

May 10th, 2016

Re: Serenity Family Care #2 -FC Biennial Survey

2415 - B South Center St

Hickory, NC 28602

Catawba County

FID #110320 FCL018034

To Whom it May Concern:

This letter is to notify you of the plan of correction for our Biennial Survey that was conducted on March 17, 2016. As a result of the survey, the cited deficiency was evidenced by furniture blocking the windows of two resident bedrooms; thus blocking a safe exit in the event of an emergency evacuation.

In a response to this deficiency found, facility staff and Administrator moved the furniture to another location, away from the window. Photographs were obtained of both rooms, showing the windows are now accessible.

All resident rooms will be monitored routinely to ensure that there is an acceptable evacuation exit. Facility staff have been educated on the importance of adhering to this policy and are to move any items found blocking the window immediately, as well as to notify management. There will also be routine observation of all exits during our fire drills.

All corrections and this plan of action were put into place upon receipt of the survey results, which was May 10th 2016.

Thank you,

Megan Carswell, RN Co-Administrator



Serenity Family Care Home

2415 S Center St

Hickory, NC 28602

828-322-8890

serenityfch@embarqmail.com

CONSTRUCTION SECTION

MAY 19 2016

RECEIVED

SCANNED

Division of Health Service Regulation

|  |  |   |   |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>FCL018034</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/17/2016</b> |
|--|--|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SERENITY FAMILY CARE # 2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2415 - B SOUTH CENTER STREET<br/>HICKORY, NC 28602</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 |
|--------------------|--|---------------|---|--------------------|

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| C 000 | <p>Initial Comments</p> <p>Report by Glenn Hoppin</p> <p>DHSR Construction Section conducted a Biennial Survey on March 17, 2016 from 11:30am until 1:30pm. DHSR records indicate the home was first licensed on April 19, 2012 as a Family Care Home for six (6) non-ambulatory Residents (unable to evacuate and respond 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 for Family Care Homes and the 2009 North Carolina State Building Code - Building Code - Section 421.2 - Residential Care Homes and the applicable portions of the 2009 North Carolina State Building Code - Section 421.4 - Small Non-ambulatory 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><b>RECEIVED</b></p> <p>Furniture in both Rooms has been moved from the location of in front of windows.</p> <p>This was completed on May 10th, 2016 by facility staff + Administrator. PLEASE note Photographs Attached</p> | 5/10/16 |
| C 174 | <p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - THE BUILDING<br/>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:<br/>Observations revealed furniture blocking windows in two resident bedrooms. Relocate the furniture so that at least one window is accessible for</p>   | C 174 |  |         |

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]* TITLE **5/10/16** (X6) DATE

Division of Health Service Regulation

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| C 174 | Continued From page 1<br><br>emergency egress in the event of a fire or emergency. Provide photo documentation to the DHSR Construction Section when this is complete. | C 174 | <p>CONSTRUCTION SECTION</p> <p>MAY 19 2016</p> <p>RECEIVED</p> |  |
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