STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-856	A. BUILDING: _____ B. WING _____	11/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOYFUL LIVING #2	6125 LOUISE STREET FAYETTEVILLE, NC 28314

(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
V 000	INITIAL COMMENTS A complaint survey was completed on November 20, 2020. The complaint was unsubstantiated (intake #NC00170486). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105		

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V 105	Continued From page 1 activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record review, observation and	V 105		

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V 105	Continued From page 2	V 105		

interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic and in accordance with the facility's scope of licensed services. The findings are:

Review on 11/20/20 of facility records revealed no policy and procedure for standards of practice amidst the COVID-19 pandemic.

Review on 11/20/20 of a North Carolina Department of Health and Human Services (DHHS) "RECOMMENDATIONS ON VISITATION IN LONG TERM CARE FACILITIES TO REDUCE RISK OF TRANSMISSION OF COVID-19" dated 03/13/20 revealed:
- "...II. Screening Visitors
There are situations where the welfare of the LTC (Long Term Care) resident/client will result in the need for a
visit. In the event the facility determines the visit is necessary, the facility must carefully screen the visitor to determine whether it appears the visitor has respiratory illness or potential exposure
to COVID-19, and if the visitor does, the facility should restrict the visitor from entering the facility.
LTC facilities must screen every individual each and every time they are wishing to enter the facility. (A visitor is any person who is not an employee or resident/client of the facility and includes vendors and contractors.)
Each potential visitor should be screened by asking the following questions:
1. Do you currently have signs or symptoms of a respiratory infection, such as fever,
cough, shortness of breath, or sore throat?

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V 105	Continued From page 3 2. In the last 14 days, have you had contact with any of the following: a) someone with a confirmed or presumptive diagnosis of COVID-19, or b) someone under investigation for COVID-19, or c) someone with respiratory illness, or d) someone who has been asked to quarantine themselves? 3. Do you reside in a community where community-based spread of COVID-19 is occurring? If a visitor answers "yes" to any of the above questions, or appears to be suffering from respiratory illness (coughing, shortness of breath, fever), the visitor should be instructed to defer their visit and return when they will not pose a risk to the safety of the residents/clients in the facility. This means the facility should restrict (prohibit) this visitor from entering the facility. As the facility screens each visitor, the facility should record the full name and telephone of every visitor, the date and time of the visit, and the name or room number of the resident/client with whom they are visiting. At the conclusion of the visit, visitors should be required to sign out of the facility and exit through a designated exit. V. Use of Signage at Facilities and Other Preventive Measures Signage and visitor instructions: Facilities should increase visible signage at entrances/exits, increase availability of alcohol-based hand sanitizer, and may offer personal protective equipment (PPE) for individuals entering the facility (if supply allows). Before visitors enter the facility and residents'/clients' rooms, provide instruction to visitors on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the	V 105		

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resident's/client's room. Individuals with fevers, other symptoms of COVID-19, or who are unable to demonstrate proper use of infection control techniques should be restricted from entry.
Signage should also include language to discourage visits, such as recommending visitors defer
their visit for another time or for a certain situation as mentioned above.
4
Limiting movement of visitors: In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's/client's room the visitor is there to see (e.g., reduce walking the halls, avoid going to dining room, etc.)
Limiting movement of external individuals: Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents/clients to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have supplies dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.
Visitor Reporting: Advise visitors to immediately report to the facility and local health department any signs and symptoms of COVID-19 or acute illness the visitor experiences within
14 days after visiting the facility.
Activities Outside the Facility: Cancel activities

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V 105	Continued From page 5 that take residents/clients into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents/clients who need to leave the building for medical care such as dialysis, medical visits, etc). VI. Monitoring Facility Staff How should facilities monitor or restrict health care facility staff? o Staff should be screened at the beginning of their shift. o The same or a similar screening performed for visitors should be performed for facility staff. o Staff who have signs and symptoms of a respiratory infection should not report to work. o Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should: Immediately stop work, put on a facemask, and self-isolate at home; o In a skilled nursing facility, inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and o Contact and follow the local health department recommendations for next steps (e.g., testing). o In an adult care home facility (or other long term care setting) where there is not an infection preventionist, inform the administrator and the designated infection control staff person and contact and follow the local health department for next steps (e.g., testing) o Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)." Observation on 11/10/20 at approximately	V 105		

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V 105	Continued From page 6 9:00am revealed: - No signage on the front or rear entrance to identify Covid-19 protocols and educational information. - Staff #2 answered the front door and was not wearing a mask. Interview on 11/10/20 staff #2 stated: - He had worked at the facility for approximately 2 years. - He worked 7 days on and 7 days off. He worked from Monday thru Monday. - He does not have to wear a mask at the facility. - he was not aware of the facility infection control policy and procedure. Interview on 11/20/20 the Licensee stated: - She had reviewed protocols with staff and clients about Covid-19. - She had not completed a written policy for guidance in visitor restrictions and monitoring of facility staff.	V 105		