

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2019
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(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 Keith Blackwell DHSR Construction Section conducted a Biennial Survey on October 15, 2019 from 12:00 PM to 1:15 PM at the above referenced facility. DHSR records indicate the home was first licensed on October 01, 2013 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 and the 2012 North Carolina Building Code - 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 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.	C 174		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2019
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	Continued From page 1 This Rule is not met as evidenced by: 1.) At the time of the survey it was observed that in Bedroom #1 there are the following deficiencies: a.) the windows did not open or were blocked by furniture b.) the drawer for the night stand is broken This is not compliant with the rule. Take the necessary steps to repair or replace the windows and/or arrange the furniture so that the operable window is not blocked, repair or replace the drawer for the night stand. 2.) At the time of the survey it was observed that in Bedroom #2 the closet door is damaged. This is not compliant with the rule. Take the necessary steps to repair or replace the closet door. 3.) At the time of the survey it was observed that there is hardware items in the closet of Bathroom #1. This is not compliant with the rule. Take the necessary steps to remove the hardware from the closet. 4.) At the time of the survey it was observed that the kitchen hood is damaged and the filter is dirty. This is not compliant with the rule. Take the necessary steps to repair or replace the kitchen hood and replace the filter. 5.) At the time of the survey it was observed that air return vent cover is rusted. This is not compliant with the rule. Take the necessary steps to repair or replace the vent cover. 6.) At the time of the survey it was observed that a love seat is blocking the opening to the hallway. This is not compliant with the rule. This was corrected by staff at the time of the survey. No further action is required.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2019
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(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 2 7.) At the time of the survey it was observed that the ceiling is damaged in the following areas: a.) staff area b.) living room c.) bathroom #1 d.) laundry room e.) kitchen This is not compliant with the rule. Take the necessary steps to repair the ceiling in these areas. 8.) At the time of the survey it was observed that in Bathroom #2 there are the following deficiencies: a.) the flooring is loose and damaged b.) the shower door is damaged c.) the towel and toilet paper holder are not secure to the wall This is not compliant with the rule. take the necessary steps to repair or replace the flooring, repair or replace the shower door and secure the towel and toilet paper holder to the wall. 9.) At the time of the survey it was observed that in the laundry room there is a hole in the wall behind the water heater. This is not compliant with the rule. Take the necessary steps to repair the hole in the wall. 10.) At the time of the survey it was observed that in Bedroom #4 there are the following deficiencies: a.) loose receptacle for A/C unit at ramp landing b.) damaged wall and trim both sides of the exterior door and sliding door c.) wood paneling This is not compliant with the rule. Take the necessary steps to secure the receptacle, repair or replace the wall trim, treat and/or provide	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2019
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(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 3 documentation that the wood paneling is treated with an approved fire retardant. 11.) At the time of the survey it was observed that the Emergency Evacuation Plans are not oriented to the layout of the house. This is not compliant with the rule. take the necessary steps to orient the Emergency Evacuation Plans to the layout of the house. 12.) At the time of the survey it was observed that the front entrance has the following deficiencies: a.) storm door at the front entrance is damaged and is not single hand motion b.) the door frame is deteriorated c.) the door bell is damaged This is not compliant wit the rule. Take the necessary steps to repair or replace the storm door with a single hand motion handle, replace the deteriorated door frame, replace the door bell. 13.) At the time of the survey it was observed that the ramp has the following deficiencies: a.) damaged boards b.) loose railing c.) abrupt transition to sidewalk This is not compliant with the rule. Take the necessary steps to replace the damaged boards, secure the railing to the wall, smooth out the transition from the ramp to the sidewalk. 14.) At the time of the survey it was observed that the door frames of the exterior doors to Bedroom #4 is deteriorated. This is not compliant with the rule. Take the necessary steps to replace the damaged door frames. 15.) At the time of the survey it was observed that top of the pump house is open. This is not	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2019
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(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 4 compliant with the rule. Take the necessary steps to close the pump house. 16.) At the time of the survey it was observed that the dryer exhaust is not connected under the house, the vent is loose and dirty. This is not compliant with the rule. Take the necessary steps to connect the dryer exhaust to the outside of the crawl space with approved hard pipe, secure the vent to the wall and clean. 17.) At the time of the survey it was observed that the crawl space door does not close properly. This is not compliant with the rule. Take the necessary steps to repair or replace the door. 18.) At the time of the survey it was observed that the vinyl soffit is loose. This is not compliant with the rule. Take the necessary steps to secure the vinyl soffit. 19.) At the time of the survey it was observed that the rear hand rails are loose and the brick steps are damaged. This is not compliant with the rule. Take the necessary steps to secure the hand rails and repair or replace the bricks.	C 174		