Received via email 3/22/23 RP

PRINTED: 03/03/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A DUID DUNC	(X3) DATE SURVEY COMPLETED			
			P. DOILGING			2
		FCL081054	B. WING		1	2/2023
iame of Pi	TOVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST/	ATE, ZIP CODE		
ISA'S FA	MILY CARE HOME # 1		EST LAKE ROA			
-		FOREST	CITY, NC 2804	3		
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) CONPLETE DATE
C 000		nsure Section conducted an survey on 03/02/23.	C 000	After receiving the report of correction action management the facility had a meeting to resolve outstanding issues.	t of	
C 076	Furnishings 10A NCAC 13G .031 Furnishings	5(a)(3) Housekeeping and 5 Housekeeping and	C 076	All deficiencies pointed in the Statement of Deficiency will be corrected and proof of improvement will be submitted Building Inspection Department	d to	03/22 2023
		home shall: an and in good repair; to new and existing homes.	As a part of the resolution of issues of this meeting was a		reed.	
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the furniture was clean and in good repair related to two couches and a chair in the living room, a chair in the foyer, and two chairs on the front porch. The findings are: Observation of the front porch on 03/02/23 at 11:50am revealed: -There was a metal chair with vinyl covered cushions with 2 large rips in the seat with the inside foam showing through. -There was a second metal chair with vinyl covered cushions, with a hole in the vinyl, and large peeling cracks of vinyl throughout the entire			 All management and staff h to report to the Administrator a all outstanding issues. Manager of the facility will monitor on a monthly basis if a potential problem may occur a report to the administrator in o to resolve any current or poter problem. At the following management meeting all issues will be discussed and summarized if everything was resolved and sufficient or any other stuff need be improved. 	any ind ind intial	
	at 11:16am revealed -There was a circular grime approximately back rest of the lover	r area discolored gray with 1 foot wide visible on the left				

ACTX STATE FORM

Diroutfus Reviewed and acknowledged 3/22/23 RP

adin, N; SRator SUPOIL

Contraction of the local distribution of the

3/22/23 If continuation sheet, 1 of 5

PRINTED: 03/03/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		adda de care y	A DUILLING		ALL CONTRACTOR OF	
		FCL081054	B. WING		£	₹)2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
LISA'S FA	MILY CARE HOME # 1		EST LAKE ROA CITY, NC 2804			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IB PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	0e	(XS) COMPLETE DATE
C 076	Continued From page	1	C 076	C076	********	
	and and a	was discolored gray with				
	-The seat of the tan s room was discolored	ectional in the corner of the with grime and various sized		All the old chair	-	
	dried spills.	unan di se set		and cushions o	n	March 22,2023
	Observation at the entrance to the facility on 03/02/23 at 11:19am revealed: -There was a wooden chair with vinyl covered			the back porch		
	cushions.			were replaced		
	1 ft. in length which ea	in had a tear approximately xposed the stuffing of the		with a new one	1	
	cushion. -There was a residue	of grime visible along the				
	outer edges of the vin	yl seat cushion.				
	Interview with the Sup 03/02/23 at 11:29am	ervisor-In-Charge (SIC) on revealed:	0.058.6.0	entre krister Sterne strike paartoom st		
	-The loveseat and sec	ctional in the living room				
		he summer of 2022. on upholstery cleaner, a				
		cuum to scrub the cushions				
		clional were stained with			·	
	suede fabric of the low	ard to remove from the reseat and sectional.	ala segletar			
0.070						
C 078	Furnishings	i(a)(5) Housekeeping and	C 078			
	10A NCAC 13G .0315	i Housekeeping and				
	Furnishings (a) Each family care h	iome shall:				
	(5) be maintained in a orderly manner, free c	in uncluttered, clean and				
	hazarda;	to new and existing homes.		and a constant of the constant		

Division of Health Service Regulation STATE FORM

4889

9./PQ11

If continuation sheet 2 of 5

PRINTED: 03/03/2023 FORM APPROVED

	f of deficiencies Of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		ate survey Impleted
		FCL081054	B. WING		R 03/02/2023
	ROVIDER OR SUPPLIER MILY CARE HOME # 1	542 FOR FOREST	DRESS, CITY, STA EST LAKE ROA CITY, NC 2804	NTE, ZIP CODE D 3	
x4) ID REFIX YAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLI DATE
C 078	This Rule is not met		C 078	C 078 A part of the quality improvement	Marc
	manner. The findings are:	ed in a clean an orderly		management of the facility made	22, 2023
	at 11:49am revealed -There was an appro- stain on the wall abo of the room. -There was an appro- handle on the glass storage area that wa grey grime.	oximately 12 inch wide dark we the couch on the left side oximately 2 foot area near the double doors leading to a is stained with brown and tion of the glass doors were	tor eeu cu attri firm tater state state form de vihile sp tons firm	resurfacing and repainting the front and back living rooms	
	-There was a heating wall that was entirely brown grime. -There was a 12 incl vent that was staine -There was a second of a wall that was sta grime. -The baseboards in	g vent in the bottom of the y stained with black and h area on the wall above the d with black and grey grime. d heating vent in the bottom ained with black and brown the room had black and grey	an de it ran an de u. Sulean, lig to ean t taire san t	Love seat in the back living room was replaced	
	had back and grey g fan blades, cover, an Observation the insi 03/02/23 at 11:15an approximately a 2 fo	ng fan in the living room that nime and dust covering the nd stand. de of the front door on n revealed there was not area below and above the ck and grey grime and	ning spector Russia († 2 John († 25 John († 25)	5350 MM - M Antonio China (1997) Antonio China (1997) Antonio China (1997) Antonio China (1997) Antonio China (1997) Antonio China (1997)	

hrst y thisees and water and story water at 20 aurilia for this party other of

Division	of Healt	h Service	Regulation

ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE (Compl	ETED
FCL081054		B. WING		R 03/02/2023		
IAME OF P	ROVIDER OR SUPPLIER	STREET	DORESS, CITY, STA	TE, ZIP CODE		
ISA'S FA	MILY CARE HOME # 1	542 FOR	EST LAKE ROAD			
		FOREST	CITY, NC 28043			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFix TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	托	OSSI COMPLETE DATE
C 078	Continued From pag	e 3	C 078		Sachallan seasonanasan	
	peeling paint.			C 078		
	fragments fragments					
	Observation of the d	cors to the residents' rooms		All kitchen areas		
	on 03/02/23 at 11:18	construction of the second state and the				
	-On one resident's ro			including the		March
	approximately a 12 i	nch area in the middle of the door handle stained with	0.000.000	microwave,		22, 202
	brown and grey grim		21 154 754 5	refrigerator, floor		
		room door there was		area, and cabinets		
	approximately a 2 fo	ot area above and below the		went through deep		
		entire bottom portion of the				
	door, stained with br	own and grey grime.		cleaning.		
	Observations in the t 10:25am revealed:	acility kitchen on 03/02/23 at	e 17 506 (Also, residents' rooms		
		nulation of dirt and loose	ay occur b	and doors got a deep		
		the refrigerator and the	nal. Tento	cleaning		1. Sec. 1. Sec
	refrigerator freezer.		a uns nus a	cleaning		
1		nulation of dirt and loose	a anarar		·	
	door.	s of the refrigerator freezer	enters ble			
	-There were dried liq	uld spills and an	germ (kre			
		and loose debris visible on e refrigerator and refrigerator				
1		smudges on the outside of				
	the microwave and it					
	-There were splatten	s of dried food visible on the				
		ts under the microwave.	1 1			
		food and liquid spills visible			1	
	in the bottom of the c					
	various dark brown li	r the oven was soiled with outid stains	0.000			
		uid and food spills down the			~	
		er and a residue of grease				
	on the dishwasher co	ontrol switch.				3
1		residue of grease on the	a mayout			
	Inside of the oven do	or. ed with aluminum foil under				
		was coated with sticky, dried	Event the s			
uine of Hes	ith Service Regulation]	

Division	of Health Service Regu	abl ged set): 03/03/2023 / APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE S COMPL	
			A. BUILDING:	international and a sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-		
		FCL081054	8. WING		1	₹)2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, ST	ATE, ZIP CODE		
LISA'S FA	MILY CARE HOME # 1		EST LAKE ROA			
(X4) ID	Summary St.	TUREDI	CITY, NC 2804	PROVIDER'S PLAN OF CORRECTION	Na international and a state	
PREFIX		Y MJST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPT DEFICIENCY)	BE	(85) COMPLETE DATE
C 078	Continued From page	14	C 078			
	liquid spills.			C 078		
	Interview with the Sur			All kitchen areas including	T	
	03/02/23 at 11:29am -They would clean the	revealed: e refrigerator and freezer		kitchen cabinets and oven		March,
	door and shelves "too	lay.*		were cleaned		22,
	- The reingerator and month ago."	freezer were last cleaned "a				2023
	-They had removed e	verything from the er and wiped down the				
	shelves.	na of the first state 🖉 and all of the first of the state of the stat				
	 The inside of the kitc cleaned and reorgani. 	hen cabinets had been zed "last week "				
	-The oven was cleane	id quarterly.				
		saned in December 2022, rred in the bottom of the				
	oven.					
Division of Hea	Ith Service Regulation		<u> </u>	L		
STATE FORM	and the second se		(interes	9JPQ11	if continu	ation sheet 5 of 5

6.58

If continuation sheet 5 of 5