STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023046	A. BUILDING: **01** B. WING _____	**06/06/2019**

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on June 06, 2019 from 10:30 AM to 12:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 15, 2015 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2006 North Carolina Building Code - Section 421.2 - Residential Care Homes NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and	C 174		

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C 174	Continued From page 1 operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the fire extinguishers have not been inspected since 2017. This is not compliant with the rule. 2. At the time of the survey it was observed that the fascia is damaged on the right front corner of the facility. This is not compliant with the rule. 3. At the time of the survey it was observed that the back deck has several rottted boards and is in a state of disrepair. This is not compliant with the rule. 4. At the time of the survey it was observed that the smoke detector in the right hall is not interconnected with the other smoke detectors. This is not compliant with the rule. 5. At the time of the survey it was observed that the smoke detector in the left front hall is not interconnected. This is not compliant with the rule. 6. At the time of the survey it was observed that the fan in the left hall bath is malfunctioning. This is not compliant with the rule. 7. At the time of the survey it was observed that the left rear bedroom door is very hard to open. This is not compliant with the rule. 8. At the time of the survey it was observed that the dryer duct was crushed behind the dryer. This is not compliant with the rule.	C 174		

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C 174	Continued From page 2 9. At the time of the survey it was observed that there is laundry and heavy lint behind the dryer. This is not compliant with the rule.	C 174		