

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LISA'S FAMILY CARE HOME # 3

**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 000	<p>Initial Comments</p> <p>Report by Scott Greenwood</p> <p>DHSR Construction Section conducted a Biennial Survey on January 30, 2024 from 2:45 PM to 3:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on May 11, 1994 as a Family Care Home for six (6) ambulatory Residents (Who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 North Carolina State Building Code - Section 514.1 - Exception 1.</p> <p>NOTES:</p> <p>1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview.</p> <p>2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed.</p> <p>The cited deficiencies are as follows;</p>	C 000	<p>After receiving the report of correction action management of the facility had a meeting to resolve outstanding issues. All deficiencies pointed in the Statement of Deficiency will be corrected and proof of improvement will be submitted to Building Inspection Department.</p> <p>As a part of the resolution of issues of this meeting was agreed.</p> <p>1. All management and staff have to report to the Administrator about all outstanding issues.</p> <p>2. Manager of the facility will monitor on a monthly basis if any potential problem may occur and report to the administrator in order to resolve any current or potential problem.</p> <p>3. At the following management meeting all issues will be discussed and summarized if everything was resolved and sufficient or any other stuff need to be improved.</p>	
C 102	<p>Rules Are Minimum Requirements</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family</p>	C 102		

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

TITLE

(X6) DATE

Alex Dinovestiy

Administrator

2/27/2024

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C 102	Continued From page 1 care home shall be applied as follows: (4) Rules contained in this Section are minimum requirements and are not intended to prohibit buildings, systems or operational conditions that exceed minimum requirements; This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was paneling on the walls in the kitchen area and center hallway bathroom. This is not compliant with the rule. Take the necessary steps to treat the paneling with a fire retardant material capable of achieving a Class C Finish or provide documentation of previous treatment. 2. At the time of the survey it was observed that the hallway smoke detector was not interconnected with the resident bedroom smoke detectors. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency.	C 102	C 102-1 A fire retardant additive was ordered and would be painted over a copy of the receipt will be submitted C 102-2 The two smoke detectors were old, we bought new ones and installed them. They all working fine now were check. A copy of the receipt and proof will be submitted.	March14, 2024 March14, 2024
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by	C 105		

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C 105	Continued From page 2 reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322 Chapanoke Road, Suite 200, Raleigh, North Carolina 27603 at a cost of three hundred eighty dollars (\$380.00). (b) Each home shall be planned, constructed, equipped and maintained to provide the services offered in the home. This Rule is not met as evidenced by: 1. At the time of survey it was observed that the rear section (previous addition) of the home doesn't appear to be code compliant (footers and other supports) this is not compliant with the rule, take action to correct the condition contact your local building official and make any modifications he deems fit to correct the condition and forward verification of compliance to our office in the form of photos and receipts/invoices and approvals of the work performed Note: This deficiency was previously cited during our 12/21/2021 biennial survey, no action has been taken to effectively correct this previously cited deficiency, take actions to maintain compliance.	C 105	C 105-1 The issue with footers and support will be reviewed with the local building inspector and additional modifications will be added with the local building inspector's approval On February 4, 2024 Local building inspectors came to our request to check the back porch. An gave us recommendations to add footers. 2 Footers were added plus one additional concrete, a couple of boards were replaced and the whole porch was repainted.	March 14 2024
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 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.	C 117	C 117 Fire inspection is ordered, and sanitation inspection is completed. The copies will be provided before March 14, 2024	March 14 2024

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C 117	Continued From page 3 This Rule is not met as evidenced by:	C 117	C 117 The fire inspector called and requested to check with a professional company attic fire alarm.	
C 142	Corridor-Night Lights SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (b) Corridors shall be lighted with night lights providing 1 foot-candle power at the floor. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the egress corridor night light was missing. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency	C 142	Shelby Alarm Co. anticipated coming to check by March 15-23, 2024. The record will be submitted as it is finished. C 142 The corridor light switch is blocked now, the light in the hallway is ON all the time	March 14 2024
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that there was debris stored in the inner section of the front right corner resident bedroom. This is not compliant with the rule for maintaining resident bedrooms in a neat and orderly fashion. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that	C 174	C 174 -1 Debris and other stuff were cleaned in the resident's bedroom and explained to the resident to keep it clean or ask the staff to help	March 14 2024

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C 174	Continued From page 4 the right hand side center bedroom egress window was partially blocked by the residents bed. This is not compliant with the rule for egress window access during a potential fire hazard. Take the necessary steps to keep the area in front of the egress window clear at all times. 3. At the time of the survey it was observed that the right hand side center bedroom had clothing and other debris on the floor. This is not compliant with rule for maintaining the resident bedroom in a neat and orderly fashion. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that the stove vent hood filter was missing. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that there was dust buildup at the kitchen ceiling fan blades. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 6. At the time of the survey it was observed that there was lint buildup behind the clothes dryer. This is not compliant with the rule for routine interior maintenance and could potentially cause a fire hazard. Take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that the clothes dryer exhaust duct was sealed at the seams with an incorrect type tape. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to seal the clothes dryer duct seams with a metallic type	C 174	C 174-2 Access to the window was cleared proof will be submitted C 174-3 Debris and other stuff were cleaned in the resident's bedroom and explained to the resident to keep it clean or ask the staff to help. C 174-4 The stove vent hood filter was installed new proof with pictures will be provided C 174-5 The kitchen ceiling fan blades were cleaned. Picture will be provided C 174-6 The lint buildup was cleaned behind the dryer. C 174-7 The dryer exhaust duct was retaped with metallic tape, picture will be provided	March 14 2024 March 14 2024 March 14 2024 March 14 2024 Feb 14 2024 March 14 2024

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C 174	Continued From page 5 tape. 8. At the time of the survey it was observed that the walls and trim in the laundry room area had dirt buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 9. At the time of the survey it was observed that there were burned out and missing light bulbs throughout the facility. This is not compliant with the rule for routine interior maintenance and proper surface lighting. Take the necessary steps to replace the missing and burned out light bulbs on a regular basis. 10. At the time of the survey it appeared that the hot water tank pressure relief drain line terminated into the crawl space. This is not compliant with the rule for extending the hot water tank pressure relief drain line to the exterior side of the crawl space to prevent flooding if the hot water tank were to potentially fail. Take the necessary steps to correct this deficiency. 11. At the time of the survey it was observed that the staff bedroom smoke detector was making a low battery indication sound. This is not compliant with the rule for routine interior maintenance and safety. Take the necessary steps to replace the smoke detector batteries on a regular basis. 12. At the time of the survey it was observed that the ceiling molding in the right hand side center resident bedroom was partially detached. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174	C 174 - 8 The dirt buildup was cleaned. The pictures will be provided C 174 - 9 The new light bulbs were installed in all missing locations. The pictures will be provided C 174-10 The pressure relief valve drain was installed. Pictures will be provided C 174-11 The new smoke detectors were installed now sound loud Proof with receipt will be provided C 174-12 New mold was bought will be installed and proof with picture to be send.	March 14 2024 March 14 2024 March 14 2024 March 14 2024

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C 174	Continued From page 6 13. At the time of the survey it was observed that the ceiling light fixture globe and bulb were missing in the right hand side center resident bedroom. This is not compliant with the rule for routine interior maintenance and proper surface lighting. Take the necessary steps to correct this deficiency. 14. At the time of the survey bit was observed that the center hallway bathroom toilet was loose at the base. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to secure the toilet at the base. 15. At the time of the survey bit was observed that the center hallway bathroom exhaust fan had dust buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 16. At the time of the survey bit was observed that the center hallway bathroom vanity sink faucet was loose. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 17. At the time of the survey it was observed that the center hallway bathroom light globe was missing. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 18. At the time of the survey it was observed that the center hallway bathroom bathtub surround molding and missing paint. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174	C 174 -13 The ceiling light globe and bulb were installed. Picture will be provided C 174 -14 The center hallway bathroom toilet was tight and secured C 174-15 The center hallway bathroom dust buildup on fan was cleaned picture will be provided C 174-16 The vanity faucet was tightened and secured. C 174-17 Bathroom globe light was installed. Picture will be provided C 174-18 Missing paint in the hallway bathroom will be painted over.	March 14, 2024 Feb 14, 2024 Feb 14, 2024 March 14 2024 March 14 2024 March 14 2024

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C 174	Continued From page 7 19. At the time of the survey it was observed that the center hallway bathroom bathtub surround caulking had mildew buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 20. At the time of the survey it was observed that the front left hand side bedroom bathroom exhaust fan had dust buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 21. At the time of the survey it was observed that the front left hand side bedroom bathroom bathtub surround caulking had mildew buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 22. At the time of the survey it was observed that the front left hand side bedroom bathroom toilet paper holder was missing. This is not compliant with the rule for routine interior maintenance and proper toilet paper storage. Take the necessary steps to correct this deficiency. 23. At the time of the survey it was observed that the front ramp hand rails had peeling paint. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 24. At the time of the survey it was observed that the right hand side center bedroom window pane was cracked. This is not compliant with the rule for routine exterior maintenance and safety. Take the necessary steps to correct this deficiency.	C 174	C 174 -19 The bathroom hallway caulking was redone, old mildew cleaned. C 174-20 The front left side bathroom exhaust fan was cleaned. Picture will be provided C 174-21 The front left bathroom caulking was redone, and mildew was removed Pictures will be provided C 174-22 The front left hand side bathroom toilet paper holder was installed Pictures will be provided C 174-23 Front ramp handrails will be repainted. Picture to be provided C 174-24 The right hand side center bedroom window to be replaced	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14, 2024 March 14, 2024

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C 174	Continued From page 8 25. At the time of the survey it was observed that there was dirt buildup on the vinyl siding and trim with cob web buildup. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 26. At the time of the survey it was observed that there were holes in the right hand side and rear corner soffit's. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent infiltration into the attic. Take the necessary steps to correct this deficiency. 27. At the time of the survey it was observed that the left hand side upper exhaust vent cover was missing. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent entry. Take the necessary steps to correct this deficiency.	C 174	C 174-25 The vinyl siding was water pressure washed C 174-26 The soffits pieces with hole were replaced. Picture to be provided C 174-27 Upper exhaust vent cover was replaced with new one Pictures to be provided	Feb 14 2024 Feb 14 2024 March 14 2024
C 109	Construction-Ceiling IV. The Building B. General Construction and Maintenance (10 NCAC 42C .2102) 6. The ceiling must be at least seven and one-half feet from the floor. This Rule is not met as evidenced by: 1. At the time of survey the following observations were made in reference to the homes ceiling heights, Family care home rules since 1971 have required that the minimum ceiling height is 7-1/2 feet from the floor; building codes required a ceiling height of 7'-6" until 2002 when it allowed	C 109		

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C 109	Continued From page 9 the ceiling height to be a minimum of 7'-0" from the floor; it was observed that the ceiling height off of the rear hallway and staff bedroom measured 6'-5" from the floor and the rear exit door measured 5'-10 1/2" (code requires a minimum opening height of 80" or 6'-8"), this is not compliant with the rule, take action to correct the condition and forward verification of compliance to our office in the form of photo's and receipts/invoices of the work performed Note: This deficiency was previously cited during our 12/21/2021 biennial survey, no action has been taken to effectively correct this previously cited deficiency, take actions to maintain compliance.	C 109	C 109 To resolve this deficiency which was addressed before in the survey on 12/21/2021 the following steps were taken. This hallway would not be used by residents including Emergency Evacuation. The new Exit was built from the Dining Room in the middle of the house. The safety of the residents improved since traveling of evacuation became much shorter for everyone. This was coordinated and approved at the previous survey on 12/21/2021. The pictures of this exit will be provided.	March 14 2024
C 118	Bedrooms IV. The Building C. Physical Environment 4. Bedrooms (10 NCAC 42C .2205) a. There must be bedrooms sufficient in number and size to meet the individual needs according to age and sex of the residents, the administrator or supervisor-in-charge, other live-in staff and any other persons living in the home. Residents are not to share bedrooms with staff or other live-in non-residents. b. Only rooms authorized as bedrooms are to be used for resident 's bedrooms. c. A room where access is through a bathroom, kitchen, or another bedroom will not be approved for a resident 's bedroom. d. There must be a minimum area of 100 square feet, excluding vestibule, closets or wardrobe space, in rooms occupied by one person and one minimum area of 80 square feet per bed, excluding vestibule, closet or wardrobe space, in	C 118		

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C 118	<p>Continued From page 10</p> <p>rooms occupied by two or three persons.</p> <p>e. The total number of residents assigned to a bedroom must not exceed the number authorized for that particular bedroom.</p> <p>f. A bedroom may not be occupied by more than three residents.</p> <p>g. Each resident bedroom must be ventilated with window(s) and well lighted. The window area must be equivalent to at least eight percent of the floor space. The window(s) must be low enough to see outdoors from the bed and chair, with a maximum 36 inch sill height.</p> <p>h. Bedroom closets or wardrobes must be large enough to provide each resident with a minimum of 48 cubic feet of hanging clothing storage space (approximately two feet deep by three feet wide of hanging space by eight feet high).</p> <p>This Rule is not met as evidenced by:</p> <p>1. At the time of survey it was identified that the double occupancy bedroom located off of the living room only has an area of 144 sq. ft., this is not compliant with the rule, take action to correct the condition and forward verification of compliance to our office in the form of photo's and receipts/invoices</p> <p>Note: This deficiency was previously cited during our 12/21/2021 biennial survey, no action has been taken to effectively correct this previously cited deficiency, take actions to maintain compliance.</p>	C 118	<p>C 118-1</p> <p>To resolve this deficiency which was addressed before in the survey on 12/21/2021 the following steps were taken.</p> <p>It was rebuilt the bathroom to increase the living area and storage area and an additional 29 sq. feet was added which makes it way over 160 sq. feet.</p> <p>Picture with measurements will be provided.</p> <p>Please see dimensions of additional area in the provided pictures 95" x 44" = 4180" sq. what make additional 29 sq. feet.</p>	March 14 2024







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LOWE'S HOME CENTERS, LLC
184 LOWE'S BOULEVARD
FOREST CITY, NC 28043 (828) 351-1023

- SALE -

SALES#: S1788NLH 3625537 TRANS#: 837370933 03-10-24

132022	SAKRETE 80-LB CONCRETE MI	5.02
196037	2-6-8 TREATED TOP CHOICE	14.36
2 @		7.18
560913	12-8-12 DECK BLOCK 12-IN	21.58
2 @		10.79
24413	2-IN KTR HTR INSULATION W	31.38
552328	4-4-8 TREATED #2 GRADE T1	9.28
5271000	70-02 DAWN ORIGINAL SOAP	9.94
1028535	32-FL OZ KRY BE GLOSS BLA	16.48
164702	16 OZ STAINABLE WOODFILLE	13.48

SUBTOTAL:	121.52
TOTAL TAX:	8.51
INVOICE 92802 TOTAL:	130.03
VISA:	130.03

VISA: XXXXXXXXXXXX4879 AMOUNT: 130.03 AUTHCD: 061506

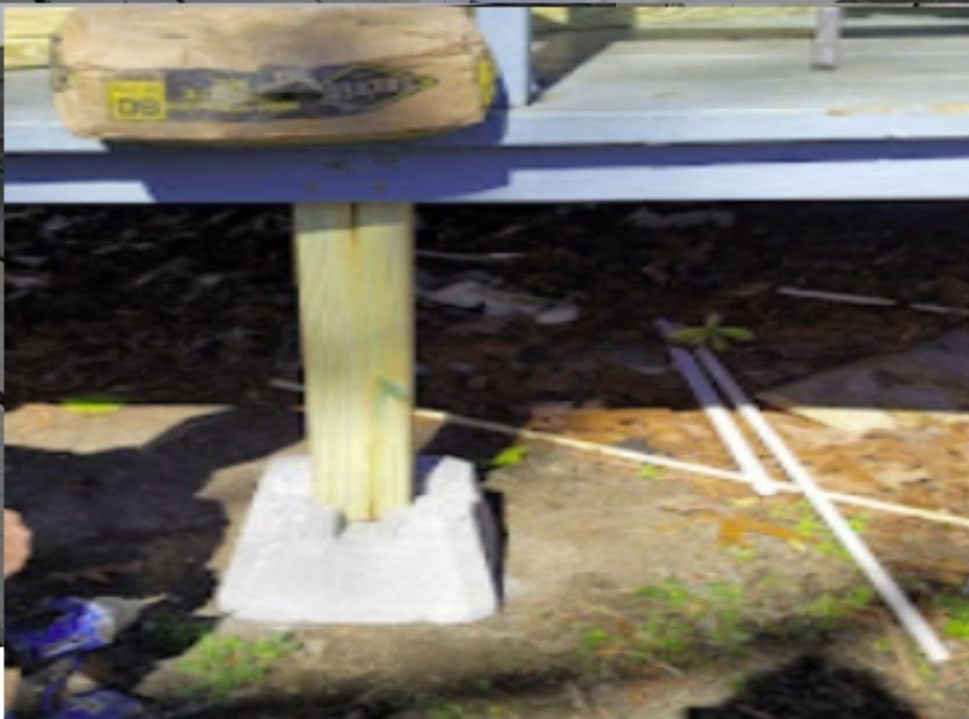
CHIP REFID: 178802802932 03/10/24 11:15:37

CUSTOMER CODE: none

APL : 4341504954414C204F4E452056495341 TVR : 0080008000

TSI : EB00 AID : A0000000031010

03/10/24 11:15:48



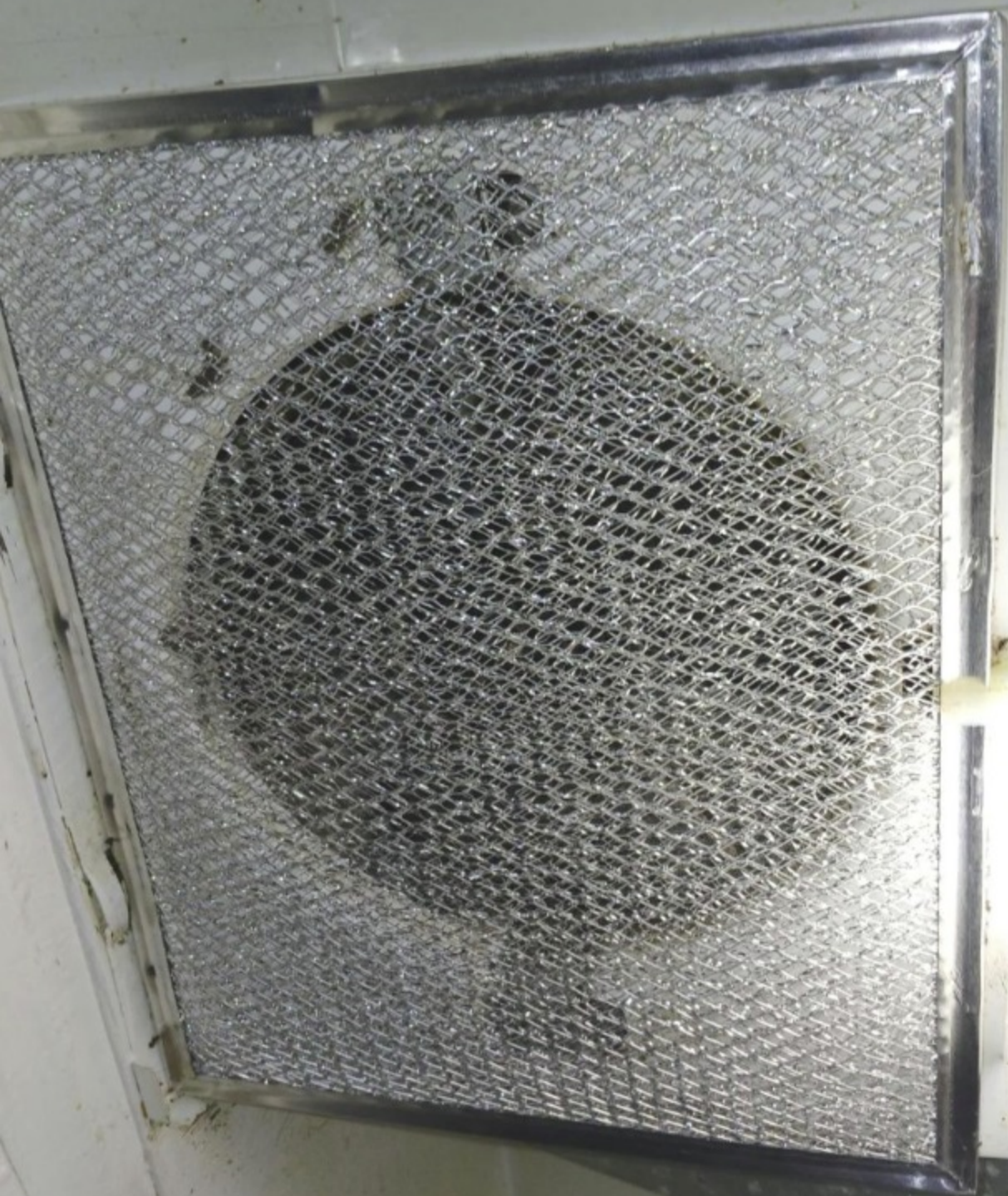
























LOWE'S

LOWE'S HOME CENTERS, LLC
100 LOWE'S BOULEVARD
FOREST CITY, NC 28043 (800) 951-1822

— SALE —
VISA: 3301001 022001 (TRAN: 07/16/24 02:19:24)

81000 3/4-IN 16 Pcs 40-DEG ELBOW	6.58
2 0	3.29
11027 3/4-IN 16 TIGHT 90-DEG FS	6.29
81000 3/4-IN 8 10-FT WHITE PER	1.49
64102 1/8-IN JAMM PIN PLATE 10	5.12
10047 3/4-IN 16 TIGHT PLUG (CON)	1.29
270000 40-IN 40-VOL 10K LED CFN	5.47
251000 16-22 NESTED PLAT PNC 2-L	26.99
528075 PS WRENCH CONVEYER CURB	13.96
42300 4-IN 20P WENT CAP LORO JV	2.58
2 0	6.99
200752 16 PALS 24 PNC 10 BOLT-10	78.52
304700 BRK HARDWIRED SMOKE	19.58
4 0	
SUBTOTAL:	233.05
TOTAL TAX:	16.31
INCLUDE RTIES TOTAL:	249.36
VISA:	249.36

VISA: XXXXXXXXXX4075 AMOUNT: 249.36 AUTHID: 077240
CHIP REFID:170443180015 02/16/24 15:22:54
CUSTOMER CODE: NA
APL: 434750450461020474E45220641541 TUN: 008000600
TSS: 0000 AID: 40020020031010

STORE: 1200 TERMINAL: 43 02/16/24 15:23:03
OF ITEMS PURCHASED: 19
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

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ONE OF FIVE \$500 WINNERS DURING MONTH #1
DENTRO EN EL SORTEO #MUNDO
PARA VER UNO DE LOS CINCO GANADORES DE \$500!

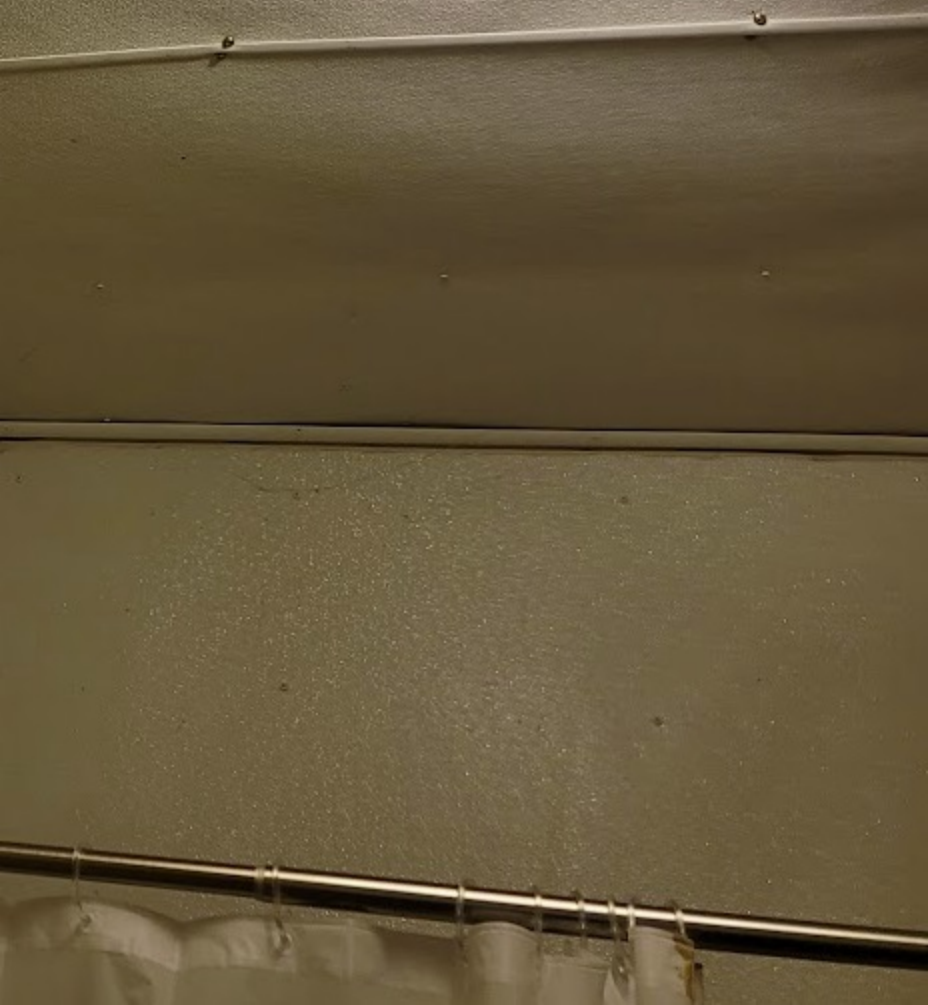


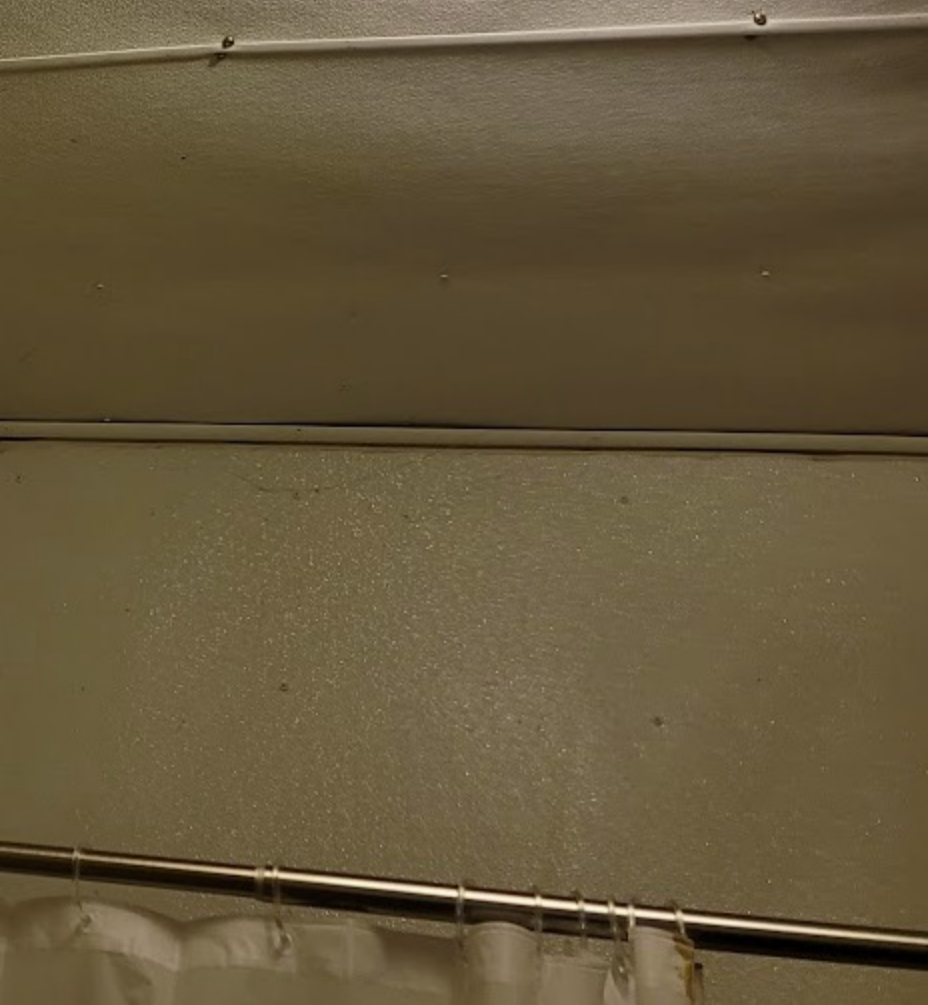






















031603

CITY AND COUNTY		DATE	
NAME Alex		3/7/24	
ADDRESS			
CITY, STATE, ZIP			
QUANTITY	UNIT	DESCRIPTION	PRICE
1		1/8 glass	
2		25 1/16 X 27 1/16	45.98
3			
4			
5		Red Ok	
6		5007	
7			
8			
9			
10			
11			
12			
TOTALS			
RECEIVED ON			

KEEP THIS SLIP FOR REFERENCE













Flamecheck®

Simply Safer.

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**Flamecheck M-111PA
Fire Retardant
Paint Additive**

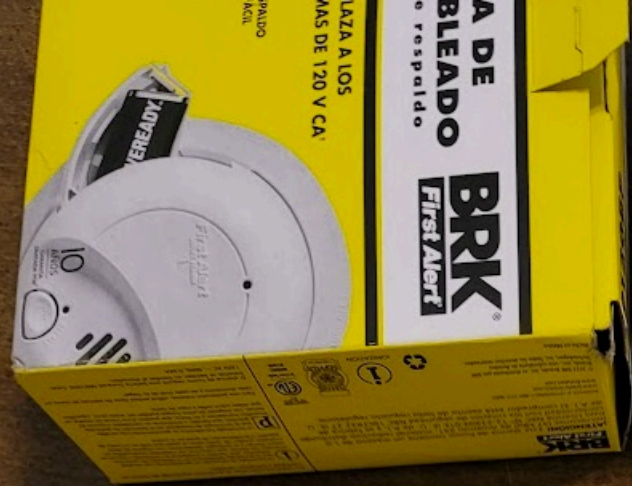
Passes ASTM E-84 - "Class A" with
ZERO flame spread and ZERO smoke

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8oz (.23 L)



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LOVE'S HOME CENTERS, LLC
104 LOVE'S BOULEVARD
FOREST CITY, NC 28043 (828) 351-1022

- SALE -

016284 3/4-IN LO 35-DEB SLEW	6.58
2 8	3.25
116227 3/4-IN LO LIGHT 35-DEB FS	3.20
818198 3/4-IN 10-FT WHITE PW	1.48
44102 EIR 18 JUMBO TON PLATE WH	6.28
130647 3/4-IN LO TIE FILE CENJ3	5.12
4 4	1.20
2156044 46-2N 45B DCK LED C-FC	19.98
2156950 14-23 NESTED PLAT FNL 2-C	5.47
5228675 50 USBBR CENTERST CHARM	26.50
432665 4-IN DRY CRNT CAP LIND J/W	13.95
2 8	8.00
2397572 16 14CU 2N PVC OR BKK-70	2.08
304192 BKK PARROTITE 10N SNK	79.52
4 8	19.96

SUBTOTAL:	239.95
TOTAL TAX:	16.31
INVOICE 87103 TOTAL:	249.36
USA:	249.36

VISA: XXXXXXXXXX6879 AMZINT: 249.36 AUTHCD: 077246
CHNP REFID: 178843183019 02/18/24 15:22:54
CUSTOMER CODE: NA
APL: 4341524554414C204F4E452056495341 TVR: 00800800
TST: E800 RID: A0C0C0C031010

STORE: 1700 TERMINAL: 43 02/16/24 15:23:03
OF ITEMS PURCHASED: 19
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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¡ENTRA EN EL SORTEO MENSUAL
PARA SER UNO DE LOS CINCO GANADORES DE \$500!



