STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL018040	A. BUILDING: **01** B. WING _____	**06/25/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY FAMILY CARE HOME	**2415 - B SOUTH CENTER STREET HICKORY, NC 28602**

(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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Survey on June 25, 2025 from 08:55 AM until 10:00 AM. DHSR records indicate the home was first licensed on April 19, 2012 as a Family Care Home for six (6) non-ambulatory Residents (unable to evacuate and respond 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 2025 Rules 10A NCAC 13G for Family Care Homes, and the 2009 North Carolina State Building Code - Building Code - Section 421.2 - Residential Care Homes and the applicable portions of the 2009 North Carolina State Building Code - Section 421.4 - Small Non-ambulatory Care Facilities. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. Most 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 051	10A NCAC 13G .0309 (b) Privacy Bathroom 10A NCAC 13G .0309 Bathroom (b) Bathrooms with two or more toilets shall have	C 051		

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C 051	Continued From page 1 privacy partitions or curtains for each toilet. Bathtubs, showers, spas, or similar bathing fixtures shall have privacy partitions or curtains. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that bedroom #1 is a double occupancy bedroom with an attached bathroom. The bathroom does not have a door attached. This is not compliant with the rule. Take the necessary steps to provide a bathroom door to provide privacy for residents when in use.	C 051		
C 063	10A NCAC 13G .0312 (a) Remote Outside Entrance And Exits 10A NCAC 13G .0312 Outside Entrance And Exits (a) In family care homes, floor levels shall have at least two outside entrances/exits that are so located and constructed to minimize the possibility that both outside entrances/exits from the facility may be blocked by a fire or other emergency condition. Exiting through another resident's bedroom is not permitted. This Rule is not met as evidenced by:	C 063		

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C 063	Continued From page 2 1.) At the time of the survey, it was observed that the facility lacks at least two remote entrances/exits that provide egress to grade/ramp that meets licensure rule 10A NCAC 13G .0312 (c) . These exits should be positioned and constructed in a way that minimizes the risk of both being blocked by a fire or other emergency conditions, allowing for safe exit to ground level with a smooth transition or ramp.	C 063		
C 102	10A NCAC 13G .0317 (a) Maintenance Building Service Equipment 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. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the water heater did not have a relief valve piped. This is not compliant with the rule. Take the necessary steps to install relief valve that ends 6 inches from the ground or piped 6 inches from the ground from the exterior of the facility.	C 102		
C 116	10A NCAC 13G .0316 (b) Smoke detectors Fire Safety 10A NCAC 13G .0316 Fire Safety and	C 116		

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C 116	Continued From page 3 Emergency Preparedness Plan (b) The facility shall be provided with smoke detectors in locations as required by the North Carolina State Building Code: Residential Code. Additionally, facilities governed by the North Carolina State Building Code: Building Code, Licensed Residential Care Facilities Section shall be provided with smoke detectors in locations as required by that Section. All smoke detectors in the facility shall be hard-wired, interconnected, and provided with battery backup. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that smoke detectors were tested in the facility and the smoke detector within the facility started to beep. This is not compliant with the rule. Take the necessary steps to replace the battery in the smoke detector and if contentious the smoke detector may need to be replaced.	C 116		
C 117	10A NCAC 13G .0316 (c) Heat detectors Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (c) Underwriters Laboratories, Incorporated	C 117		

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C 117	Continued From page 4 (U.L.) listed heat detectors shall be installed in all attic spaces and in the basement of the facility. Heat detectors shall be hard-wired, interconnected, and connected to a dedicated sounding device located inside the living area of the facility. Heat detectors shall be of the rate of rise type and be provided with battery backup. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility did not have a heat detector currently installed. At the time of the survey tech was on site. Take the necessary steps to provide documentation from the qualified professional.	C 117		
C 120	10A NCAC 13G .0316 (f) Fire drills Fire Safety 10A NCAC 13G .0316 Fire Safety and Emergency Preparedness Plan (f) There shall be at least four unannounced fire drills of the fire evacuation plan every year on each shift. For the purpose of this Rule, a fire drill is the method of practicing how occupants of the facility shall evacuate in the event of a fire or other emergency. Documentation of the fire drills shall be maintained by the administrator or their designee in the facility and be made available upon request to the Division of Health Service	C 120		

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C 120	Continued From page 5 Regulation, county department of social services, and the local fire code enforcement official. The documentation shall include the date and time of the fire drill, the shift, the names of staff members present, and a short description of drill. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1.) At the time of the survey, it was observed that the facility is not documenting/performing fire drills within the facility. This is not compliant with the rule. Take the necessary steps to properly document and perform fire drills for the 1st, 2nd, and 3rd shift on each quarter.	C 120		