STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL081054	A. BUILDING: **01** B. WING _____	R **05/02/2024**

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 Jonathan Gamsey DHSR Construction Section conducted a Biennial Follow-up Survey on May 2, 2024 from 10:15 AM to 10:45 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 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: 18. At the time of the survey it was observed that	{C 174}		

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{C 174}	Continued From page 1 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. *This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the 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. *This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency. 25. At the time of the survey it was observed that 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. *This deficiency was previously cited during our 2024 biennial survey and action hasn't been taken to address the deficiency.	{C 174}		