	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.	A. BUILDING:		R
		MHL026-855	B. WING		01/07/2022	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
OYFUL	LIVING #1		ELAND DRIVE EVILLE, NC 28	3304		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	rs	V 000			
		w up survey was completed . Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
	The survey sample current clients.	consisted of audits of 3				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome(achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for the annually in consultar responsible person (5) basis for evaluar outcome achievement (6) written consent responsible party, constant responsible	ILITATION OR SERVICE be developed based on the in partnership with the client or person or both, within 30 days ents who are expected to syond 30 days. Include: (s) that are anticipated to be on of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of				
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG		TITLE		(X6) DATE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL026-855	B. WING		R 01/07/2022	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	LIVING #1	1951 IRE	LAND DRIVE			
UTFUL	LIVING #1	FAYETT	EVILLE, NC 28	8304		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLE ⁻ DATE
V 112	Continued From pa	ige 1	V 112			
	facility failed to devite address needs a clients (#2, #5) and plans were reviewe findings are: Finding #1 Review on 1/7/22 o -50 year old female -Admitted on 7/29/0	views and interviews, the elop and implement strategies nd behaviors for 2 of 3 audited d failed to assure the treatmen d at least annually. The f client #2's record revealed:	b			
	-There was no curr Interview on 1/7/22 -She was nonverba -She was able to no	n completed on 10/14/18. ent treatment/habilitation plan. client #2 revealed:				
	-25 year old female -Admitted on 2/14/1 -Diagnoses of Adju: Depressed Mood A Personality Disorde Functioning, Obesit -Current treatment					

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL026-855	B. WING			R 07/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
JOYFUL	LIVING #1		AND DRIVE	8304		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETE DATE
V 112	Continued From pa	ge 2	V 112			
	Interview on 1/7/22 -Staff worked with h					
	(QP) stated: -The Psychosocial was completed the COVID. -She completed the -She was unsure w been signed by clie -Some of the clients treatment plan. Interview on 1/6/22 -The clients no long COVID. -The clients last attu- -The PSR or the QF plans.	hy the treatment plans had not				
V 133	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pu developmental disa services that is licen Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to have an		V 133			

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL026-855	B. WING	WING		२)7/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
JOYEUI	LIVING #1		AND DRIVE			
		FAYETTE	VILLE, NC 2	8304		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY DEFICIENCY)		LD BE	(X5) COMPLETE DATE		
V 133	the applicant has be less than five years is conditioned on co- criminal history reco- national criminal his include a check of t the applicant has be five years or more, on consent to a Sta check of the applica- employ an applican criminal history reco- section. Except as o subsection, within fi the conditional offer shall submit a reque Justice under G.S. criminal history reco- section or shall sub entity to conduct a S check required by th G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Heal Criminal Records C business days of re history of the person and Human Service Unit, shall notify the information receiver of the applicant. In r national criminal his with the provider. P	ord check of the applicant. If een a resident of this State for , then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned te criminal history record ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ve business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding Department of Justice shall national criminal history mployment positions not	V 133			
		npleted on any staff covered ounty that has adopted an				

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL026-855	B. WING	B. WING		R 07/2022
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		1951 IRE	LAND DRIVE			
JOYFUL	LIVING #1	FAYETTE	EVILLE, NC 28	3304		
().=		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 133	Continued From pa	ge 4	V 133			
	appropriate local or	dinance and has access to				
		inal Information data bank				
		half of a provider a State				
	criminal history reco	ord check required by this				
		provider having to submit a				
		artment of Justice. In such a				
		all commence with the State				
		ord check required by this				
		ousiness days of the				
		employment by the provider.				
		nformation received by the tial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
		ord checks utilizing public				
	records obtained fro					
		oplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:	viewence of the ovine				
	(1) The level and se (2) The date of the	eriousness of the crime.				
	()	person at the time of the				
	conviction.					
	(4) The circumstance	ces surrounding the				
	commission of the					
		een the criminal conduct of				
		job duties of the position to be				
	(6) The prison, jail,	probation, parole,				
		employment records of the				
	•	ate the crime was committed.				
		t commission by the person of				
	a relevant offense.					
	I he fact of conviction	on of a relevant offense alone				
		employment; however, the				

<u>Division</u>	of Health Service Re	gulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		MHL026-855	B. WING			R 07/2022
JAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		1951 IRE	LAND DRIVE			
OTFUL	LIVING #1	FAYETTE	VILLE, NC 28	3304		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	listed factors shall b	be considered by the provider.				
		alifies an applicant after				
	consideration of the	e relevant factors, then the				
		se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.	y A provider and an officer				
		ovider that, in good faith,				
		ection shall be immune from				
	civil liability for:					
	(1) The failure of the provider to employ an					
		sis of information provided in				
		record check of the individual.				
		an employee's history of				
		the employee's criminal k is requested and received in				
	compliance with this					
		e As used in this section,				
		neans a county, state, or				
		ory of conviction or pending				
	indictment of a crim	ne, whether a misdemeanor or				
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		itive and Legislative Officers;				
	5 5	Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
		duction; Article 13, Malicious				
		y Use of Explosive or				
	Incondign (Dovige o					
		or Material; Article 14, Burglary				
	and Other Housebr					

	of Health Service Re		1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL026-855	B. WING			R 07/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	LIVING #1	1951 IRE	LAND DRIVE			
JOILOF		FAYETTE	VILLE, NC 28	3304		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 6	V 133			
	False Pretenses an Obtaining Property Fraudulent Use of C Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, O Peace; Article 35, O Peace; Article 35, O Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in viol Controlled Substan 90 of the General S offenses such as sa violation of G.S. 181 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for emploi supplies, or otherwi an employment app criminal history reco shall be guilty of a C (g) Conditional Emple employ an applicant check regarding the following requiremet (1) The provider sha prior to obtaining th criminal history reco	, Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public ffenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while n of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. oloyment A provider may t conditionally prior to s of a criminal history record e applicant if both of the ents are met: all not employ an applicant e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		
		MHL026-855	B. WING			R 01/07/2022
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
OYFUI	LIVING #1		ELAND DRIVE			
		FAYETT	EVILLE, NC 28	304		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 7	V 133			
	criminal history reco business days after conditional employr 2001-155, s. 1; 200	all submit the request for a ord check not later than five the individual begins nent. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	failed to request sta checks within five b for 1 of 4 audited st	views and interview the facility ate criminal back ground usiness days of employment aff (#2). The findings are: f staff #2's personnel record	y			
	-Job title Paraprofe	ssional. a state criminal background				
	-Staff #2 never lived	the Licensee stated: d outside the county. leted a background check for				
	-The website she us checks no longer a	sed to complete background ppeared operable. a background check was				
V 536	27E .0107 Client Ri Int.	ghts - Training on Alt to Rest.	V 536			
	10A NCAC 27E .01 ALTERNATIVES TO					

STATE FORM

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
ND FEAN OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
	MHL026-855	B. WING			R 01/07/2022	
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OYFUL LIVING #1						
		EVILLE, NC 28		000000000		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 536 Continued From pa	ge 8	V 536				
INTERVENTIONS						
	mplement policies and					
practices that emph	nasize the use of alternatives					
to restrictive interve						
	ng services to people with					
	luding service providers,					
	ts or volunteers, shall					
	etence by successfully in communication skills and					
	creating an environment in					
	l of imminent danger of abuse					
	with disabilities or others or					
property damage is						
	ies shall establish training					
	petencies, monitor for interna	1				
	monstrate they acted on data					
gathered.						
	Il be competency-based, learning objectives,					
	(written and by observation of	F				
	objectives and measurable					
methods to determi	ne passing or failing the					
course.						
	er training must be completed wider periodically (minimum					
annually).	Muer periodically (minimum					
	raining that the service					
	employ must be approved by					
the Division of MH/	DD/SAS pursuant to					
Paragraph (g) of thi						
	onstrate competence in the					
following core areas						
	e and understanding of the					
people being server (2) recognizir	u, ng and interpreting human					
behavior;						
	ng the effect of internal and					
	hat may affect people with					
disabilities;						

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
					R	
		MHL026-855	B. WING		01/	07/2022
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
OYFUL	LIVING #1		ELAND DRIVE EVILLE, NC 28	304		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 536	Continued From pa	ge 9	V 536			
	relationships with p (5) recognizin organizational factor disabilities; (6) recognizin assisting in the per- decisions about the (7) skills in a escalating behavior (8) communi and de-escalating p and (9) positive b means for people v activities which dire behaviors which and (9) positive b means for people v activities which dire behaviors which and (h) Service provide documentation of in at least three years (1) Documer (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring a passin instructor training p (3) The traini	ssessing individual risk for cation strategies for defusing potentially dangerous behavior ehavioral supports (providing vith disabilities to choose octly oppose or replace e unsafe). ers shall maintain nitial and refresher training for tation shall include: cipated in the training and the l); d where they attended; and 's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence n testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence g grade on testing in an	·; ;			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	IDENTITION TOTAL MODELS.	A. BUILDING:				
	MHL026-855	B. WING	B. WING		R 01/07/2022	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
JOYFUL LIVING #1		LAND DRIVE	3304			
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 536 Continued From pa	age 10	V 536				
 measurable method failing the course. (4) The contribution service provider plice approved by the D to Subparagraph (i (5) Acceptable shall include but and (A) understand (B) methods course; (C) methods performance; and (D) document (6) Trainers teaching a training reducing and elimitie interventions at least review by the coact (7) Trainers aimed at prevention need for restrictive annually. (8) Trainers instructor training at (j) Service provided documentation of it training for at least (1) Document (A) who partition (B) when ant (C) instructo (2) The Diviso request and review (k) Qualifications of a service 	be instructor training programs re not limited to presentation of hding the adult learner; for teaching content of the a for evaluating trainee ttation procedures. shall have coached experience program aimed at preventing, nating the need for restrictive ast one time, with positive h. shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. ers shall maintain nitial and refresher instructor three years. mentation shall include: cipated in the training and the il); d where attended; and r's name. sion of MH/DD/SAS may v this documentation any time. of Coaches: shall meet all preparation	t :				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	```	E CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		MHL026-855	B. WING			R 07/2022
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	LIVING #1	1951 IRE	LAND DRIVE			
		FAYETTE	VILLE, NC 28	8304		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 536	Continued From pa	ge 11	V 536			
	the course which is (3) Coaches competence by cor train-the-trainer inst	shall demonstrate npletion of coaching or				
	facility failed to assume trained in Alte Interventions. The f	views and interviews, the ure 1 of 4 audited staff (#2) rnatives to Restrictive				
	revealed: -Date of hire 12/10/ -Job title Paraprofe -There was no evid	21. ssional. ence staff #2 had been trained competency on Alternatives to				
	-She did not have a training.	staff #2 stated: g at the facility on 12/11/21. my restrictive intervention use restrictive interventions.				