PRINTED: 03/03/2023 FORM APPROVED

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		FCL081054	B. WING		03/02/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
LISA'S FA	MILY CARE HOME # 1		EST LAKE ROAL CITY, NC 28043			
()(1) ID	SHMMADV ST/	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORRECTION	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	Ē
C 000	Initial Comments		C 000			
	The Adult Care Licens annual and follow up	sure Section conducted an survey on 03/02/23.				
C 076	10A NCAC 13G .0315 Furnishings	5(a)(3) Housekeeping and	C 076			
	10A NCAC 13G .0315 Furnishings (a) Each family care h (3) have furniture clea This Rule shall apply	nome shall:				
	failed to ensure the fu good repair related to	s and interviews, the facility rniture was clean and in two couches and a chair in ir in the foyer, and two				
	The findings are:					
	11:50am revealed: -There was a metal cl cushions with 2 large inside foam showing t -There was a second covered cushions, wit	rips in the seat with the hrough.				
	at 11:16am revealed: -There was a circular					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL081054	B. WING		R 03/02/2023	
	ROVIDER OR SUPPLIER	542 FORES	RESS, CITY, STA T LAKE ROAL TY, NC 28043		•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 076	grimeThe seat of the tan's room was discolored dried spills. Observation at the en 03/02/23 at 11:19am -There was a wooden cushionsThe vinyl seat cushion 1 ft. in length which excushionThere was a residue outer edges of the vinual line of the vinual line outer edges of	prime. In was discolored gray with ectional in the corner of the with grime and various sized Intrance to the facilty on revealed: In chair with vinyl covered In had a tear approximately exposed the stuffing of the Intrance to the facilty on revealed: In chair with vinyl covered In had a tear approximately exposed the stuffing of the Intrance to the facilty on revealed: In chair with vinyl covered In had a tear approximately exposed the stuffing of the Intrance to the facilty on revealed: In the living of the Intrance to the facilty on revealed: In the living room the summer of 2022. In on upholstery cleaner, a cuum to scrub the cushions Intrance to the facilty on revealed: In the facilty	C 076			
C 078	Furnishings 10A NCAC 13G .0315 Furnishings (a) Each family care h (5) be maintained in a orderly manner, free of hazards;	nome shall: an uncluttered, clean and	C 078			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	A. BUILDING:					
		FCL081054	B. WING		R 03/02/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	MILV OARE HOME # 4	542 FORES	T LAKE ROAL)		
LISA'S FA	MILY CARE HOME # 1	FOREST C	ITY, NC 28043	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
C 078	Continued From page	2	C 078			
C 0/8	failed to be maintaine manner. The findings are: Observation of the fact at 11:49am revealed: -There was an appropriation on the wall above of the roomThere was an appropriate was an appropriate was an appropriate was an appropriate was a representationThere was an appropriate was a representation of the glass of storage area that was grey grimeThe lower wood portistained with brown are.	as evidenced by: as and interviews, the facility d in a clean an orderly cility living room on 03/02/23 cimately 12 inch wide dark we the couch on the left side cimately 2 foot area near the ouble doors leading to a as stained with brown and cion of the glass doors were	C 0/8			
	vent that was stained	area on the wall above the with black and grey grime.				
		heating vent in the bottom ned with black and brown				
		ne room had black and grey				
	-There was a standing	g fan in the living room that ime and dust covering the d stand.				
	Observation the inside 03/02/23 at 11:15am approximately a 2 foo door handle with blace	revealed there was t area below and above the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
						R
FCL081054		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	-	
			EST LAKE ROAD	,		
LISA'S FA	MILY CARE HOME # 1		CITY, NC 28043			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
C 078	Continued From page	e 3	C 078			
	peeling paint.					
	on 03/02/23 at 11:18a -On one resident's ro approximately a 12 in door and around the brown and grey grime -A second resident's approximately a 2 foo door handle, and the door, stained with bro Observations in the fa 10:25am revealed:	om door there was ach area in the middle of the door handle stained with e. Troom door there was bet area above and below the entire bottom portion of the own and grey grime.				
	-There was an accumulation of dirt and loose debris on the floor of the refrigerator and the refrigerator freezerThere was an accumulation of dirt and loose					
	doorThere were dried lique accumulation of dirt a	of the refrigerator freezer uid spills and an und loose debris visible on e refrigerator and refrigerator				
	-There were greasy s the microwave and its -There were splatters lower kitchen cabinet	of dried food visible on the s under the microwave. food and liquid spills visible				
	-The countertop near various dark brown lice and the dishwashed on the dishwasher counter was a heavy rinside of the oven document.	the oven was soiled with quid stains. Lid and food spills down the er and a residue of grease ontrol switch. esidue of grease on the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		FCL081054	B. WING		03	/02/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT			
LISA'S FA	MILY CARE HOME # 1		EST LAKE ROAD CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 078	liquid spills. Interview with the Su 03/02/23 at 11:29am -They would clean th door and shelves "too -The refrigerator and month ago." -They had removed e refrigerator and freez shelvesThe inside of the kito cleaned and reorgani -The oven was clean -The oven was last co	pervisor-In-Charge on revealed: e refrigerator and freezer day." freezer were last cleaned "a everything from the ler and wiped down the chen cabinets had been ized "last week."	C 078			

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