

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL073005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/08/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  JONES FAMILY HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2437 EPHESUS CHURCH ROAD SEMORA, NC 27343
--	---

(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	C 000		
	The Adult Care License Section completed an annual and follow up survey on July 8, 2025.			
C 069	10A NCAC 13G .0312 (g) Outside Entrance And Exits  10A NCAC 13G .0312 Outside Entrance and Exits  (g) In facilities with at least one resident who is determined by a physician or is otherwise observed to be disoriented or exhibiting wandering behavior, all outside entrance/exit doors shall have a continuously sounding device that is activated when the door is opened. The sound shall be audible throughout the facility. If a central system of remote sounding devices is provided, the control panel for the system shall be powered by the facility's electrical system, and be located in an area accessible to staff. Notwithstanding the requirements of Rule .0301 of this Section, the requirements of this Paragraph shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure 1 of 2 exit doors accessible to a resident who was identified as intermittently disoriented, had working alarms that were of sufficient volume that could be heard by staff when activated and responded to for the safety of the residents.  The findings are:  Review of the facility's current license effective 01/01/25 revealed the facility was licensed for 6	C 069		

Division of Health Service Regulation

STATE FORM 2500 25VU11

TITLE: *Michael Jones Director* DATE: *8/15/2025*

STATE FORM 2500 25VU11 If continuation sheet 1 of 4

Reviewed and acknowledged 08.21.25

kc

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL073005	(X2) FACILITY IDENTIFICATION: A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/08/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  JONES FAMILY HOME #1	STREET ADDRESS, CITY, STATE, ZIP CODE 2407 EFFINGHAM CHURCH ROAD SEMORA, NC 27343
--	---

(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 069	<p>Continued from page 1</p> <p>ambulatory residents.</p> <p>Review of Resident #2's current FL-2 dated 06/14/25 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included atrioventricular congestive heart failure, hypertension, and osteoarthritis.</li> <li>-Resident #3 was intermittently disoriented.</li> </ul> <p>Observations of the facility's rear exit doors at various times on 07/08/25 between 8:30am-4:45pm revealed:</p> <ul style="list-style-type: none"> <li>-Residents were seen entering and exiting the facility through the back exit door at various times throughout the day on 07/08/25 and no alarm sounded.</li> <li>-Staff were observed entering and exiting the back door at various times throughout the day.</li> <li>-Resident #2 was observed entering and exiting the back door at various times throughout the day.</li> </ul> <p>Interview with the Supervisor in Charge (SIC) on 07/08/25 at 09:25am revealed:</p> <ul style="list-style-type: none"> <li>-The back door of the facility had an alarm system, but it stopped working a few days ago.</li> <li>-Resident #2 went out the back door to the smoking area at different times throughout the day.</li> <li>-Resident #2 had some confusion but he did not wander off.</li> </ul> <p>Observation of the facility's back door on 07/08/25 at 11:02am revealed there was no alarm on the door.</p> <p>Telephone interview with Resident #2's primary care provider (PCP) on 07/08/25 at 2:30pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 had some confusion but was not at</li> </ul>	C 069		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FACILITY NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  R. WING: _____	(X3) DATE SURVEY COMPLETED  07/08/2025
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  
**JONES FAMILY HOME #1**

ADDRESS (SEE INSTRUCTIONS) AND STATE ZIP CODE  
**2437 EPHEBUS CHURCH ROAD  
SEMORA, NC 27343**

(X4) ID PREFIX TAG	CHIEF 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 069	<p>Continued From page 2</p> <p>risk of wandering. -She was not concerned that Resident #2 would wander off from the facility. -She thought it was important that the facility alarms be on and functioning because there were residents that had confusion.</p> <p>Interview with the Owner/Director on 07/08/25 at 3:30pm revealed: -The alarm on the back door stopped working a couple of days ago. -He needed to call the alarm company but had not done it yet.</p> <p>The alarms on the doors should be turned on and functioning.</p> <p>Telephone interview with the Administrator on 07/08/25 at 3:45pm revealed: -There were residents in the facility that were disoriented. -She was not aware the alarm on the back door was not working. -The door alarms should always be working.</p>	C 069	<p>Director call ADT consultant who is at the home. We fix all entrance and exit doors sounding devices to work properly</p>	7/11/2025
C 148	<p>10A NCAC 13G .0406 (a)(8) Other Staff Qualifications</p> <p>10A NCAC 13G .0406 Other Staff Qualifications (a) Each staff person of a family care home (8) have an examination and screening for the presence of controlled substances completed in accordance with G.S. 131D-45 and results available in the staff person's personnel file;</p>	C 148		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  FCL973005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  JONES FAMILY HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 2437 EPHEBUS CHURCH ROAD SEMORA, NC 27343		
(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 CODED CORRESPONDING TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 148	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure an examination and screening for the presence of controlled substances was completed for 1 of 3 sampled staff (Staff A) prior to hire.</p> <p>The findings are:</p> <p>Review of Staff A's, Supervisor in Charge (SIC), personnel record revealed: -There was no hire date for Staff A -There was no documentation a drug screen had been completed.</p> <p>Attempted telephone interview with Staff A on 07/08/25 at 2:30pm was unsuccessful.</p> <p>Interview with the Owner/Director on 07/08/15 at 3:30pm revealed: -He thought there was a drug screen completed for Staff A. -He might have the documentation of the completed drug screen for Staff A in his office that was onsite.</p> <p>Telephone interview with the Administrator on 07/08/25 at 3:45pm revealed: -All staff should have a drug screen completed prior to hire. -She did not know why Staff A did not have documentation of a drug screen in her personnel record.</p> <p>Prior to the end of the survey on 07/08/25, a copy of Staff A's drug screen was not provided.</p>	C 148	<p>Staff A will have a complete drug screening and file in the personnel record</p>	8/14/2025