

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/06/2014
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NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 234	STREET ADDRESS, CITY, STATE, ZIP CODE 234 COUNTRY TIME CIRCLE LEICESTER, NC 28748
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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)	(X6) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on November 06, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on July 24, 1997 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 (97 rev) North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities.</p> <p>At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:</p>	C 000	<p>CONSTRUCTION SECTION JUN 12 2015 RECEIVED</p>	<p><i>6/1/15</i></p>
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>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.</p> <p>This Rule is not met as evidenced by: 1. The weather proof cover on the rear outside</p>	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE FORM 900 VUNU21 If continuation sheet 1 of 4

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NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 234		STREET ADDRESS, CITY, STATE, ZIP CODE 234 COUNTRY TIME CIRCLE LEICESTER, NC 28748		
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C 174	Continued From page 1 GFCI receptacle is missing. Replace the weather proof cover. Provide photos and receipts, work orders and any other supporting documentation concerning the repair to the DHSR Construction Section. 2. The client bathrooms ventilation fans do not work. Hire a qualified contractor to repair or replace the ventilation fans. Provide copies of any receipts, invoices, work orders or any other supporting documentation concerning the repair to the DHSR Construction section. 3. The smoke detector in the staff quarters is working but damaged. Have a qualified individual repair or replace the damaged smoke detector. Provide photos and receipts, work orders and any other supporting documentation concerning the repair to the DHSR Construction Section. 4. There are multiple cigarette burns on the rear deck. Cease smoking on the rear deck and provide proper cigarette ash trays and receptacles in the outdoor designated smoking area. Provide photos and any supporting documentation to the DHSR Construction section.	C 174		
C 142	Outside Entrances/Exits-Ramps IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) c. At least two outside entrances/exits for the residents' floor level must be ground level or accessible by ramp with a 1 inch rise for each 12 inches of length of the ramp. If there are only two entrances/exits, the entrances/exits must be as remote from each other as reasonably possible.	C 142		

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C 142	Continued From page 2 (The requirement for the ramp at exits not at ground level applies to homes which have at least one resident who needs personal assistance in getting up or down steps.) This Rule is not met as evidenced by: The front entrance to the facility does not have a ramp. The facility is licensed for up to three non ambulatory residents, therefore a ramp is required at the front entrance. Obtain all required permits and hire a qualified contractor to construct a handicap ramp that meets the requirements of the family care rules. Provide photos and copies of all permits, approvals, invoices, and any other supporting documentation to the DHSR Construction section. *As an alternative to building the ramp you can amend your license to accommodate six all ambulatory residents.	C 142		
C 145	Outside Entrances/Exits-Handrails IV. The Building C. Physical Environment (10 NCAC 42C .2201) 8. Outside Entrances/Exits (10 NCAC 42C .2209) f. All steps, porches, stoops and ramps must be provided with handrails and guardrails. This Rule is not met as evidenced by: The front porch has a large area that is unprotected by handrails. Hire a qualified contractor and obtain all required permits and install hand rails on the open area of the front porch and the handicap ramp. Provide photos and copies of all permits and approvals and all other supporting documentation to the DHSR Construction section.	C 145		

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