Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL013-055	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUE JOY ASSISTED LIVING	815 KATHRYN DR SE CONCORD, NC 28025

(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 The Adult Care Licensure Section and the Cabarrus County Department of Social Services conducted an annual survey on 07/28/26.	C 000	Plan of Correction 1- Measure put in Place. We installed Continous Sounding door alarm On both the front & back exit doors. Alarms are designed to sound continuously when an exit door is opened and remain activated until manually turned off. 2- Prevention Staff are trained on the proper operation of the exit door alarms. Staff will Check the front & back door alarm during each Shift to ensure they are functioning properly. Any malfunction will be reported immediately to the Administrator. The Administrator will ensure that necessary repair or replacement are completed promptly. 3. Monitoring. The Administrator will be responsible for monitoring the exit door alarm systems and ensure Staff complete the required checks. → The Administrator will monitor the operation of both exit door alarms Daily. Staff will check the alarms during each Shift. The administrator will monitor & review the alarm system Dai	
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 by staff 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 that 2 of 2 exit doors had a sounding device engaged that was continuously audible when the doors were opened and remained audible throughout the facility after the door was closed for 3 of 3 sampled residents (#1, #2, #3) who were constantly or intermittently disoriented. The findings are:	C 069		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Bryan Nguyen 08/21/2026

Reviewed and Acknowledged 09/01/2026 Nicholas Rizzo

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C 069	Continued From page 1 Review of the facility's current license effective 01/06/26 revealed the facility was licensed as a Family Care Home with a capacity of six non-ambulatory residents. Review of the facility's current census on 07/28/26 revealed there were 3 residents residing in the facility. Review of Resident #1's current FL-2 dated 06/03/26 revealed: -Diagnoses included alzheimer's disease and dementia. -Resident #1 was constantly disoriented. -Resident #1 was incontinent of bowel and bladder. -Resident #1 ambulated with a wheelchair. Review of Resident #1's Resident Register dated 01/28/26 revealed: -Resident #1 had an admission date of 01/28/26. -Resident #1 had a power of attorney (POA). Review of Resident #1's Care Plan dated 05/29/26 revealed: -Resident #1 required limited assistance with eating and required extensive assistance with toileting, ambulation, bathing, dressing, grooming and transfers. Based on reviews, interviews, and observations, Resident #1 was not interviewable. Review of Resident #2's current FL-2 dated 02/16/26 revealed: -Diagnoses included major depressive disorder, osteoarthritis, benign prostatic hyperplasia (non-cancerous enlargement of the prostated gland), dyslipidemia, hypertension.	C 069	Completion Date: The continous door alarms have been installed. Staff training was completed on 08/07/2026 and the required shift by shift monitoring process has been implemend (2) PLAN OF CORRECTION (1) Measure put in PLACE True Joy Assisted Living operates unde 12-hrs shift and doesn't have Live-in Qua - ters (IDR submitted) Each call bell activator is positioned with in reach of the resident in their bedroom. All call bell activator sound an audible and visual signal at the Employee workstation when activated (2) Prevention Staff are trained on the proper operation and placement of the call bell system. Staff will check all resident call bell activators and the employee workstation receiver during each shift Any malfunction or displaced call bell will be addressed immediately by staff and reported to the Administrator	

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C 069	Continued From page 2 -Resident #2 was intermittently disoriented. -Resident #2 was continent of bowel and bladder. -Resident #2 was ambulatory. Review of Resident #2's Resident Register dated 02/16/26 revealed: -Resident #2 had an admission date of 02/14/26. -Resident #2 had a POA. Review of Resident #2's Care Plan dated 02/17/26 revealed: -Resident #2 required supervision with eating, toileting, ambulation, dressing, grooming and transfers and limited assistance with bathing. Based on reviews, interviews, and observations, Resident #2 was not interviewable. Review of Resident #3's current FL-2 dated 01/10/26 revealed: -Diagnoses include cerebrovascular disease and vascular dementia. -Resident #3 was constantly disoriented. -Resident #3 was incontinent of bowel and bladder. -Resident #3 ambulated with a wheelchair. Review of Resident #3's Resident Register dated 01/10/26revealed: -Resident #3 had an admission date of 01/10/26. -Resident #3 had a POA. Review of Resident #3's Care Plan dated 01/10/26 revealed: -Resident #3 required supervision with ambulation and required extensive assistance with eating, toileting, bathing, dressing, grooming and transfers. Based on reviews, interviews, and observations,	C 069	(2) Administrator will ensure that any necessary repairs or replacement are completed promptly. (3) Monitoring The Administrator will be responsible for monitoring the Call bell system and ensuring staff complete the required Shift Checks The Administrator will monitor the Operation and positioning of the Call bells Daily Staff will Check the Call bell system during each shift and report findings to the Administrator. (4) Implementation Status The Call bell system is already in Place. Staff training was completed on 08/07/2026	

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C 069	Continued From page 3 Resident #3 was not interviewable. Observation of the front door of the facility on 06/02/26 at 8:09am revealed: -The front door was closed upon arrival at the facility. -The personal care aide (PCA) opened the front door for the surveyor to enter the facility. -An audible alarm sounded when the front door was opened. -The audible alarm stopped when the front door was closed. -The alarm was not silenced by the PCA. -There was a two-piece alarm on the door with one component of the door, and the corresponding component on the door frame. Observations of the facility's exit doors on 07/28/26 between 8:45am-12:00pm revealed: -The facility had two exit doors, one in the front of the house and one in back of the house. -When residents and staff entered and exited the front door or back door the door alarms on the doors alarmed and stopped when the doors were closed. -The back door alarm sounded twice and stopped. -The front and back door alarms did not continuously or had to be turned off by staff. Interview with the Administrator on 07/28/26 at 12:00pm revealed: -The facility had two exit doors, the front door and the back door. -The exit doors did have alarms that sounded when opened. -He did not know the facility needed to have a sounding device that remained activated when the door was opened.	C 069		

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C 107	Continued From page 4	C 107		
C 107	10A NCAC 13G .0317 (f) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (f) Where there is live-in staff in a family care home, a hard-wired, electrically operated call system meeting the following requirements shall be provided: (1) the call system shall connect residents' bedrooms to the live-in staff bedroom; (2) when activated, the resident call shall activate a visual and audible signal in the live-in staff bedroom; (3) a resident call system activator shall be in residents' bedrooms at the resident's bed; (4) the resident call system activator shall be within reach of a resident lying on the bed; and (5) the resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff at point of origin. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the call system connecting each resident bedroom to the live-in-staff quarters was in working order and available for the residents. The findings are: Review of the facility's current license effective 01/06/26 revealed the facility was licensed as a Family Care Home with a capacity of six non-ambulatory residents. Review of the facility's current census on	C 107		

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C 107	Continued From page 5 07/28/26 revealed there were 3 residents residing in the facility. Observation of 3 resident bedrooms on 07/28/26 from 9:00am to 9:30am revealed: -There were no call bell systems near the beds or in any of the 3 residents bedrooms. -There was no call bell system panel or notification system in the staff live in quarters. Review of Resident #1's current FL-2 dated 06/03/26 revealed: -Diagnoses included alzheimer's disease and dementia. -Resident #1 was constantly disoriented. -Resident #1 was incontinent of bowel and bladder. -Resident #1 ambulated with a wheelchair. Review of Resident #1's Resident Register dated 01/28/26 revealed: -Resident #1 had an admission date of 01/28/26. -Resident #1 had a power of attorney (POA). Review of Resident #1's Care Plan dated 05/29/26 revealed: -Resident #1 required limited assistance with eating and required extensive assistance with toileting, ambulation, bathing, dressing, grooming and transfers. Based on reviews, interviews, and observations, Resident #1 was not interviewable. Review of Resident #2's current FL-2 dated 02/16/26 revealed: -Diagnoses included major depressive disorder, osteoarthritis, benign prostatic hyperplasia (non-cancerous enlargement of the prostated gland), dyslipidemia, hypertension.	C 107		

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C 107	Continued From page 6 -Resident #2 was intermittently disoriented. -Resident #2 was continent of bowel and bladder. -Resident #2 was ambulatory. Review of Resident #2's Resident Register dated 02/16/26 revealed: -Resident #2 had an admission date of 02/14/26. -Resident #2 had a POA. Review of Resident #2's Care Plan dated 02/17/26 revealed: -Resident #2 required supervision with eating, toileting, ambulation, dressing, grooming and transfers and limited assistance with bathing. Based on reviews, interviews, and observations, Resident #2 was not interviewable. Review of Resident #3's current FL-2 dated 01/10/26 revealed: -Diagnoses include cerebrovascular disease and vascular dementia. -Resident #3 was constantly disoriented. -Resident #3 was incontinent of bowel and bladder. -Resident #3 ambulated with a wheelchair. Review of Resident #3's Resident Register dated 01/10/26revealed: -Resident #3 had an admission date of 01/10/26. -Resident #3 had a POA. Review of Resident #3's Care Plan dated 01/10/26 revealed: -Resident #3 required supervision with ambulation and required extensive assistance with eating, toileting, bathing, dressing, grooming and transfers. Based on reviews, interviews, and observations,	C 107		

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C 107	Continued From page 7 Resident #3 was not interviewable. Interview with the Administrator on 07/28/26 at 12:05pm revealed: -Staff slept at night in the facility. -Call buttons were available but were not in use. -Call buttons were stored in a closet. -He was aware that a call system was required for residents. -All residents could not comprehend how to use the call system.	C 107		