

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL081032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER JOYFUL HOME FAMILY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 113 BEACON HILL ELLENBORO, NC 28040		
(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 Greg Williams DHSR Construction Section conducted a Biennial Survey on July 11, 2018 from 9:00 AM to 10:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 6, 1988 as a Family Care Home for six (6) ambulatory Residents (who are able to evacuate and respond 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 Rules for Family Care Homes minimum and desired standards and regulations with 1987 revisions, the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1978 (Rev 8) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. NOTE: Per Master File this site has two FID #'s, 920923 and 960722; LTI shows an original License Date of 09/20/1996 - but this is incorrect. The home had a Change of Ownership in 1996 and was erroneously given a new FID #. The narrative above is written to show the correct date and licensure requirements. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They 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 (n) The home shall have current sanitation and fire and building safety inspection reports which	C 117		

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

TITLE

(X6) DATE

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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 facility did not have a current sanitation inspection report available for review. The rule requires the facility to maintain documented evidence of compliance with applicable fire, sanitation and building codes including an annual fire inspection.	C 117		
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the rear door had a chain security lock installed on it. This rule is not met due to the fact the door is not easily operable by a single hand motion from the inside at all times.	C 147		
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition.	C 183		

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C 183	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the wood siding around the back door was deteriorated. The rule requires that the facility be maintained in a clean and safe condition. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 183		