

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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	<p>Initial Comments</p> <p>Report by Rick Benton</p> <p>DHSR Construction Section conducted a Biennial Survey on February 19, 2016 from 11:30am to 12:45pm at the above referenced facility. DHSR records indicate the home was first licensed on October 01, 2013 as a Family Care Home for six (6) Residents (able to evacuate and respond without 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, and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.</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		
C 103	<p>Equivalency; Alternate Methods</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (5) Equivalency: Alternate methods, procedures, design criteria and functional variations from the physical plant requirements shall be approved by the Division when the home can effectively demonstrate to the Division's satisfaction, that the intent of the physical plant requirements are met and that the variation does not reduce the safety or operational effectiveness of the home; and</p>	C 103		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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 103	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1) At the time of our visit, it was observed that the area beside the kitchen which was initially approved on October 1, 2013 as a dining room had been converted to a staff sleeping area. Due to the square footage of the dining room, the provider was allowed to use additional space in an area that adjoined the living room to make up the additional square footage since the living room had more than the required 200 square feet. There are several issues with this conversion. First, the provider failed to follow 10A NCEC 13G .301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS (5) which clearly states that "Equivalency: Alternate methods, procedures design criteria and functional variations from the physical plant requirements shall be approved by the Division ...", and 10A NCEC 13G .308 BEDROOMS (b) "Only rooms authorized by the Division of Facility Services as bedrooms shall be used for bedrooms". The dining room was converted to a sleeping area without the approval of the Division. The conversion appears to be in violation of the following: (1) No prior approval was given; (2) privacy; (3) sanitation issues because there is a sleeping area located in the same area as the kitchen with no separation; (4) there are no smoke detectors installed in this location and immediately outside of this location. Since the provider is in violation of the licensure rules, the provider has two options they can do to correct this. These options are as follows:</p> <p>OPTION 1: The provider must disassemble the bed and remove it from its existing location. By doing this the area would be converted back to its originally approved design criteria which was a dining room.</p> <p>OPTION 2: The provider must separate the two areas. This will require the provider to build a</p>	C 103		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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 103	<p>Continued From page 2</p> <p>wall between the current kitchen and the room which is current being used as a staff bedroom. The provider may opt to install a door that leads into the kitchen from this area to ensure easy access for the staff and to ensure privacy for the staff person and the residents. The area must also have a smoke detector installed in it since it would be used as a sleeping room and one installed outside in the immediate vicinity of this area.</p> <p>There are no exceptions. The provider must decide which option they will use and notify DHSR-Construction Section of your intentions. Once the option has been determined and approved by the Division, arrange for someone to make the necessary corrections. Failure to choose one of the options and make the necessary corrections may result in negative action against the home.</p>	C 103		
C 174	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT</p> <p>(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.</p> <p>(j) This Rule shall apply to new and existing family care homes.</p> <p>This Rule is not met as evidenced by: 1) During the survey of the Kitchen, the following deficiencies were observed: a) The finished floor was damaged and it appeared to be spongy between the kitchen counter and inner wall.</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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	<p>Continued From page 3</p> <p>b) The kitchen ceiling above the stove and above the kitchen entrance door had hanging spackling or the spackling had peeled away.</p> <p>c) There was a throw rug covering a damaged section of the floor. Throw rugs are prohibited in family care homes. Arrange for someone to remove the throw rug. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p> <p>2) During the survey of the bedrooms, the following deficiency was observed: a) There was no globe in the light fixture in bedroom 1. Arrange for someone to make the necessary installation. Provide to our office all supporting documents that will verify the completed work.</p> <p>3) During the survey of the living room/dining room/staff area, the following deficiencies were observed: a) Above the fireplace, the ceiling has several areas where the spackling had peeled away. b) There was a gap between the ceiling and the molding above the fireplace. c) Above the recessed light fixture, the ceiling spackling had peeled away. d) There was a ceiling stain in the above the rear door. e) There was no exit sign installed above the rear exit door. f) There was a throw rug in use just outside of the kitchen area in the staff area. Arrange for someone to remove the throw rug. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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	<p>Continued From page 4</p> <p>4) During the survey of the main hallway, the following deficiencies were observed:            a) The return air filter was extremely dirty.            b) The return air filter grill was damaged and would not properly close.            c) The ceiling had peeling spackling around the light fixture.            Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p> <p>5) During the survey of the bathroom 1, the following deficiencies were observed:            a) There was ceiling stain in the upper right corner above the entrance door of the hallway ceiling.            b) The ceiling had peeling spackling on the left side above the window.            c) The floor appears to be slightly damaged around the entrance door frame.            Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p> <p>6) During the survey of the bathroom 2, the following deficiencies were observed:            a) The floor appears to be slightly damaged around the entrance door frame.            b) There was no globe on the light fixture in bathroom 2.            Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p> <p>7) During the survey of the laundry room, the following deficiency was observed:</p>	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL082025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/19/2016</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SERENITY FAMILY CARE HOME #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>912 BUCKHORN ROAD HARRELLS, NC 28444</b>
---	--

(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	<p>Continued From page 5</p> <p>a) There was a significant amount of lint that was sitting on top of the metallic dryer duct, along the floor and on the wall behind the dryer. Arrange for someone to clean the area. Provide to our office all supporting documents that will verify the completed work.</p> <p>8) During the survey of the rear of the home, the following deficiencies were observed:</p> <p>a) The dryer backdraft was not secured to the building and appeared to have a significant amount of lint between the flaps.</p> <p>b) The siding at the roofline appeared to be slightly damaged.</p> <p>c) There was an abandoned TV sitting beside the rear steps.</p> <p>d) The downspout was not attached to a gutter.</p> <p>e) A section of the rear gutter was missing which left the fascia board exposed.</p> <p>f) The steel crawl space door to the right of the patio was not secured and was held in place by what appeared to be a section of metal. Contact a qualified technician to make the necessary repairs. Provide to our office all supporting documents that will verify the completed work.</p>	C 174		