STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
		FCL081054	B. WING		09/0	09/06/2018				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
-ISA'S F	AMILY CARE HOME #	± 1	EST LAKE RO CITY, NC 280							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
C 000	Initial Comments		C 000							
	Report by Glenn Hoppin									
	11:30 AM at the aborecords indicate the December 17, 1986 six (6) ambulatory and evacuate witho assistance during a Based on this we a compliance with the Standards and Reg Homes, the applica Rules for Family Ca and the 1978 North - Section 409.1(g) - At the time of our v	ber 06, 2018 from 9:30 AM to ove referenced facility. DHSR a home was first licensed on 5 as a Family Care Home for residents (able to respond out physical or verbal a fire or other emergency). re requiring the home to be in a following: The 1984 Minimum julations for Family Care able portions of the 2005 are Homes 10A NCAC 13G, Carolina State Building Code Residential Care Facilities.								
vision of He	FURNISHINGS (a) Each family ca (5) be maintained orderly manner, fre hazards;	THE BUILDING 15 HOUSEKEEPING AND	C 155							
	homes. This Rule is not me 1. At the time of the there is furniture blo bedroom. The rule maintained in an un ealth Service Regulation			TITLE		(X6) DATE				

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Division of Health Service Regula STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		FCL081054	B. WING		09/	09/06/2018	
AME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
		542 FOF	REST LAKE RC				
.13A 3 F	AMILY CARE HOME #	FORES	CITY, NC 280	043			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIV TAG CROSS-REFERENCE		N OF CORRECTION (X5 E ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT CIENCY)		
C 155	Continued From page 1		C 155				
	manner, free of all obstructions and hazards;						
	there is an unused the front steps. The be maintained in ar	e survey it was observed that microwave partially blocking rule requires the building to n uncluttered, clean and e of all obstructions and					
C 174	Building Equipment Maintained Safe, Operating		C 174				
	EQUIPMENT (a) The building and mechanical, and plu care home shall be operating condition	BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing					
	ventilation fan in the damaged. The rule fire safety, electrica equipment in a fam maintained in a safe For all deficiencies	urvey it was observed that the e master bathroom is a requires the building and all il, mechanical, and plumbing ily care home to be e and operating condition. listed above provide ompleted work in the form of					
		ed above were discussed with					

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