		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		FCL081052	B. WING		09/0	6/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LISA'S F	AMILY CARE HOME #	f 3 149 REID FOREST (	STREET CITY, NC 28	043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Survey on September 10:30 AM at the above records indicate the May 11, 1994 as a sumbulatory resident evacuate without plus during a fire or other we are requiring the with the following: Tand Regulations for applicable portions Care Homes 10A N Carolina State Build exception 1 - Resident At the time of our vision of the control of th	oppin  a Section conducted a Biennial per 06, 2018 from 8:30 AM to ove referenced facility. DHSR home was first licensed on Family Care Home for six (6) ts (able to respond and hysical or verbal assistance for emergency). Based on this home to be in compliance the 1991 Minimum Standards Family Care Homes, the of the 2005 Rules for Family ICAC 13G, and the 1991 North ding Code - Section 514.1 ential Care facilities				
C 116	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (m) The building s requirements as de Carolina Department Resources; Division This Rule is not me 1. At the time of the there were rodent of water heater. The r meet sanitation req the North Carolina is	hall meet sanitation termined by the North nt of Environment and Natural n of Environmental Health.	C 116			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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C 116	Health.  2. At the time of the the bathrooms inclusivere not clean and requires the building requirements as de Carolina Departme Resources; Division	e survey it was observed that uding tubs, toilets, and sinks had a strong odor. The rule g to meet sanitation termined by the North and Natural of Environmental Health.	C 116			
C 174	SECTION .0300 - 1 10A NCAC 13G .03 EQUIPMENT (a) The building at mechanical, and plucare home shall be operating condition (j) This Rule shall family care homes.  This Rule is not meaning to the smoke detector locations inside the The rule requires the electrical, mechanic in a family care home and operating conductation of the the ventilation fan in hanging out of the cover. The rule requipment in a family and a family equipment in a family experience.	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: e survey it was observed that is were beeping in several facility due to low batteries. The building and all fire safety, eal, and plumbing equipment ine to be maintained in a safe ition.  The survey it was observed that in the master bathroom was beeiling and did not have a light uires the building and all fire echanical, and plumbing	C 174			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
		FCL081052	B. WING		09/0	06/2018
	PROVIDER OR SUPPLIER	# 3 149 REID		STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 174	3. At the time of the the railings on serve are loose and in a serequires the building mechanical, and plus care home to be made operating condition.  4. At the time of the several of the deck loose. The rule requires afety, electrical, mequipment in a fam maintained in a safe.  5. At the time of the the outdoor carpet or creating a trip haza building and all fire and plumbing equip be maintained in a series and plumbing equip be maintained in a series afety, and plus care home to be made operating condition.  7. At the time of the the call system throworking. The rule resafety, electrical, mequipment in a fam maintained in a safe.  8. At the time of the the plastic wash closes.	e survey it was observed that eral of the porches and ramps state of disrepair. The rule g and all fire safety, electrical, umbing equipment in a family aintained in a safe and .  e survey it was observed that boards on the front porch were uires the building and all fire echanical, and plumbing ily care home to be e and operating condition.  e survey it was observed that on the ramp is torn and is rd. The rule requires the safety, electrical, mechanical, oment in a family care home to safe and operating condition.  e survey it was observed that m was unplugged and me of the survey. The rule g and all fire safety, electrical, umbing equipment in a family aintained in a safe and .  e survey it was observed that bughout the house was not equires the building and all fire echanical, and plumbing	C 174			

Division of Health Service Regulation
STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ige 3	C 174			
	safety, electrical, mechanical, and plumbing equipment in a family care home to be maintained in a safe and operating condition.					
C 128	Bathroom-Hand Gr	ips	C 128			
	5. Bathroom (10 f. Hand grips must commodes, tubs are used for the resider.  This Rule is not must the time of the state are no handgrequires hand grips.	et be installed at all and showers on the floor level onts.  et as evidenced by: urvey it was observed that rips on the toilets. The rule is to be installed at all and showers on the floor level				
C 149	IV. The Building C. Physical Enviro 11. Outside Premis a. The outside gra clean and safe con rules governing the facilities of the Nort Environment, Healt Division of Environ This Rule is not me	onment (10 NCAC 42C .2201) ses (10 NCAC 42C .2215) ounds must be maintained in a dition, in accordance with the sanitation of residential care th Carolina Department of th and Natural Resources; mental Health Services.  et as evidenced by:	C 149			
	the handrails on the not have lower gua	e survey it was observed that e rear deck of the facility did rd rails. The rule requires the be maintained in a clean and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
1	there is trash and u and laying on the fa requires the outside a clean and safe co For all deficiencies documentation of co photographs, receip	e survey it was observed that nused items under the deck acility grounds. The rule e grounds to be maintained in andition.  listed above provide completed work in the form of ots, invoices, etc.	C 149			

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