

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-092-30	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/30/2025
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NAME OF PROVIDER OR SUPPLIER SERENITY FALLS FAMILY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 401 E MILLBROOK RD RALEIGH, NC 27609
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(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 AJ Carlock DHSR Construction Section conducted a Biennial Survey on July 30, 2025 from 09:00 AM to 9:35 AM at the above referenced facility. DHSR records indicate the home was first licensed on March 2, 2023 as a Family Care Home for six (6) ambulatory Clients (Who are 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, the applicable portions of the 2025 Rules 10A NCAC 13G for Family Care Homes, and the 2018 North Carolina State Building Code - Section 428.2 - 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 onsite 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 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	C 102		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *J. Haupe* TITLE owner/administrator (X6) DATE 8/20/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL-092-30	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/30/2025
NAME OF PROVIDER OR SUPPLIER SERENITY FALLS FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 401 E MILLBROOK RD RALEIGH, NC 27609			
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C 102	Continued From page 1 Care home shall be maintained in a safe and operating condition. This Rule is not met as evidenced by: - At the time of the survey it was observed that the kitchen outlet was loose. This is not compliant with the rules. Take the necessary steps to fix the outlet. - At the time of the survey it was observed that the door to bedroom 3 does not latch. This is not compliant with the rules. Take the necessary steps to fix the door to latch correctly. - At the time of the survey it was observed that the window in bedroom 2 could not open fully due to a bird feeder. This is not compliant with the rules. Take the necessary steps to ensure the window is free to open fully. - At the time of the survey it was observed that the heat detector in the attic was not connected. This is not compliant with the rules. Take the necessary steps to reconnect the heat detector. - At the time of the survey it was observed that on the front of the facility the gutter downspout was disconnected. This is not compliant with the rules. Take the necessary steps to fix the downspout. - At the time of the survey it was observed that the secondary egress door had no lock on it, this could cause security issues. This is not compliant	C 102	- Owner will repair or replace the loose kitchen outlet before 9/13/25. Owner will check all outlets quarterly to ensure they are in good condition. - Owner will repair the door to bedroom 3 so that it latches before 9/13/25. Owner will check all doors quarterly to ensure that they latch properly. - Owner will remove the bird feeder in bedroom 2 window so that it can fully open. Owner will check all windows monthly to ensure that no objects are preventing them from opening fully. - Owner will have electrician assess the heat detector in the attic to determine why it is disconnected and reconnect before 9/13/25. Owner will assess the heat detector (both) quarterly to ensure that it is connected. - Owner will repair the gutter downspout before 9/13/25. Owner will have someone check gutters quarterly to ensure that they are in good repair.	8/10/25	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SERENITY FALLS FAMILY CARE HOME

401 E MILLBROOK RD
RALEIGH, NC 27609

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C 102	Continued From page 2 with the rules. Take the necessary steps to add a single motion lock to the door.	C 102	6. Owner will find a way to secure the second egress door before 9/13/25. Owner will check doors quarterly to ensure that they are able to lock with a single motion.	