

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 Scott Greenwood DHSR Construction Section conducted a Biennial Survey on January 30, 2024 from 1:15 PM to 2:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on August 1, 1988 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 1984 (87 Rev) "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 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. NOTES: 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. 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 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION	C 117		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 117	Continued From page 1 (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. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the Fire and Sanitation reports were not on-site for review. This is not compliant with the rule. Take the necessary steps to provide our office copies of the requested reports and take measures to ensure that in the future copies are on-site as requested.	C 117		
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 the kitchen GFCI outlet next to the refrigerator was loose. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 2. At the time of the survey it was observed that the rear center bedroom window blind was damaged. This is not compliant with the rule for routine interior maintenance and resident privacy. Take the necessary steps to correct this	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 2 deficiency. 3. At the time of the survey it was observed that there was an open slot at the wall switch at the right hand side front bedroom. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 4. At the time of the survey it was observed that the right hand side front bedroom ceiling light globe was missing. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 5. At the time of the survey it was observed that the rear corner bathroom ceiling molding was loose. 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 the rear corner bathroom vanity door was loose. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 7. At the time of the survey it was observed that the rear corner bathroom toilet paper spindle was missing. This is not compliant with the rule for routine interior maintenance and toilet paper storage. Take the necessary steps to correct this deficiency. 8. At the time of the survey it was observed that the rear corner bathroom window blind was damaged. This is not compliant with the rule for routine interior maintenance and resident privacy.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 3 Take the necessary steps to correct this deficiency. 9. At the time of the survey it was observed that there was dust buildup at the air return grill. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 10. 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. 11. At the time of the survey it was observed that there was damage next to the entry door handle to the front left hand corner bedroom. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 12. At the time of the survey it was observed that the egress window in the front left hand corner bedroom was partially blocked by a chest of drawers. This is not compliant with the rule for a clear egress window area in the event of a potential fire hazard. Take the necessary steps to keep this area clear at all times. 13. At the time of the survey it was observed that the front left hand corner bedroom bathroom exhaust fan was loose and noisy. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 14. At the time of the survey it was observed that the front left hand corner bedroom bathroom	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 4 bathtub grab bar had rust buildup. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 15. At the time of the survey it was observed that the front left hand corner bedroom bathroom toilet grab bar was loose and had rust buildup. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 16. At the time of the survey it was observed that there was an old wasp nest on the rear left hand corner window glass. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 17. At the time of the survey it was observed that the rear left hand corner bedroom egress window was difficult to open. 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 there were clothes and other items on the floor of the rear left hand bedroom. This is not compliant with the rule for bedroom maintenance and could make egress difficult during a potential fire emergency. Take the necessary steps to maintain the bedroom in a clean and orderly fashion. 19. At the time of the survey it was observed that there was dust buildup on the ceiling fan blades in the rear left hand bedroom. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 5 20. At the time of the survey it was observed that the rear left hand corner bedroom ceiling fan light globe was missing. 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 bedroom window sills and trim had dust 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 hallway bathroom ceiling exhaust fan was offset. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 23. At the time of the survey it was observed that the hallway bathroom ceiling 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. 24. At the time of the survey it was observed that the hallway bathroom toilet seat cover was deteriorated. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 25. At the time of the survey it was observed that the hallway bathroom toilet paper holder spindle was missing. This is not compliant with the rule for routine interior maintenance and proper toilet	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 6 paper storage. Take the necessary steps to correct this deficiency. 26. At the time of the survey it was observed that the hallway bathroom heat vent had rust buildup.. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 27. At the time of the survey it was observed that the hallway bathroom had wall damage behind the entry door. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 28. At the time of the survey it was observed that the hallway bathroom had dirt buildup around the entry door handle.. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 29. At the time of the survey it was observed that the hallway bathroom entry door trim had missing paint. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 30. At the time of the survey it was observed that the hot water tank electrical connection pinch clamp was missing. This is not compliant with the rule for routine maintenance and safety. Take the necessary steps to correct this deficiency. 31. At the time of the survey it was observed that there was missing lower door trim and damaged siding at the exterior door to the hot water tank storage room. This is not compliant with the rule	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081053	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2024
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN 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 174	Continued From page 7 for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 32. At the survey it was observed that there was debris at the rear patio area. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 33. At the time of the survey it was observed that there was a damaged bedroom window screen on the left hand side of the house. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 34. At the time of the survey it was observed that the exterior clothes dryer vent was damaged. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent entry into the facility. Take the necessary steps to correct this deficiency. 35. At the time of the survey it was observed that there was a loose rear foundation vent. This is not compliant with the rule for routine exterior maintenance and could potentially allow rodent entry into the crawl space. Take the necessary steps to correct this deficiency. 36. At the time of the survey it was observed that there was cob web buildup at the exterior side of the windows. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174		