

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 R 05/02/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 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}	Initial Comments Report by Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on May 02, 2024 from 09:25 AM to 10:05 AM at the above-referenced facility. At the time of the survey, not all deficiencies were corrected therefore further action is required. Additional deficiencies were also observed. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. There were previous deficiencies that were not closed out from an open biennial survey, these deficiencies were brought forward from the previous survey. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	{C 000}		
{C 102}	Rules Are Minimum Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family 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:	{C 102}		

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

TITLE

(X6) DATE

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{C 102}	Continued From page 1 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. *This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 2. At the time of the survey it was observed that the bedroom #1 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 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 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	{C 105}		

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{C 105}	Continued From page 2 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 *This deficiency was previously cited during our 2021 biennial survey and action hasn't been taken to address the deficiency. *This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 105}		
{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: 9. At the time of the survey it was observed that	{C 174}		

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{C 174}	<p>Continued From page 3</p> <p>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.</p> <p>*This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.</p> <p>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.</p> <p>*This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.</p> <p>26. At the time of the survey it was observer 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.</p> <p>*This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.</p>	{C 174}		