


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL061052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/10/2021
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NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 3	STREET ADDRESS, CITY, STATE, ZIP CODE 149 REID STREET FOREST CITY, NC 28043
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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)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on 08/10/21.	C 000		
C 034	<p>10A NCAC 13G .0302(n) Design and Construction</p> <p>10A NCAC 13G .0302 Design and Construction (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a current building sanitation report.</p> <p>The findings are:</p> <p>Review of the facility's current building sanitation report revealed: -The most recent report was dated 02/07/20. -There was a demerit score of 14. -Demerits were received in the following areas: food service utensils and equipment kept clean and in good repair (4 demerits); toilet, handwashing, laundry, and bathing facilities fixtures kept clean and in good repair (2 demerits); beds, linen, furniture (2 demerits); floors (3 demerits); and walls and ceilings kept clean and in good repair (3 demerits).</p> <p>Telephone interview with the local county environmental health representative on 08/10/21 at 10:55am revealed: -The last inspection of the facility had occurred on 02/07/20.</p>	C 034	<p>* In order to prevent deficiency management of facility held a meeting to resolve ongoing problems.</p> <p>As a part of the resolution of this meeting was agreed</p> <p>1. Manager of the facility will be responsible to order and maintain all inspection reports ordered in time and keep them accessible at the time of inspection.</p> <p>2. Administrator will monitor all reports on a quarterly basis to be accessible at the time of inspection.</p>	9/7/21

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/30/2021
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Reviewed and Acknowledged
Date: 09/08/21

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FGL061032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/10/2021
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 149 REID STREET FOREST CITY, NC 28043		
(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 034	Continued From page 1 -The facility was supposed to call them to schedule a sanitation inspection. -The facility had not called them to schedule a sanitation inspection. -They had staff available to do sanitation inspections "immediately." Interview with the Administrator on 08/10/21 at 11:05am revealed: -He knew the building sanitation inspection was overdue. -He had not called to schedule a building sanitation inspection. -He thought the sanitation inspections had been suspended due to the COVID-19 pandemic. -He would call and schedule an appointment for a sanitation inspection.	C 034	The Administrator contaced Health Department on 8/10/21 and inspection took place	9/30/21