STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL023043	A. BUILDING: **01** B. WING _____	**06/06/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING	**208 LESLIE DRIVE SHELBY, NC 28152**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on June 06, 2019 from 9:00 AM to 10:30 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 2012 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 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 2012 North Carolina Building Code - Section 425.2 - 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 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area.	C 137		

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C 137	Continued From page 1 These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: At the time of the survey it was observed that the master bathroom has no mechanical ventilation. This is not compliant with the rule.	C 137		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the range hood did not work. This is not compliant with the rule. 2. At the time of the survey it was observed that the handrails did not extend to the bottom of the ramp. This is not compliant with the rule. 3. At the time of the survey it was observed that the ramp has a hole due to rotted wood at the base of the ramp. This is not compliant with the rule. 4. At the time of the survey it was observed that fire extinguishers had last been inspected in 2017. This is not compliant with the rule. 5. At the time of the survey it was observed that	C 174		

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C 174	Continued From page 2 the sink in the master bathroom was clogged. This is not compliant with the rule. 6. At the time of the survey it was observed that the back deck has several rotted deck boards. This is not compliant with the rule. 7. At the time of the survey it was observed that the handrails on the back deck are loose. This is not compliant with the rule. 8. At the time of the survey it was observed that there is a damaged toilet on the back deck. This is not compliant with the rule. 9. At the time of the survey it was observed that the carport has a large dropoff that is not protected by handrails. This is not compliant with the rule. 10. At the time of the survey it was observed that the HVAC condensor is being obstructed by trees and vegitation. This is not compliant with the rule.	C 174		