

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}	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. As a part of the resolution of issues of this meeting was agreed. 1. All management and staff have to report to the Administrator about all outstanding issues. 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. 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.	May 24, 2024
{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}		

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

TITLE

(X6) DATE

Alex D. Nowak

Administrator

5/24/2024

Division of Health Service Regulation

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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 102 - 1 The paneling on the wall in the kitchen was repainted and Fire Retardant additive class A Finish was added as recommended by the instruction. Receipt and picture will be provided. C 102-2 The new smoke detector was purchased and seamlessly integrated with the existing network, ensuring comprehensive coverage throughout the property. Following installation, a thorough test was conducted, affirming that the system was functioning properly.	May, 24 2024 May, 24 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 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 105 1 Upon receiving a report that the back porch was not built properly since the house is quit old the management hired a carpenter and used recommendations how to improve safety of the porch. Numerous effort was done to add some additional footers and other supports. We contacted local building inspector Joe Scoggins and we are waiting to finalize what can we do in order to keep safe and secure. Please find the contract with local builder D& B LLC. They communicated with a local city inspector, issue permit and should be finished before the end of the month	May 24 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: 9. At the time of the survey it was observed that	{C 174}		

FOREST CITY, NC 28043

May
24,
2024



e 1 of 1

3:29 PM

Points















Forest City Fire Department

Occupancy: **Lisa's Family Care #3**

Occupancy ID:

Address: **149 Reid ST Forest City NC 28043**

Inspection Type: **Reinspection**

Inspection Date: **4/24/2024**

By: Allen, Chadwick O (2205)

Time In: **09:42**

Time Out: **00:00**

Authorized Date: **04/24/2024**

By: Allen, Chadwick O (2205)

Next Inspection Date: **No Inspection Scheduled**

Form: FCFR Inspection
Form 2022

Inspection Topics:

FIRE PROTECTION SYSTEMS Chapter #9

Fire Protection Systems shall be maintained in accordance with the original installation standards for that system.

901.4 Installation. Fire protection systems shall be maintained in accordance with the original installation standards for that system. Required systems shall be extended, altered or augmented as necessary to maintain and continue protection whenever the building is altered, remodeled or added to. Alterations to fire protection systems shall be done in accordance with applicable standards.

Status: **PASS**

Notes: **Fire alarm needs annual service**

Service Complete

Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time
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Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 0 minutes

Total Time: 0 minutes

Summary:

Overall Result: Passed

Inspector Notes:

Inspector:

Name: Allen, Chadwick O

Rank: Fire Marshal

Mobile Phone(s): 828-289-2963

Email(s): chadallen@townofforestcity.com

Allen, Chadwick O:

Signed on: 04/24/2024 11:42

Signature

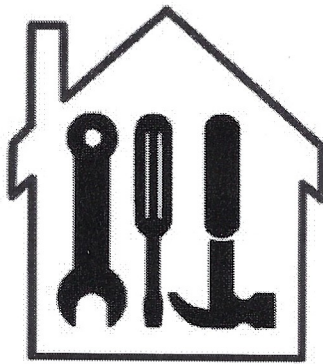
Date

Representative Signature:

Signature

Date

Client
copy



D & B Home Repairs LLC

Contract Agreement

Parties:

- This contract agreement is entered into effect on 5/30/24 between D & B Home Repairs LLC (contractor) and Barry Babb (client).

Construction Property:

- The property that is to be worked on is located at the following address:

149 Reid St
Forest City NC

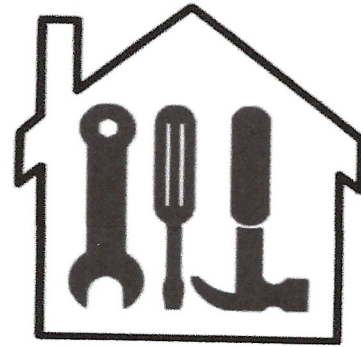
Scope of Work:

- The contractor agrees to perform the work described below:

- Remove current deck
- Install a 8x19 ft deck
- Raise deck to match the threshold
- on the door
- Install stairs with risers and
- balusters
- Remove and reinstall deck banister
- and balusters that are
- currently there
-

Payment:

Job Estimate



D & B Home Repairs LLC
Darren Bailes
Shelby, NC, 28150
(704) 476-9713

CUSTOMER: Berry Babb

ADDRESS: 149 Reid Street

LOCATION: Forest City, NC

PHONE: 828-744-1802

EMAIL: berrybabb9793@gmail.com

Estimate # 017

Date: 05/17/2024

Description				
1	Remove and dispose of existing deck and stairs.			
2	Install a 8 foot x 19 foot deck.			
3	Raise the deck to match the threshold on the door.			
4	Install stairs with risers and balusters.			
5	Remove and reinstall deck banister and balusters that are currently there.			
6				
7				

NOTES: We require half of the payment upfront to cover the cost of material and permits if any are needed. The other half of the payment will be due once the job is completed.

(This price includes materials and labor)

Sub Total \$8,000

Other \$0

Grand Total \$8,000

Estimated prices are good for 15 days. After that, we cannot guarantee that the price of Labor or materials will stay the same, but we will always provide excellent service and competitive prices. This is only an estimate. The final price could change due to unforeseen circumstances.

HOPEWELL CARE INC.
358 SHADY WOODS LN
RUTHERFORDTON, NC 28139

005079


66-0112/0531

PAY TO THE
ORDER OF

DSB Home Repair LLC. DATE 5/30/2024
four thousand xx/100 \$ 4,000.00

BB&T

DOLLARS

 Security features
included.
Details on back.

MEMO

Alex Dinowitz

⑈005079⑈ ⑆053101121⑆ 0005294562879⑈

- The client agrees to pay \$ 8000 for services provided. We require half the payment upfront and the other half once the job is completed.

- First half of \$ 4000 due on 5/30/24.
- Second half of \$ 4000 due on Completion

Changes in services:

- The client may request reasonable changes to the services described above. Any changes to the services must be placed in writing and signed by the contractor and client. The client agrees that any changes to the services may result in additional charges and extend the construction deadline.

Contractor (Print):

Darwin Bailes

Contractor (Signature):

Darwin Bailes

Date:

5/30/24

Client (Print):

Berry Babb

Client (Signature):

Berry Babb

Date:

5-30-24