



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director Division of Health Service Regulation

IMPORTANT NOTICE – PLEASE READ CAREFULLY

March 12, 2024

Alex Dinovetskiy, Administrator (via email only)
358 Shady Wood Lane
Rutherfordton, NC 28139

RE: Lisa's Family Care Home #1 – FC Biennial Survey
542 Forest Lake Road
Forest City (Rutherford County)
FID #920394

Dear Mr. Dinovetskiy:

You have provided DHSR – Construction Section with an acceptable Plan of Correction.

After the latest date specified in your Plan of Correction, a follow-up inspection will be scheduled to verify that you are in compliance with program requirements.

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Scott Greenwood

Scott Greenwood
Architectural/Engineering Technician
DHSR – Construction Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
<https://info.ncdhhs.gov/dhstr/> • TEL: 919-855-3893 • FAX: 919-733-6592

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081054	(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 # 1

**542 FOREST LAKE ROAD
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 11:30 AM to 1:00 PM at the above referenced facility. DHSR records indicate the home was first licensed on December 17, 1986 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: The 1984 Minimum Standards and Regulations for Family Care Homes, the applicable portions of the 2005 Rules for Family Care Homes 10A NCAC 13G, and the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. Note: - 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. - Take action to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The deficiencies cited 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. - All management and staff have to report to the Administrator about all outstanding issues. - 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. - 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.	
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	C 117		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Alex D. Novak

Administrator

2/27/2024

Division of Health Service Regulation

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C 117	Continued From page 1 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 117 Fire inspection was ordered and sanitation inspection was completed as well. The copies will be provided before March 14, 2024	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 the rear corner 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 deficiency. 2. At the time of the survey it was observed that there was debris being stored on the rear porch. This is not compliant with the rule for interior maintenance and could potentially be a nesting area for rodents and a fire hazard. Take the necessary steps to correct this deficiency.	C 174	C 174-1 The blind in the rear corner window was replaced, picture will be provided before March 14, 2024 C 174-2 The debris on the rear porch was removed picture will be provided	March 14 2024 March 14 2024

Division of Health Service Regulation

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STREET ADDRESS, CITY, STATE, ZIP CODE

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FOREST CITY, NC 28043**

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C 174	Continued From page 2 3. At the time of the survey it was observed that there burned out light bulbs throughout the residence. This is not compliant with the rule for routine interior maintenance and proper surface lighting. Take the necessary steps to replace the burned out light bulbs on a regular basis. 4. At the time of the survey it was observed that the clothes dryer vent was disconnected with lint buildup. This is not compliant with the rule for routine interior maintenance and could potentially cause a fire hazard. NOTE; The clothes dryer duct was reattached at the time of the survey with a metallic type tape that needs to be sealed tighter at the seam. 5. At the time of the survey it was observed that the wall area behind the kitchen sink was dirty and needed to be sealed. 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 dust buildup at the stove hood filter and light cover. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency 7. At the time of the survey it was observed that the fire extinguishers were not being monitored on a monthly basis. This is not compliant with the rule. Monitoring the fire extinguishers ensure that they are fully charged and have not been tampered with. Take the necessary steps to monitor the fire extinguishers on a monthly basis. 8. At the time of the survey it was observed that there was dust buildup at the air return filter and grill. This is not compliant with the rule for routine	C 174	 C 174-3 All light bulb in the house was checked and installed new one where were missing C 174-4 The clothes dryer vent was installed lint buildup was cleaned. picture will be provided C 174-5 The wall area behind the kitchen sink was cleaned C 174- 6 The dust at the stove hood was cleaned C 174-7 The fire extinguishers was check and will be monitoring on monthly basis C 174-8 The dust buildup at the air return filter was cleaned	 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LISA'S FAMILY CARE HOME # 1	542 FOREST LAKE ROAD 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 interior maintenance and appearance. Take the necessary steps to correct this deficiency. 9. At the time of the survey it was observed that the foyer light fixture globe was missing. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 10. At the time of the survey it was observed that the foyer floor heat vent was damaged .This is not compliant the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 11. At the time of the survey it was observed that the ceiling mounted smoke detector in the foyer was missing. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to install a interconnected smoke detector. Note: There is a secondary smoke detector installed outside the resident bedrooms interconnected and functioning at the time of the survey. 12. At the time of the survey it was observed that there was missing paint at the interior side of the front egress door. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 13. At the time of the survey it was observed that there was dust buildup at all bedroom window sills and frame work. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency.	C 174	 C 174-9 The foyer light fixture globe was installed C 174-10 The foyer floor heat vent was replaced with a new one. A picture will be provided C 174-11 The new smoke detector was installed. The picture will be provided C 174-12 The interior area including the front egress door was repainted C 174-13 The dust buildup at the bedroom window sills and frame was cleaned	 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 542 FOREST LAKE ROAD 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 14. At the time of the survey it was observed that the bathroom between the two rear bedrooms had a missing toilet paper holder. This is not compliant with the rule for routine interior maintenance and proper toilet paper storage. Take the necessary steps to correct this deficiency. 15. At the time of the survey it was observed that the bathroom between the two rear bedrooms 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.. 16. At the time of the survey it was observed that the bathroom between the two rear bedrooms had an incorrect size toilet seat. This is not compliant with the rule for proper routine interior maintenance. Take the necessary steps to correct this deficiency. 17. At the time of the survey it was observed that the bathroom between the two rear bedrooms had dust buildup at the exhaust fan. This is not compliant with the rule for routine interior maintenance and appearance. Take the necessary steps to correct this deficiency. 18. At the time of the survey it was observed that the hallway bathroom floor was spongy near the entry and toilet area. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. 19. At the time of the survey it was observed that the hallway bathroom exhaust fan had dust buildup. This is not compliant with the rule for routine interior maintenance and appearance.	C 174	C 174-14 The toilet paper holder in the rear bedroom was installed C 174-15 The back bedroom bathroom toilet was secured at the base C 174-16 The proper toilet seat in the back bathroom was installed C 174-17 The dust buildup in the back bathroom at the exhaust fan was cleaned C 174-18 The new floor and supports at the hallway bathroom was installed C 174-19 The hallway bathroom exhaust fan was cleaned	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081054	(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 # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 542 FOREST LAKE ROAD 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 Take the necessary steps to correct this deficiency. 20. At the time of the survey it was observed that the hallway bathroom toilet was loose at the base. This is not compliant with the rule for routine interior maintenance. Take the necessary steps to correct this deficiency. 21. At the time of the survey it was observed that the hallway bathroom had a damage wall area behind the sink vanity. 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 floor heat vent was damaged and rusted. 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 bathtub edge and base board had dirt buildup and missing paint. 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 had an old towel bar bracket on the wall. This is not compliant with the rule for routine interior maintenance and resident safety. Take the necessary steps to correct this deficiency. Note: Towel bar bracket remove by the provider, The is a towel bar mounted in the bath tub area. 25. At the time of the survey it was observed that	C 174	C 174-20 The toilet was replaced and secured C 174-21 The area behind the sink vanity in the hallway bathroom was fixed C 174-22 The floor vent heat was fixed and repainted C 174-23 The bathroom edge and baseboard dirt was cleaned C 174-24 The new towel bar was installed	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 1		STREET ADDRESS, CITY, STATE, ZIP CODE 542 FOREST LAKE ROAD FOREST CITY, NC 28043		
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C 174	Continued From page 6 the crawl space door would not shut and missing paint. 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 was loose insulation wrap at the hot water tank. This is not compliant with the rule for routine maintenance. Take the necessary steps to correct this deficiency. 27. At the time of the survey it was observed that the was debris in the front yard. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 28. At the time of the survey it was observed that the front porch ceramic tile edge was missing. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 29. At the time of the survey it was observed that there was deterioration at the bottom section of the front porch roof support post. This is not compliant with the rule for routine exterior maintenance. Take the necessary steps to correct this deficiency. 30. At the time of the survey it was observed that there was peeling paint at the front porch hand rails and front door. This is not compliant with the rule for routine exterior maintenance and appearance. 31. At the time of the survey it was observed that there was debris in the front gutters and roof. This is not compliant with the rule for routine	C 174	C 174-25 The crawl space door was fixed and painted C 174-26 The insulation wrap around the hot water heater was secured C 174-27 The Debris in the front yard was cleaned C 174-28 The front ceramic edges will be fixed, pictures will be provided upon completion. C 174-29 The front porch post at the bottom will be fixed C 174 -30 All front porch hand rails was repainted C 174-31 The gutters at the front and debris were cleaned	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 7 exterior maintenance and appearance. Take the necessary steps to correct this deficiency. 32. At the time of the survey it was observed that there was loose siding at the rear porch. 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 non- registered vehicle being used for storage at the upper driveway. This is not compliant with the rule. Vehicles located on the property need to have a up to date license plate. 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 not properly secured . This is not compliant with the rule for routine exterior maintenance. Take the necessary steps to correct this deficiency. 35. At the time of the survey it was observed that there is dirt buildup at the vinyl siding and window trim. This is not compliant with the rule for routine exterior maintenance and appearance. Take the necessary steps to power wash the house. 36. At the time of the survey it was observed that there were non secured propane tanks. gas cans, generators and other debris at the rear car port area . This is not compliant with the rule for proper propane tank and other related equipment storage. Take the necessary steps to correct this deficiency. 37. At the time of the survey it was observed that the rear flood light had a missing light bulb. This is not compliant with the rule for routine exterior	C 174	 C 174-32 The loose siding at the rear porch was secured, picture will be provided C 174-32 The non-registered vehicle was removed C 174-34 The exterior clothes dryer vent was secured properly. The picture will be provided. C 174-35 The dirt buildup at the vinyl siding window trim was cleaned. C 174-36 The non secured propane tank, generator, can and othe debris were removed C 174-37 The rear flood light was installed	 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

LISA'S FAMILY CARE HOME # 1

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C 174	Continued From page 8 maintenance and proper surface lighting. Take the necessary steps to correct this deficiency.	C 174		



Forest City Fire Department

Occupancy: **Lisa's Family Care #1**

Occupancy ID:

Address: **542 Forest Lake RD Forest City NC 28043**

Inspection Type: **Annual**

Inspection Date: **3/4/2024**

By: Allen, Chadwick O (2205)

Time In: **00:00**

Time Out: **00:00**

Authorized Date: **03/04/2024**

By: Allen, Chadwick O (2205)

Next Inspection Date: **No Inspection Scheduled**

Form: FCFR Inspection
Form 2022

Inspection Topics:

Other Violations / Notes

Other Violations / Notes

Status: **PASS**

Notes: **No violations noted**

Additional Time Spent on Inspection:

Category

Start Date / Time

End Date / Time

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: 03/04/2024 11:12

Signature

Date

Representative Signature:

Signature

Date

**INSPECTION OF
RESIDENTIAL CARE FACILITY**
(For facilities, as defined, with
not more than 12 residents)

Demerit Score: 20
Date of Insp/Chg: 02/08/2024
Status Code: A

Health Department: Foothills
Current Facility ID: 01081430104
Old Facility ID:

Water Supply	☒ Community	☐ Non-Transient Non-Community	Water sample taken? ☐ Yes ☒ No
	☐ Transient Non-Community	☐ Non-Public Water Supply	☒ Inspection
			☐ Visit
Wastewater	☒ Community	☐ On-Site System	☐ Re-Inspection
			☐ Name Change
			☐ Status Change
			☐ Verification of Closure

Name of Establishment: LISA'S FAMILY CARE HOME #3

Permittee: LISA'S FAMILY CARE HOME #3

Location Address: 149 REID ST

Number of Residents: 6

Mailing Addr: 542 FOREST LAKE RD

City: FOREST CITY

State: NC

Zip: 28043

City: FOREST CITY

State: NC

Zip: 28043

☒ Approved (20 or less demerits, and no 6-point deductions)

☐ Provisional (More than 20, but 40 or less demerits, or a 6-point demerit)

☐ Family Foster Home (Only items 1 and 2 apply)

☐ Disapproved (More than 40 demerits or failure to improve provisional classification)

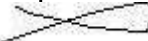
Demerits

- 1 **WATER SUPPLY: Public supply; private supply approved 6**
- 2 **LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6**
- 3 **FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6; Protection: Adequate during storage, preparation and serving, potentially hazardous food 45? F or below, or 140? F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4**
- 4 **FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities (4); clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2** 4
- 5 **FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4**
- 6 **DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2**
- 7 **HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4**
- 8 **TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean (2); soap and towels provided 2** 2
- 9 **BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required (2); clean and soiled linens properly stored and handled 2** 2
- 10 **STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4**
- 11 **FLOORS: In good repair (1;) kept clean (2)** 3
- 12 **WALLS AND CEILINGS: In good repair 1; kept clean (2)** 2
- 13 **LIGHTING AND VENTILATION: Windows and fixtures in good repair (1;) kept clean (2)** 3
- 14 **VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin (4;) approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2** 4
- 15 **SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2**

TOTAL DEMERIT SCORE 20

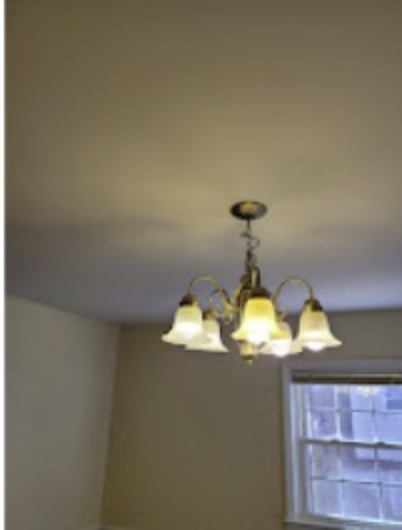
Inspection By:  Kathryn Sheets **EHS ID#:** 2233

Report received by:



Alex Dinovetskiy

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00) **Classification:** **Approved** (20 or less demerits, and no 6-point demerits) **Disapproved** (More than 40 demerits or failure to improve provisional classification) **Provisional** (More than 20, but 40 or less demerits, or a 6-point demerit) EHS 2094 (Revised 07/12)











































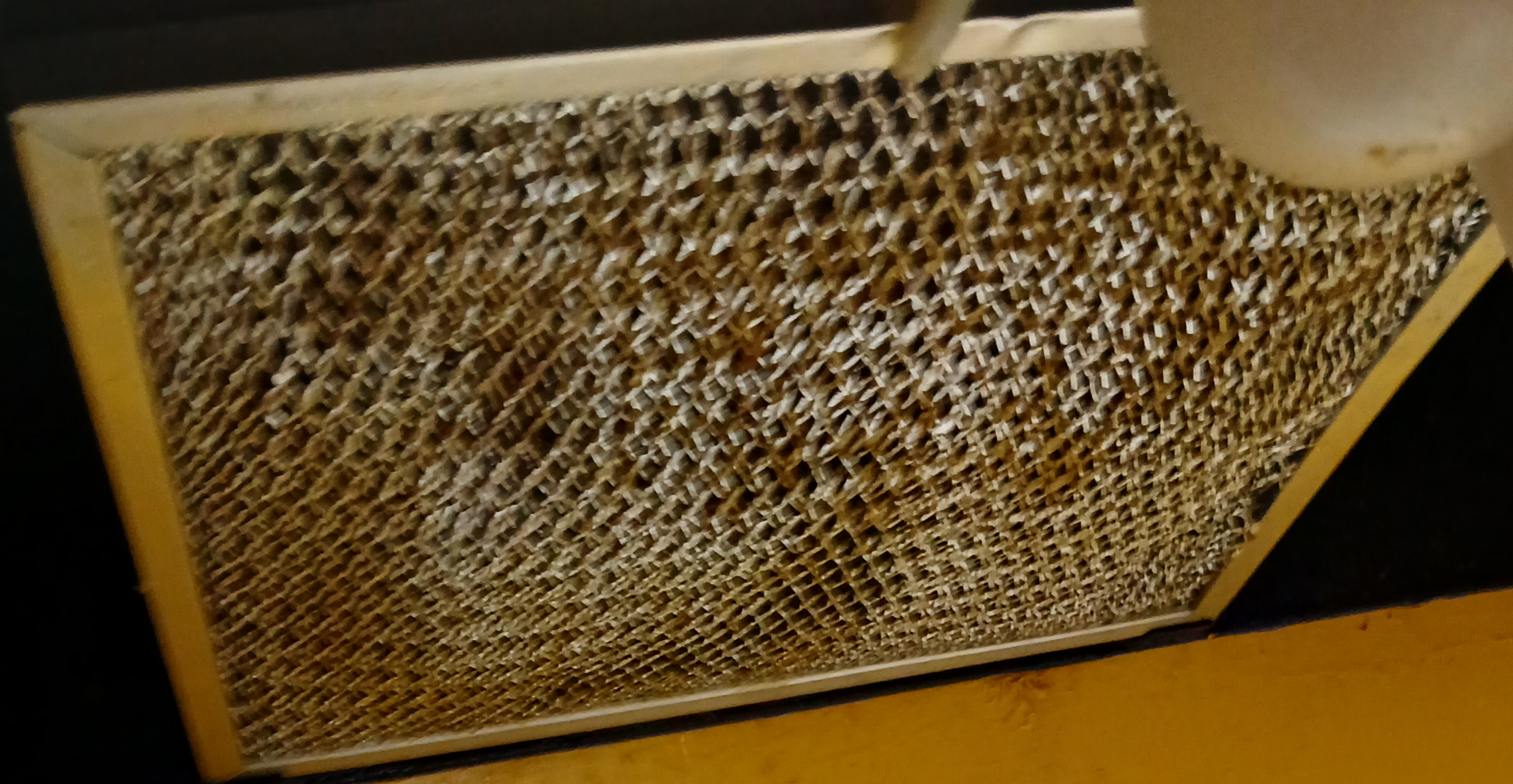


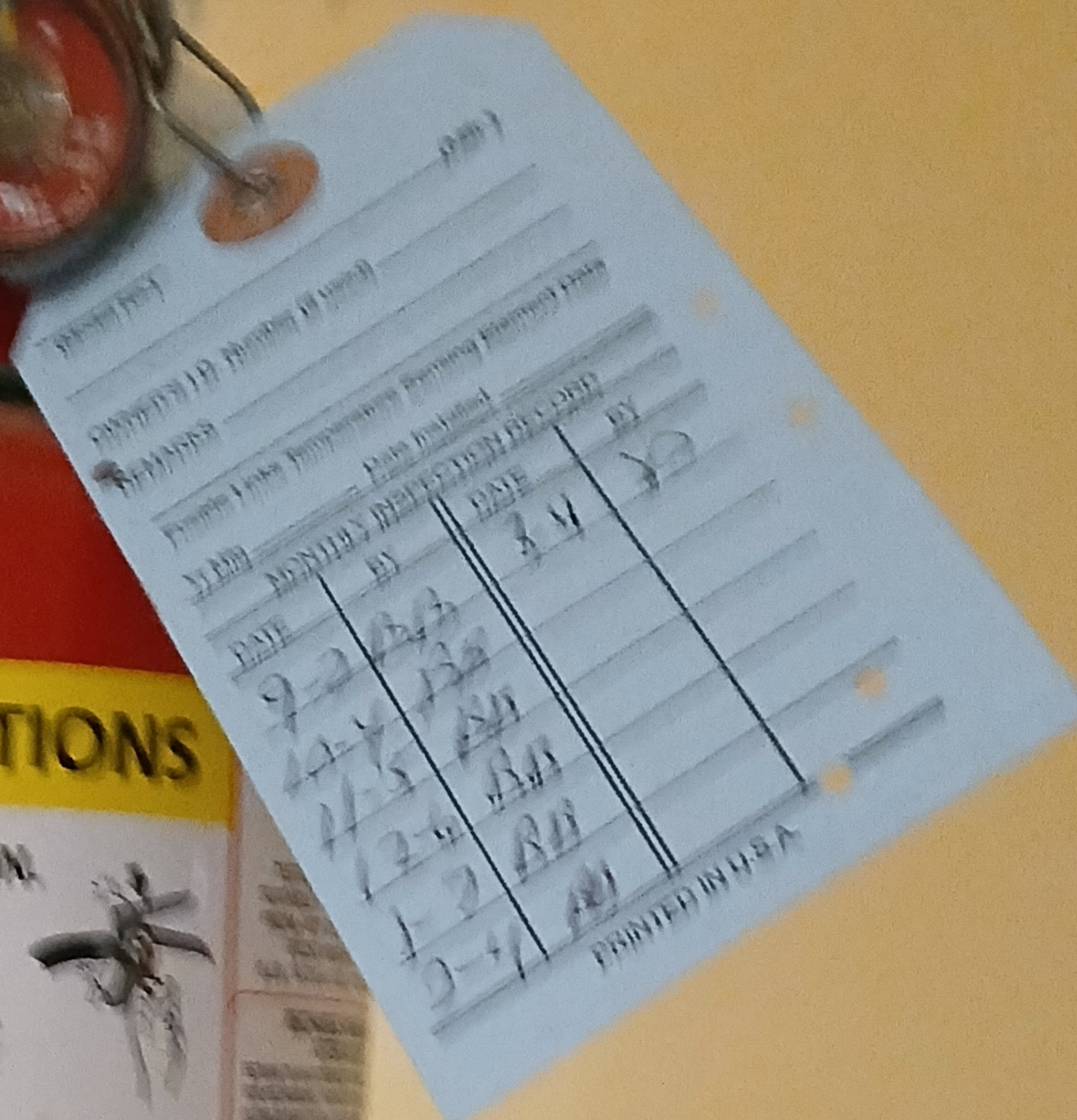




























N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
COMMENT ADDENDUM

Health Department: Foothills
Facility ID: 01081430104
Date: 02/08/2024
Status Code: A Time: 11:00 AM

Name of Establishment: LISA'S FAMILY CARE HOME #3
Location Address: 149 REID ST
City: FOREST CITY State: NC Zip: 28043

Water Sample taken today? ☐ YES ☒ NO
☒ Inspection ☐ Pre-opening Visit
☐ Re-Inspection ☐ Visit ☐ Pre-Licensing
☐ Other _____

TEMPERATURE OBSERVATIONS					
Item/Location/Time*	Temp	Item/Location/Time*	Temp	Item/Location/Time*	Temp

* when cooling

COMMENTS

04.) .1618-The cabinets in the kitchen are worn and not in good repair. The interiors of the cabinets and drawers in the kitchen were soiled with food and dead bugs. The dish washer is not working and in bad repair. Kitchen facility and equipment must be maintained clean. [Repeat]

Deduction: 4 (Critical Violation)

08.) .1610- The old tub /shower are in disrepair and mildewed. Bathroom fixtures must be maintained clean and in good repair.

Deduction: 2 (Critical Violation)

09.) .1617- The furniture in the resident rooms needs to be cleaned. The couch was soiled under the cushions. All furniture, mattresses, curtains, draperies, and other furnishings shall be kept clean and in good repair.

Deduction: 2 (Critical Violation)

11.) .1607- The floors were damaged in the hallway restroom and in bad repair in the restroom off the bedroom. The floors needed to be cleaned in the resident rooms. The floors needed to be cleaned in the restrooms. All floors shall be easily cleanable and shall be kept clean and in good repair.

Deduction: 3

12.) .1608- The walls need to be cleaned and painted in the resident rooms. There was wall and base coving damage in the laundry room and kitchen. The walls and ceilings of all rooms and areas shall be kept clean and in good repair. [Repeat]

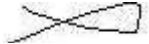
Deduction: 2

13.) .1609- The paint was chipping and in bad repair around many of the windows. Some of the window blinds were damaged and in bad repair. The blinds need to be cleaned and or replaced. Windows and blinds shall be kept clean and in good repair.

Deduction: 3

14.) .1615- There was evidence of roaches (dead and alive) in the facility. Effective measures shall be taken to keep insects, rodents, and other vermin out of the residential care facility and to prevent their breeding, harborage, or presence on the premises.

Deduction: 4

EHS Signature:  EHS ID#: 2233 Received By: Alex Dinovetskiy 

Instructions:

Purpose: This form is developed to be used for making explanatory comments observed during inspections and/or notices of permit actions at establishments inspected by Environmental Health Specialists under rules adopted by the Commission for Public Health. **Preparation:** Local Environmental Health Specialists shall complete form EHS 4008 when necessary during inspections, visits and or notices of permit actions. The original and two copies will be distributed with the inspection form about which they provide comments. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632. (Courier 52-01-00)