

Fax Cover Sheet For Joyful Home Family Care

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INCLUDING THIS PAGE

Phone & Fax#

828-453-0608

Sent To Scott Greenwood.Fax# 1-919-733-6592Date 3/6/24 3/20/24 *Sent By Joy

Scott I spoke to Anthony Brinson, looking for treasure inspection. I explained my upcoming vacation to spend 2 wks with my son and his family in Alabama - I have completed everything except getting everything out of the basement. I will send pictures upon my return and will arrange storage for the things in the basement.

IF FOR SOME REASON THIS TRANSMISSION REACHES YOU IN
ERROR OR YOU ARE NOT THE INTENDED RECIPIENT

PLEASE SHRED DOCUMENTS

Thanks for your cooperation - Will be in touch after I return on March 19.

* PS. Could you please send me a cell phone # that I can use to send Photos! Thanks.

PRINTED: 02/27/2024
FORM APPROVED

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 02/01/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JOYFUL HOME FAMILY CARE**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 Scott Greenwood DHSR Construction Section conducted a Biennial Survey on February 1, 2024 from 9:10 AM to 10:20 AM at the above referenced facility. DHSR records indicate the home was first licensed on December 06, 1988 as a Family Care Home for six (6) Ambulatory Residents 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 (87 Rev) 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 (Rev 8) 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 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family	C 101		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6889

5G.1921

If continuation sheet 1 of 5