

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-856</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/21/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOYFUL LIVING #2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6125 LOUISE STREET FAYETTEVILLE, NC 28314</b>		
(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  An annual and follow up survey was completed on March 21, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 6 and has a current census of five. The survey sample consisted of audits of three current clients.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.	V 108		

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

TITLE

(X6) DATE

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of four audited staff (#1 and Group Home Manager) received training to meet the MH/DD/SA needs of the clients. The findings are:</p> <p>Review on 3/20/25 of staff #1's personnel record revealed: -Hire date was 1/7/19. -He was hired as a Direct Care Staff. -No documentation of client specific/special population training.</p> <p>Review on 3/20/25 of the Group Home Manager training revealed: -Hire date was 12/8/10. -He was hired as the Group Home Manager. -No documentation of client specific/special population training.</p> <p>Interview on 3/19/25 with the Licensee revealed: -She thought the staff had completed the training. -She was planning to have some updated training in the next few weeks. -She confirmed the facility failed to provide training to meet the MH/DD/SA needs of clients.</p>	V 108		

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V 289	Continued From page 2	V 289		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate within the scope of their program by admitting clients without developmental disabilities affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 3/20/25 of the facility licensed revealed: -The facility was licensed for 5600C Supervised Living for Adults with Developmental Disabilities. -Review on the rules for Mental Health, Developmental Disability and Substance Abuse</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>facilities services revealed "C" designation means a facility which serves adults who primary diagnosis is a developmental disability but may have other diagnoses.</p> <p>Review on 3/20/25 of client #3's record revealed: -Admission date of 6/26/09. -Diagnoses Schizophrenia Disorder with Depression, Anxiety Disorder, Hypertension, Diabetes Mellitus and Acid Reflux. -Client #3 had no documentation that indicated a diagnosis of developmental disability.</p> <p>Interview on 3/21/25 with the Qualified Professional revealed: -In the past they have completed the waiver and never received response from anyone. -Client states that he is happy and does not want leave the facility.</p> <p>Interview on 3/21/25 with the Licensee revealed: -Previously she has completed the waiver documentation and never heard back from anyone. -Client #3 has been in the facility prior to her taking ownership. -Client #3 has expressed he does not want to leave and go to another facility. -She acknowledged there was no documentation of client #3 have a primary diagnosis of a developmental disability.</p>	V 289			