

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/22/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HEART FAMILY CARE HOME # 230</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>230 COUNTRY TIME CIRCLE LEICESTER, NC 28748</b>
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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 Greg Williams  DHSR Construction Section conducted a Biennial Follow-up Survey on May 22, 2015 from 8:30 AM to 9:15 AM at the above referenced facility. At the time of the Survey deficiencies remain that require another plan of correction. The deficiencies are as follows.	{C 000}		
{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. In the staff quarters there is an open penetration in the ceiling where the smoke detector was moved. Have a qualified individual use an approved fire sealant to seal all open penetrations. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.  3. The roof is missing shingles. Have a licensed roofing contractor repair the roof. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section. 05/22/2015 GW - The Deficiency remains outstanding. Provide	{C 174}		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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{C 174}	Continued From page 1  documentation to our office when corrected.  6. The pressure relief valves on both hot water heaters are not piped to less than 6 inches from the floor. Have a qualified individual install pressure relief piping using copper or cpvc pipe to 6 inches or less from the floor. Provide photos of the completed repair and any receipts or invoices concerning this repair to the DHSR Construction Section. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	{C 174}		
{C 130}	Bathroom-Ventilated  IV. The Building C. Physical Environment (10 NCAC 42C .2201) 5. Bathroom (10 NCAC 42C .2206) h. The bathroom must be lighted to provide 30 foot candles of light at floor level and ventilated at the rate of 2 cubic feet per minute for each square foot of floor area.  This Rule is not met as evidenced by: 1. The ventilation fans in the three resident bathrooms are not working. Have a qualified individual repair or replace the ventilation fans. Submit copies of all invoices, receipts, and work orders concerning this repair to the DHSR Construction Section. 05/22/2015 GW - The Deficiency remains outstanding. Provide documentation to our office when corrected.	{C 130}		