Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	(X3) DATE SURVEY COMPLETED
	FCL017053		02/11/2016

NAME OF PROVIDER OR SUPPLIER: SERENITY FAMILY CARE HOME

STREET ADDRESS, CITY, STATE, ZIP CODE: 596 NEAL RD, REIDSVILLE, NC 27320

(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 Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on February 11, 2016 from 11:30am until 1:00pm at the above referenced facility. DHSR records indicate the home was first licensed on November 29, 2011 as a Family Care Home for six (6) ambulatory Residents (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 2005 Rules 10A NCAC 13G for Family Care Homes, the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They 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. Observations revealed furniture blocking the windows in two of the client bedrooms. Rearrange the furniture so that at least one window in every client bedroom is accessible for emergency egress in the event of a fire or emergency. Provide photo documentation to the	C 174	RECEIVED APR 04 2016 CONSTRUCTION SECTION	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cindy Nancy | TITLE: Administrator | (X6) DATE: 3-31-16

Division of Health Service Regulation

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C 174	Continued From page 1 DHSR Construction Section when this is complete.	C 174		