

PRINTED: 03/05/2024
FORM APPROVED

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 R 02/20/2024
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 Scott Greenwood DHSR Construction Section conducted a Biennial Follow Up Survey on February 20, 2024 from 12:00 PM to 12:45 PM. At the time of the follow up survey not all of the previously cited deficiencies have been corrected. Therefore further action is required. The cited deficiencies are as follows:	(C 000)		
(C 123)	Dining Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0306 DINING ROOM (a) Family care homes licensed on or after April 1, 1984 shall have a dining room or area of at least 120 square feet. The dining room may be used for other activities during the day. (b) When the dining area is used in combination with a kitchen, an area five feet wide shall be allowed as work space in front of the kitchen work areas. The work space shall not be used as the dining area. (c) The dining room shall have operable windows and be lighted to provide 30 foot candles of light at floor level. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the dining room size is less than 120 square feet and the egress opening to the front door is blocked with a hutch. This is not compliant with the rule. Take the necessary steps to remove the hutch from the dining room area so there is another route for egress in the event there is a fire in the kitchen.	(C 123)	Hutch has been removed from dining area	3/15/24

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

VEPU22

If continuation sheet 1 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/20/2024
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
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(C 152)	Continued From page 1	(C 152)		
(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. At the time of the survey it was observed that the kitchen floor by the refrigerator has severe deterioration and is a slip/trip hazard. This is not compliant with the rule. Take the necessary steps to repair the kitchen flooring and leak that has damaged the floor.	(C 152)	Kitchen floor is being repaired by owner	4/20/24
(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 toilets were loose at the base in both bathrooms. This is not compliant with the rule. Take the necessary steps to secure the toilet to prevent water damage and the potential for slipping. 2. At the time of the survey it was observed that bathroom #2 was missing a towel bar and toilet paper holder spindle. This is not compliant with	(C 174)	Toilets have been secured Towel bar and toilet paper spindle has been installed	3/15/24 3/15/24

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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

R

02/20/2024

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
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

{C 174}

Continued From page 2

the rule. Take the necessary steps to repair.

3. At the time of the survey it was observed that the right hall bath vanity top was not secured to the vanity cabinet. This is not compliant with the rule. Take the necessary steps to secure the vanity top to the cabinet.

4. At the time of the survey it was observed that the right hall bath receptacle did not have power. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI receptacle and test.

5. At the time of the survey it was observed that the bath exhaust fan cover is dirty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fan cover.

6. At the time of the survey it was observed that the window sill in the garage bedroom has peeling and chipping paint exposing bare wood. This is not compliant with the rule. Take the necessary steps to remove the peeling and chipping paint and paint with similar color.

7. At the time of the survey it was observed that bedroom #4 ceiling fan light does not have any bulbs in it. This is a safety hazard as there is no illumination when coming from the main section of the house. There are lamps beside each bed, but they will not illuminate the room until turned on, which may require a client to walk in the dark to turn the lamp on. This is not compliant with the rule. Take the necessary steps to install bulbs in the ceiling fan light bulbs and test so that the room can be illuminated from the door at the top of the ramp.

8. At the time of the survey it was observed that

{C 174}

- Vanity top in the right bathroom have been Secured.

- Right hall bath receptacle has been repaired

- Exhaust fan cover has been cleaned

- Garage bedroom window is being repaired of chipping paint

- Bedroom #4 ceiling fan lights have been replaced

3/20/24

3/18/24

3/18/24

4/15/24

3/18/24

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STATE FORM

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If continuation sheet 3 of 7

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(001) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL082025	(002) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(003) DATE SURVEY COMPLETED R 02/20/2024
NAME OF PROVIDER OR SUPPLIER SERENITY FAMILY CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 912 BUCKHORN ROAD HARRELLS, NC 28444		
(004) 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)	(005) COMPLETE DATE
(C 174)	Continued From page 3 the front right door to bedroom #4 has difficulty shutting and there is a gap at the top corner on the latch side. This is not compliant with the rule. Take the necessary steps to repair the door so that it seals properly and prevents unconditioned air and pest from entering the room. At the time of the survey it was observed that there is delaminating paneling in bedroom #4. This is not compliant with the rule. Take the necessary steps to repair or replace the paneling. 9. At the time of the survey it was observed that there is an access door to the crawl space that is not secured in bedroom #4. This is not compliant with the rule. Take the necessary steps to secure this access door so that clients are unable to enter the crawl space and to prevent pests coming into the room. 10. At the time of the survey it was observed that the range hood light bulb does not have a protective cover. This is not compliant with the rule. Take the necessary steps to install a cover over the light bulb. 11. At the time of the survey it was observed that there was paneling on the walls in the home. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire-retardant material capable of achieving a Class C Finish or provide documentation of previous treatment. 12. At the time of the survey it was observed that there was lint build up behind the dryer. This is not compliant with the rule. Take the necessary steps to remove any debris and lint build up on a regular basis to minimize the risk of a fire. 13. At the time of the survey it was observed that	(C 174)	Bedroom #4 door is being repaired and paneling is being replace 4/20/24 - Access door to the Crawl space in bedroom #4 is being repaired to prevent pests coming into the room. 4/15/24 - Protective cover was installed over the lightbulb 3/20/24 - Class C Fire retardant has been put on the panel for treatment 3/15/24 - Lint build up has been cleaned from behind the dryer 3/20/24	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY FAMILY CARE HOME #2**912 BUCKHORN ROAD
HARRELLS, NC 28444**

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{C 174}	Continued From page 4 some rooms have a call assist button that is no longer being used due to having 24 hour awake staff. This is not compliant with the rule. Take the necessary steps to remove the system or repair so that it is operating for each client. 14. At the time of the survey it was observed that the emergency evacuation plan maps are not oriented correctly. This is not compliant with the rule. The escape route maps should coincide with the layout of the house from each room to minimize confusion in a panic situation. This is not compliant with the rule. Take the necessary steps to Orient all escape route maps correctly. 15. At the time of the survey it was observed that bedroom #2 had a damaged door. This is not compliant with the rule. Take the necessary steps to repair or replace the door. 16. At the time of the survey it was observed that bedroom #2 and #3 doors have a gap on the latch side preventing the client from having privacy. This is not compliant with the rule. Take the necessary steps to repair the door so the client has privacy. 17. At the time of the survey it was observed that bedroom #3 is missing a ceiling light globe. This is not compliant with the rule. Take the necessary steps to install a light globe or replace the fixture. 18. At the time of the survey it was observed that the water heater pressure relief line penetrates through the floor into the crawl space. There is no evidence that the pipe terminates to the exterior of the building. This is not compliant with the rule. Take the necessary steps to terminate this pipe to the exterior of the building.	{C 174}	Call assist buttons have been removed Evacuation plans have been oriented correctly. Bedroom # 2 door is being replaced. Bedroom # 2 and #3 gaps are being repaired for patient privacy. Ceiling light globe in #3 has been replaced. Steps to terminate the pipe to the exterior of the building are set for the pipe to be repaired.	3/20/24 3/20/24 4/15/24 4/15/24 3/20/24 4/15/24

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{C 174}	Continued From page 5 19. At the time of the survey it was observed that there is a damaged supply duct just inside the crawl space access door. This duct is also not properly supported off the ground and is missing insulation. This is not compliant with the rule. Take the necessary steps to repair or replace the duct and properly support it. 20. At the time of the survey it was observed that the dryer duct line in the crawl space is a combination of hard and flex duct. The flex duct is damaged causing a lint build up in the crawl space as well as increasing the moisture level when the dryer is running. This is not compliant with the rule take the necessary steps to replace the flex duct with hard duct and use an approved silver tape for sealing the joints. Duct tape was used near the termination of the duct which is not an approved tape. Flex duct can only be used to connect the dryer to the hard duct at the dryer. 21. At the time of the survey it was observed that the back floodlight has a broken light in the fixture and is missing a light. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. 22. At the time of the survey it was observed that there is an attic access in bedroom #4 and bedroom #3 was not accessible to visually observe the presence of a heat detector. This is not compliant with the rule. Take the necessary steps to provide photo documentation that there is a heat detector with a 194-degree fixed rate or a 135-degree rate to rise rating in each area of the attic. The attic space needs to be accessible to observe the presence of smoke detectors for future surveys. The attic access in bedroom #3 will need to be cleared of personal belongings and shelving for a survey or moved to a more	{C 174}	The duct in the Crawl Space is being repaired by owner Dryer duct is being repaired by owner Back flood light is being replaced Attic space is being made accessible and heat detector is being installed	4/15/24 4/15/24 4/14/24 4/16/24

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{C 174}	Continued From page 6 accessible location.	{C 174}		
{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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there is no permanent source of heating in bedroom #4. A portable space heater was present at the time of the survey which are prohibited to be used in Family Care Homes. This is not compliant with the rule. Take the necessary steps to provide a permanent heat source.	{C 175}	Permanent source of heating has been put in bedroom #4	3/15/24