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 _____	04/04/2024

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 Kelly Myers DHSR Construction Section conducted a Biennial Survey on april 4, 2024 from 10:10 AM to 11:20 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 2009 North Carolina Building Code - Section 425.2- Residential Care Homes NOTES: This facility did not have any residents at the time of the survey. 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	To be in compliant with rule 10 ANCAC 13G .0309 Bathroom. A night light was add to provide adlight in the bathrooms. Admunstrator have made arrangement for the Ventilation in the left bathroom to be routed to the outside. The bathroom in the Master bedroom was repair so it would stay up when bathroom is in uses. The Ventilation is scheduled to be repair 2/17/25. All the other things that require attention have been repair and put in place.	
C 137	Bathroom-Mechanical Ventilation SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (g) The bathrooms shall be lighted to provide 30	C 137		

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 _____	04/04/2024

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 137	Continued From page 1 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. These vents shall be vented directly to the outdoors. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the left side bathroom has a mechanical vent, but it is not vented to the outside. This is not compliant with the rule. Take the necessary steps to vent the bath exhaust to the exterior of the home. 2. At the time of the survey it was observed that there was no mechanical ventilation and window drops when opened preventing ventilation. This is not compliant with the rule. Take the necessary steps to repair the window so that it will remain open or install mechanical ventilation that exhausts outside the home.	C 137		
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 was not a corridor night light in the hallway or the den. This is not compliant with the rule. Take the necessary steps to install night lights.	C 142	To fix the issue with lighting in the hallway and den a night light have been placed in both area to provide lighting for the floor. The issue have been corrected as of 1/17/25.	
C 146	Outside Entrances/Exits-Ramp(s) SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE	C 146		

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 _____	04/04/2024

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 146	Continued From page 2 AND EXITS (c) At least one principal outside entrance/exit for the residents' use shall be at grade level or accessible by ramp with a one inch rise for each 12 inches of length of the ramp. For the purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was no grab bar at the front door and there was a step up into the home. This is not compliant with the rule. Take the necessary steps to have install a grab bar at the front door. 2. At the time of the survey it was observed that the handrails to the front ramp are loose on both sides. This is not compliant with the rule. Take the necessary steps to secure both handrails. 3. At the time of the survey it was observed that the ramp had a trip hazard at the wood landing and ramp. This is not compliant with the rule. Take the necessary steps to remove the trip hazard.	C 146		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all	C 147	To correct The Building 10A NCAC 13G.0312 Outside Entrance and Exits. The side door knob leading to the outside in bedroom 4 was replaced with a single motion door knob for residents can easily open in case of emergency.	

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 _____	04/04/2024

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 147	Continued From page 3 times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the side door from the left double occupancy bedroom was not a single motion doorknob and the sliding glass door isn't a single hand motion. This is not compliant with the rule. *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency.	C 147	this was took care of on 1/17/25	
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 and there was a missing lightbulb and cover. This is not compliant with the rule. * This deficiency was previously cited during our June 19, 2019, and May 12, 2021, biennial surveys, take action to correct these deficiencies. 2. At the time of the survey it was observed that the attic access hatch is damaged. This is not compliant with the rule. Take the necessary steps	C 174	To Correct the issue and be Compliant with rule 10ANCAC 13G .0317 Building Service Equipment. The hood Range was repaired and now is the working order. A light bulb was place in the range to provide light over the stove. The cover had fell out and was place back on the range to cover the light. This issue was took care of on 1/17/25. The attic opening cover is scheduled to be repair 1/25/25 a new attic opening cover with the trim will be replaced	

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 _____	04/04/2024

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 174	Continued From page 4 to replace the attic hatch. * This deficiency was previously cited during our June 19, 2019, and May 12, 2021, biennial surveys, take action to correct these deficiencies. 3. At the time of the survey it was observed that the hinge on the bedroom door in the front right bedroom was damaged, preventing the door from shutting. This is not compliant with the rule. Take the necessary steps to repair the door hinge and ensure that the door will shut. *This deficiency was previously cited during our May 12, 2021 biennial survey, take action to correct this deficiency. 4. At the time of the survey it was observed that there is a lint build up and foreign materials behind the dryer and the dryer duct is disconnected. This is not compliant with the rule. Take the necessary steps to clean behind the dryer and connect the dryer duct to the dryer. *This deficiency was previously cited during our May 12, 2021 biennial survey, take action to correct this deficiency. 5. At the time of the survey it was observed that the floor is soft by the shower in the left hall bath. This is not compliant with the rule. Take the necessary steps to further evaluate the cause of the soft flooring to ensure that there is not a potential safety hazard. *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency. 6. At the time of the survey it was observed that the electrical receptacle on the left side of the kitchen sink is not protected. This is not compliant with the rule. Take the necessary steps to provide GFCI protected receptacle.	C 174	To correct the issue with the bedroom door. Administrator is looking into ordering a new door and casing to replace the current door that is damaged. Administrator plan to have the new door installed by 2/17/25 The dryer was cleaned around and behind and was recomented to the dryer duct. This issue was taking care of on 1/18/25 Administrator will have the floor checked when the other work is done on 2/17/25. If the floor needs to be replace Administrator will arrange for it to be repaired. Administrator will ask carpenter to see if there a reason why the floor is soft.	

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 _____	04/04/2024

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 174	Continued From page 5 *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency. 7. At the time of the survey it was observed that there is a hole in the wall behind the door in bedroom 2. This is not compliant with the rule. Take the necessary steps to repair the wall. *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency. 8. At the time of the survey it was observed that the floor is soft by the back door. This is not compliant with the rule. *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency. 9. At the time of the survey it was observed that the GFCI receptacle in the half bath would not reset. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI. *This deficiency was previously cited during our May 12, 2021, biennial survey, take action to correct this deficiency. 10. At the time of the survey it was observed that the HVAC return filter was dirty. This is not compliant with the rule. Take the necessary steps to replace the return filter routinely. 11. At the time of the survey it was observed that the front right corner bedroom bifold closet doors were off track and broken. This is not compliant with the rule. Take the necessary steps to repair or replace the closet doors. 12. At the time of the survey it was observed that the door latch was on backwards at the first	C 174	The electrical receptacle on the left side of the sink has been replace with GFCI receptacle. This issue was taking care on 1/18/25 The hole in wall in bedroom 2 will be repaired on 1/25/25 when the carpenter fix the attic opening. The floor back siding door was replaced when the sliding door was installed. The laminate flooring may cause the floor to seen soft. But I will have this check also to assure there is no problems with the floor. This will be checked ON 2/17/25 when the other work is scheduled. The air vent IN the hallway filter was replace with a new clean filter. Administrator will check and change once a month to assure a clean filter is IN place. This issue was taking Care on 1/18/25	

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 _____	04/04/2024

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 174	Continued From page 6 bedroom on the right. This is not compliant with the rule. Take the necessary steps to repair the door knob latch. 13. At the time of the survey it was observed that there is wall damage above the right side of the sliding glass door. This is not compliant with the rule. Take the necessary steps to repair the wall. 14. At the time of the survey it was observed that bath exhaust fan covers were dusty. This may limit the ability of the fan to remove moisture while in use and it should be kept in a clean appearance. This is not compliant with the rule. Take necessary steps to clean the exhaust fan grill cover routinely. 15. At the time of the survey it was observed that the left hall bath exhaust fan had exposed wires in that attic. This is not compliant with the rule. Take the necessary steps to terminate the wiring in a junction box with a cover. 16. At the time of the survey it was observed that the right hall bath vanity light had burnt bulbs. This is not compliant with the rule. Take the necessary steps to replace all burnt bulbs routinely. 17. At the time of the survey it was observed that the back right bedroom door doesn't latch and the half bath door would not shut. This is not compliant with the rule. Take the necessary steps to repair the door so that the resident may have privacy. 18. At the time of the survey it was observed that the half bath ceiling had multiple nail pops exposing the nail heads. This is not compliant with the rule. Take the necessary steps to repair	C 174	The closet door in bedroom #2 was put back on track and is working correctly. This issue was corrected 1/17/25 The door latch on bedroom #1 was corrected and place on the door correctly. This issue was taking care of on 1/17/25 The bath exhaust fan covers was clean and dusted to clean the dust from the covers. Administrator will assure the covers are cleaned atleast twice a month. The light bulb in the Vanity in the right hall Bathroom was replace with new bulb. This issue was taking care of on 1/17/25 Both the room door and the bathroom was adjusted in the Master bedroom. Now both door are easy to open and close without any problems. This issue was taking care of on 1/18/25	

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 _____	04/04/2024

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 174	Continued From page 7 the ceiling. 19. At the time of the survey it was observed that the peel and stick flooring in the right hall bath was loose. This is not compliant with the rule. Take the necessary steps to repair the flooring. 20. At the time of the survey it was observed that the back deck exterior light was broken. This is not compliant with the rule. Take the necessary steps to repair or replace the light fixture. 21. At the time of the survey it was observed that the trim around the sliding glass door was not painted. This is not compliant with the rule. Take the necessary steps to protect the trim with paint. 22. At the time of the survey it was observed that the right handrail top rail at the front ramp was deteriorating. This is not compliant with the rule. Take the necessary steps to repair or replace the top rail. 23. At the time of the survey it was observed that there was construction debris and appliances being stored under the carport. This is not compliant with the rule. Take the necessary step to remove the construction debris and appliances. 24. At the time of the survey it was observed that the deck joists are spaced 30.5 inches apart, which allows for more flexion of standard deck boards. This is not compliant with the rule. Take the necessary steps to have a contractor or local building official further evaluate the construction of the deck for safety. 25. At the time of the survey it was observed that the half bath vanity light glove was missing and a bulb was missing. This is not compliant with the	C 174	At address the issue with the peel and stick flooring New flooring will be apply to the bathroom floor. This will be done by 2/15/25. A new light fixture will be repairing the old exterior light. This issue will be taking care no later than 1/27/25. All construction debris and other equipment will be removed once all construction need are complete. The Vanity light globe has been replace and new bulb was installed to meet the rule.	

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 _____	04/04/2024

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 174	Continued From page 8 rule. Take the necessary steps to install a lightbulb and globe. 26. At the time of the survey it was observed that there was a burnt bulb in the ceiling fan. This is not compliant with the rule. Take the necessary steps to replace the burnt bulb. 27. At the time of the survey it was observed that the was a missing bulb in the attic light fixture. This is not compliant with the rule. Take the necessary steps to install a light bulb. 28. At the time of the survey it was observed that chain link fencing was damaged on the right side. This is not compliant with the rule. Take the necessary steps to repair the fencing.	C 174	Light bulb in the ceil fan that been replace as of 1/17/25 Light bulb in the attic light fixture has been replaced with new light bulb. 1/25/25 The chain link fence that was mentioned in section #28 belong to the neighbor and they are require to fix this item.	