

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	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.	
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

Alex D Snowetsky

Administrator

2/27/2024

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 117 Fire inspection was completed 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 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	C 174 -1 Kitchen GFCI outlet was secured C 174-2 Blind in the rear center bedroom was replaced	Feb 14 2024 Feb 14 2024

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

STREET ADDRESS, CITY, STATE, ZIP CODE

LISA'S FAMILY CARE HOME # 2

**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	 C 174-3 The open slot at the wall in the switch will be replaced safety for the resident will be provided, picture will be submitted C 174-4 The ceiling globe will be installed, pictures will be provided C 174-5 The Molding in the rear corner bathroom ceiling will be secure picture will be provided C 174-6 The vanity door in the rear corner bathroom will be secure pictures will be provided C 174-7 Toilet paper spindle was installed pictures will be provided C 174-8 The rear corner window blind was replaced. Picture will be submitted	 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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	C 174-9 Dust buildup at the air grill will be cleaned, pictures will be provided C 174-10 Lint buildup was cleaned behind the clothes dryer, picture will be provided C 174-11 Damage next to the entry door will be fixed, picture will be provided C-174-12 The chest was removed from the window not blocking any longer. Pictures will be provided C 174-13 The bathroom exhaust fan was tied and secure. The noise was reduced	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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	C 174-14 The rust buildup was cleaned C 174-15 The front left-hand corner bedroom bathroom toilet grab will be secured. Picture will be provided C 174-16 The old wasp nest will be removed picture will be provided C 174-17 The window in the left-hand corner bedroom will be open. The picture will be provided C 174-18 The clothes were picked up and talked to the resident. The picture will be provided. C 174-19 The dust build up was cleaned, the pictures will be provided	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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	C 174-20 The globe in the rear left-hand corner bedroom was installed, the picture will be provided C 174-21 The bedroom trim dust was cleaned, picture will be provided C 174-22 The hallway bathroom ceiling exhaust fan was out properly. The picture will be provided C 174-23 The Hallway ceiling exhaust fan was cleaned. Picture will be provided C 174-24 The toilet seat was replaced, picture will be provided C 174-25 The hallway bathroom toilet paper holder spindle was installed. Picture will be provided	March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024 March 14 2024

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	C 174-26 The hallway bathroom heat vent rust build-up was cleaned and repainted. Picture will be provided C 174-27 The hallway bathroom area behind the entry door was fixed. Picture will be provided C 174-28 The dirt build-up around the door was cleaned. Picture will be provided C 174-29 The missing paint will be put at the trim. The picture will be provided. C 174-30 The hot water tank electrical pinch clamp was installed, picture will be provided C 174-31 The trim at the back storage door will be fixed, picture will be provided	March 14 2024 March 14 2024 March 14 2024 March 14 2024

If continuation sheet 8 of 8

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

Demerit Score: 18
Date of Insp/Chg: 03/22/2023
Status Code: A

Health Department: Foothills
Current Facility ID: 01081430044
Old Facility ID:

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

Name of Establishment: LISA'S FAMILY CARE #2

Permittee: LISA'S FAMILY CARE #2

Location Address: 141 FOX RUN

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)

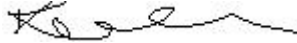
☐ Family Foster Home (Only items 1 and 2 apply)

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

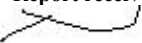
Demerits

- 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)** 4
- 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** 1
- 13 **LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2**
- 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 18

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

Report received by:

 Berry Babb

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: 01081430044

Date: 03/22/2023

Status Code: A Time: 01:45 PM

Name of Establishment: LISA'S FAMILY CARE #2

Location Address: 141 FOX RUN

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 and counters in the kitchen are worn and damaged in some areas. The cabinet under the kitchen sink is water damaged. The handle on the oven was damaged and had been glued back on. The dish washer was not working. All equipment and utensils shall be so constructed as to be easily cleaned and shall be kept in good repair. [Repeat]

Deduction: 4 (Critical Violation)

08.) .1610- The shower curtains in the bathrooms were mildewed and need to be replaced. The cabinets under the sinks in the restrooms need to be cleaned. Restrooms and bathroom fixtures must be maintained clean and in good repair. [Repeat]

Deduction: 2 (Critical Violation)

09.) .1617- Some of the linens and blankets were torn and damaged. Some of the furniture in the resident bedrooms was damaged and needs to be replaced. The furniture in the resident bedrooms needs to be cleaned.

The couch in the living room had been damaged and had been repaired with a wooden board for support. All furniture, mattresses, curtains, draperies, and other furnishings shall be kept clean and in good repair. [Repeat]

Deduction: 4 (Critical Violation)

11.) .1607- There are several areas where the subfloor appears to be damaged, the floors feel "soft" and not in good repair. The linoleum floor in the restroom was worn and damaged. The floors in the resident rooms were soiled. The floors in the restrooms were soiled and need to be cleaned. All floors shall be easily cleanable and shall be kept clean and in good repair. [Repeat]

Deduction: 3

12.) .1608- The walls need to be repainted in some of the resident rooms. Walls must be clean and in good repair.

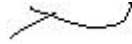
Deduction: 1

14.) .1615- There were rodent droppings found in the cabinets in the cabinet under the sink in the yellow restroom. 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.

[Repeat]

Deduction: 4

EHS Signature:  EHS ID#: 2233

Received By: Berry Babb 

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)



RUTHERFORD COUNTY INSPECTION DEPARTMENT

270 N Toms St Rutherfordton, NC 28139

Phone: (828) 287-6035 Fax: (828) 287-6338

FIRE INSPECTION REPORT

MISSION STATEMENT

The Rutherford County Inspection Department's mission is to assist the public in the protection of life and property by minimizing the impact of fire and potential disasters or events that affect the community and environment.

DATE: <u>JAN. 31, 2024</u>	TIME: <u>9:15AM</u>	OCCUPANCY TYPE		TYPE OF INSPECTION
OCCUPANT: <u>LISA'S FAMILY CARE</u>		☐ Assembly	☐ Institutional	☒ Routine
ADDRESS: <u>141 FOX RUN FOREST CITY, NC 28043</u>		☐ Business	☐ Mercantile	☐ Reinspection
CONTACT INFO:		☐ Daycare	☐ Miscellaneous	☐ Walk Through
(Name) <u>ALEX DINOVETVETSKY</u>	☐ Educational		☒ Residential	☐ Complaint
(Phone) <u>828-447-5523</u>	☐ Factory/Industrial		☐ Storage	☐ Sprinkler/Hood Suppression
(Mailing Address)	☐ Hazardous		☐	☐ Fire Alarm
		☐ Fire Final		
BUILDING INFORMATION				
Sprinkler System ☐ YES ☐ NO				
Alarm System ☐ YES ☐ NO				
Number of Stories _____				
Sq. Ft. _____				

Inspection Notes:

ROUTINE FIRE INSPECTION FOR GROUP HOME: NO VIOLATIONS AT THIS TIME.

COPY RECEIVED BY:

(Print)

(Signature)

INSPECTED BY:

(Print)

(Signature)

JOEL T. LUTZ



































