Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
MHL092-809		B. WING		08/22/2019								
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SERENITY HOME CORPORATION INC 511 SOUTH BLOODWORTH STREET RALEIGH, NC 27601												
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE							
V 000	INITIAL COMMENTS		V 000									
		w up survey was completed . A deficiency was cited.										
		ed for the following service C 27 G .5600A Supervised h Mental Illness.										
V 752	2 27G .0304(b)(4) Hot Water Temperatures		V 752									
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas cexposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 t.										
	failed to maintain th	et as evidenced by: on and interview the facility ne facility water temperature egrees Fahrenheit. The										
	approximately 11:00 - Bathroom #1 sink degrees Fahrenheit	a water temperature of 85 t. a water temperature of 90										
	Efficer/Owner confit the bathroom #1 an stated she has had	8/22/19 the Chief Executive rmed the water temperature in at #2 sinks were low. She the water heater turn down were running high. She										

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 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
MHL092-809			B. WING		08/2	08/22/2019					
NAME OF PROVIDER OR SUPPLIER SERENITY HOME CORPORATION INC SERENITY HOME CORPORATION INC STREET ADDRESS, CITY, STATE, ZIP CODE 511 SOUTH BLOODWORTH STREET RALEIGH, NC 27601											
(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					
		ave the water temperature I fall within the required water	V 752								

6899

Division of Health Service Regulation STATE FORM