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 _____	**04/04/2024**

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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on April 4, 2024, from 8:45 AM to 10:10 AM 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 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 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building	C 105		

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C 105	Continued From page 1 Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars ($380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the resident bedroom windows do not meet the required 432 square inch opening requirement. The window opened 14.5 inches. The windows must have a minimum opening width of 16 inches for a total of 432 square inches. This is not compliant with the rule. Take the necessary steps to provide the correct size windows for emergency egress. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency	C 105		
C 135	Bathroom-Hand Grips SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (e) Hand grips shall be installed at all	C 135		

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C 135	Continued From page 2 commodes, tubs and showers used by the residents. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the bathroom in bedroom 4 had no handgrips on the toilet. This is not compliant with the rule. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency.	C 135		
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. At the time of the survey it was observed that there were no corridor night lights in the hallway or the living room. This is not compliant with the rule. Take the necessary steps to install night lights.	C 142		
C 168	Fire Extinguishers SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (a) 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	C 168		

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C 168	Continued From page 3 enforcement official. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was not a fire extinguisher present due to a resident threatening to use it as a weapon. This is not compliant with the rule. Take the necessary steps to have a fire extinguisher that is certified installed.	C 168		
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: 1. At the time of the survey it was observed that there was a chirping smoke detector in the dining room. This is not compliant with the rule. Take the necessary steps to replace the batteries annually.	C 169		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND	C 172		

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C 172	Continued From page 4 DISASTER PLAN (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. At the time of the survey it was observed that the fire drills are not being performed on all three shifts. This is not compliant with the rule. Take the necessary steps to activate the smoke detector for all fire drills and conduct fire drills on all three shifts. This home is currently licensed for six (6) ambulatory residents, which means that they should be able to evacuate the home without verbal prompting or physical assistance during a fire or other emergency. Educate and train the residents to immediately respond to the smoke detector any time that it is activated.	C 172		
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	C 174		

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C 174	Continued From page 5 the fascia is damaged on the right front/back and front left corner of the facility. This is not compliant with the rule. Take the necessary steps to repair or replace the deteriorating fascia boards. *Note: This deficiency was originally cited during the June 06, 2019, and May 12, 2021, biennial surveys and remains uncorrected. Take action to correct this deficiency. 2. 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. Take the necessary steps to interconnect the smoke detector. *Note: This deficiency was originally cited during the June 06, 2019, and May 12, 2021, biennial surveys and remains uncorrected. Take action to correct this deficiency. 3. 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. Take the necessary steps to repair or replace the bath exhaust fan. *Note: This deficiency was originally cited during the June 06, 2019, and May 12, 2021, biennial surveys and remains uncorrected. Take action to correct this deficiency. 4. At the time of the survey it was observed that there is a piece of PVC pipe connected to the back of the dryer duct. This is not compliant with the rule. Take the necessary steps to use a metallic connector at the dryer vent. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency.	C 174		

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C 174	Continued From page 6 5. At the time of the survey it was observed that the dining room light was missing the light globe. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 6. At the time of the survey it was observed that the left rear bedroom door is would not latch. This is not compliant with the rule. Take the necessary steps to repair the door so that it will latch and allow privacy for the resident. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 7. At the time of the survey it was observed that the floor is soft near the rear exit. This is not compliant with the rule. Take the necessary steps to further evaluate flooring and repair as needed. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 13. At the time of the survey it was observed that the door in bedroom #4 will not latch. This is not compliant with the rule. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 14. At the time of the survey it was observed that the light switch cover in the storage closet it broken. This is not compliant with the rule.	C 174		

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C 174	Continued From page 7 *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 15. At the time of the door it was observed that there was a hole behind the door and an unfinished patch on the door of bedroom #1. This is not compliant with the rule. Take the necessary steps repair the door. *Note: This deficiency was originally cited during the May 12, 2021, biennial Survey and remains uncorrected. Take action to correct this deficiency. 16. At the time of the survey it was observed that the kitchen ceiling light globe was missing. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. 17. At the time of the survey it was observed that the doorknob for bedroom #3 was malfunctioning and only turned one direction to open the door. 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 door to the storage room within room #3 did not have a jamb for the door to latch. The door was being held shut by the trim. This is not compliant with the rule. Take the necessary steps to repair the door so that it will latch properly. 19. At the time of the survey it was observed that the closets in bedroom #3 and #4 do not have a divider identifying each resident's space. This is not compliant with the rule. Take the necessary steps install a divider in the closets. 20. At the time of the survey it was observed that	C 174		

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C 174	Continued From page 8 the storage room in bedroom #3 was disorganized and items were piled on top of the electric water heater. 21. At the time of the survey it was observed that bedroom #4 toilet was leaking at the flapper. This is not compliant with the rule. Take the necessary steps to repair the toilet to prevent the toilet from running. 22. At the time of the survey it was observed that the bath exhaust in bedroom #4 was dusty. This is not compliant with the rule. Take the necessary steps to clean the exhaust fan routinely. 23. At the time of the survey it was observed that the ceiling tap was separated in bedroom #4 bath. This is not compliant with the rule. Take the necessary steps to repair the ceiling. 24. At the time of the survey it was observed that the dining room exterior door does not latch. This is not compliant with the rule. Take the necessary steps to repair the door. 25. At the time of the survey it was observed that the living room ceiling fan was missing a bulb. This is not compliant with the rule. Take the necessary steps to replace any and all missing bulbs. 26. At the time of the survey it was observed that the front storm door did not have a handle or latch on the inside of the door. This is not compliant with the rule. Take the necessary steps to repair the storm door. 27. At the time of the survey it was observed that the left hall bath had deteriorated trim at the base of the tub and there was a rusty floor register	C 174		

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C 174	Continued From page 9 cover. This is not compliant with the rule. Take the necessary steps to repair or replace. 28. At the time of the survey, it was observed that the hall bath vanity stopper lever knob was missing. This is not compliant with the rule. Take the necessary steps to repair or replace. 29. At the time of the survey it was observed that the exterior of the home had dirt and algae build up. This is not compliant with the rule. Take the necessary step to routinely clean the exterior of the home. 30. At the time of the survey it was observed that there was peeling paint on the wood siding on the right side and back side and on the windowsills/trim. This is not compliant with the rule. Take the necessary steps to scrape and paint the wood siding and windowsills/trim. 31. At the time of the survey it was observed that there was rotting trim at the back deck door and at several windowsills. This is not compliant with the rule. Take the necessary steps to repair or replace the rotting wood. 32. At the time of the survey it was observed that the plumbing roof boots located at the back roof are deteriorating and have the potential to be the location of a leak. This is not compliant with the rule. Take the necessary steps to repair or replace the plumbing roof boots. 33. At the time of the survey it was observed that there were cable wires running through the two windows on the left side of the house. This is not compliant with the rule. Take the necessary steps to properly run the cable wires.	C 174		

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C 174	Continued From page 10 34. At the time of the survey it was observed that there was a disconnected downspout elbow at the back left corner of the house. This is not compliant with the rule. Take the necessary steps to secure the elbow to the downspout. 35. At the time of the survey it was observed that the front ramp handrail was loose at the end and there was missing paint on the pickets and railings. This is not compliant with the rule. Take the necessary steps to secure the railing and paint the handrails and pickets. 36. At the time of the survey it was observed that there were at least six (6) fogger cans in the attic, which may be an indication of some type of infestation. This is not compliant with the rule. Take the necessary steps to control any pests within or around the home. 37. At the time of the survey it was observed that that the dryer duct was crushed which minimized the removal of moisture and lint. There was also some lint behind the dryer. This is not compliant with the rule. Take the necessary steps to repair the dryer duct so that the 4-inch flex duct has full airflow and clean behind the dryer routinely.	C 174		