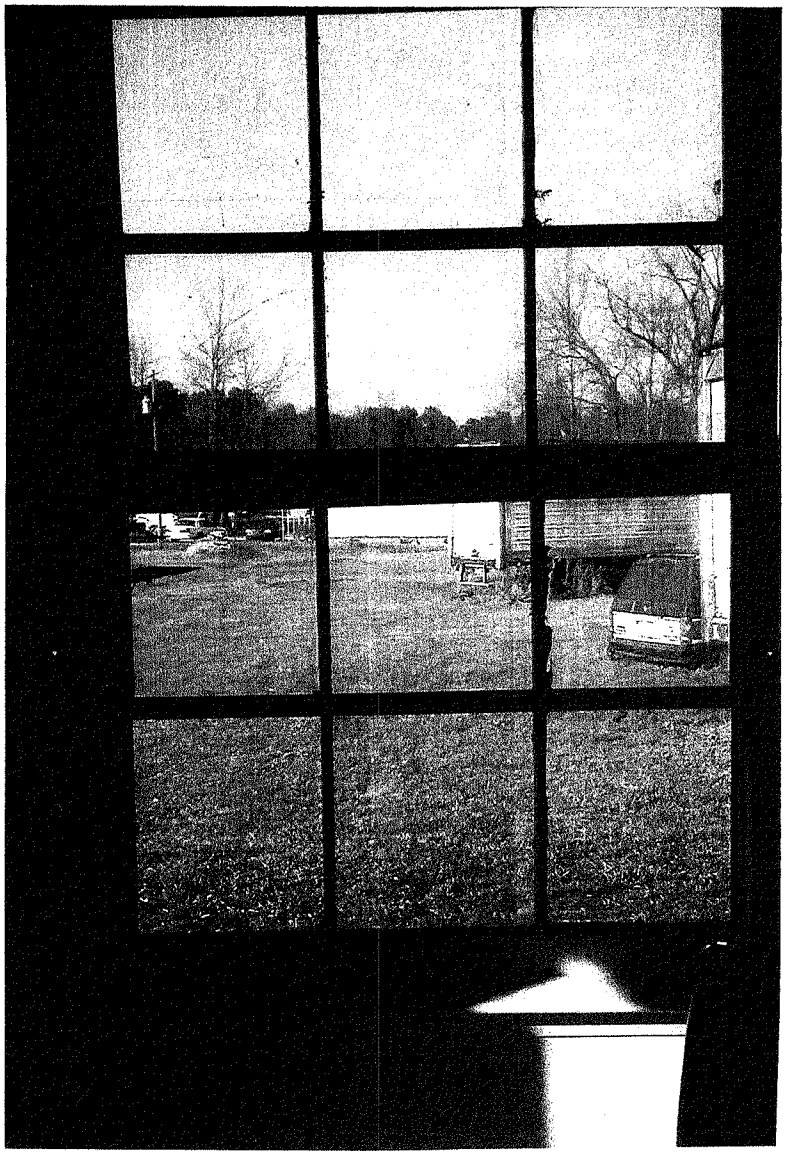
Attic Cleaned

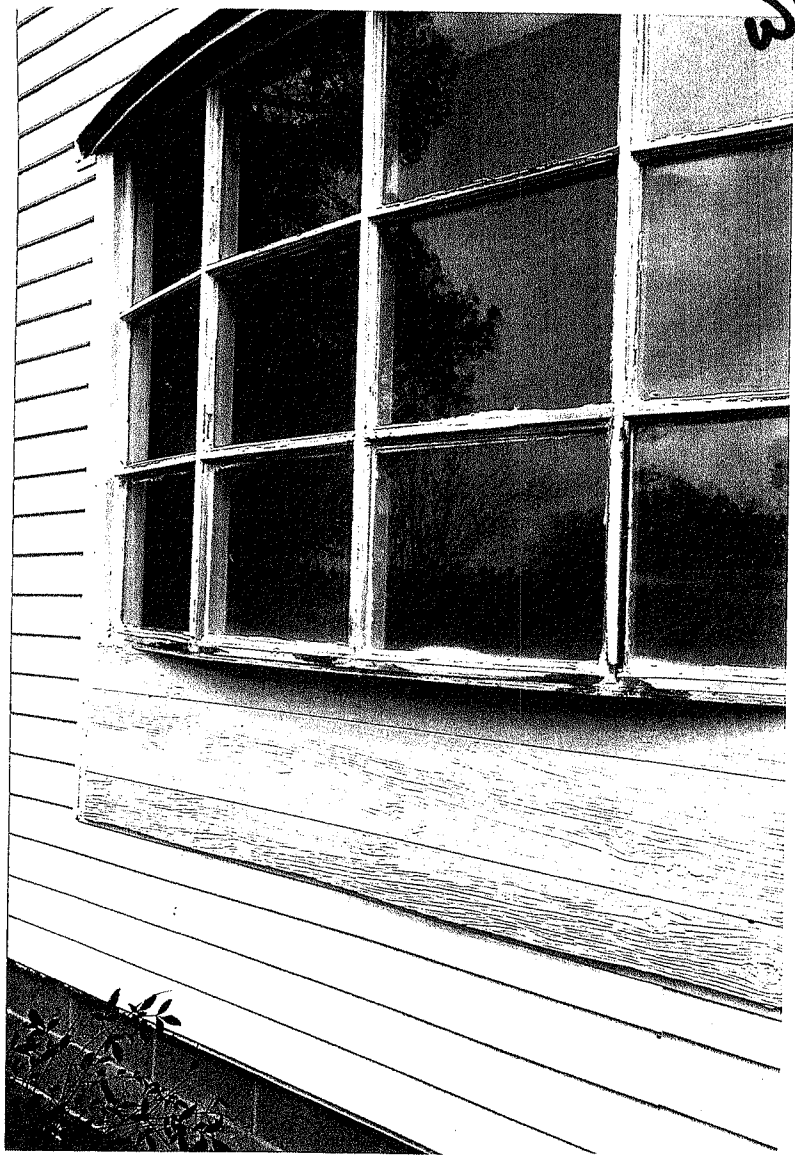


Wall fixed outside bathroom entry



Windows Repaired





will paint when weather permits

All strips replaced