

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/21/2025
NAME OF PROVIDER OR SUPPLIER JOYFUL LIVING #1		STREET ADDRESS, CITY, STATE, ZIP CODE 1951 IRELAND DRIVE FAYETTEVILLE, NC 28304		
(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 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.	V 107		

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

TITLE

(X6) DATE

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V 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete personnel record affecting one of one audited paraprofessional staff (#1). The findings are:</p> <p>Review on 3/19/25 of staff #1's personnel record revealed: -Date of hire was not specified but was noted as December 2021. -She was hired as a Direct Care Staff. -No documentation of educational verification.</p> <p>Interview on 3/19/25 with the Licensee revealed: -She had hired staff #1 after COVID and needed additional staff as she had lost several staff.</p>	V 107		

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V 107	Continued From page 2 -She thought she had requested a copy of the staff proof of education. -She confirmed the facility failed to have a complete personnel record for staff #1.	V 107		
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. (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.	V 108		

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V 108	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of four audited staff (#1) received training to meet the MH/DD/SA needs of the clients. The findings are: Review on 3/19/25 of staff #1's personnel record revealed: -Hire date was December 2021. -She was hired as a Direct Care Staff. -No documentation of client specific/special population training. Interview on 3/19/25 with the Licensee revealed: -She thought the staff had completed the training. -She was planning to have some updated trainings in the next few weeks. -She confirmed the facility failed to provide training to meet the MH/DD/SA needs of clients for staff #1.	V 108		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.	V 121		

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V 121	<p>Continued From page 4</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three of three audited clients (#1, #2 and #3) had a drug regimen review at least every six months. The findings are:</p> <p>Review on 3/19/25 of client #1's record revealed: -Admission date was 7/29/08. -Diagnoses of Borderline Intellectual Functioning, Cerebral Palsy, Hypertension, Osteoarthritis and Hyperlipidemia -FL 2 dated 7/24/24 revealed: -Fluoxetine HCL 20 milligram (mg) take 1 capsule every day. -Fluoxetine HCL 10mg, take 1 capsule every day with 20mg. -Imipramine HCL 25mg; take 1 tablet every day. -The last documented six month psychotropic review was conducted on 4/24/24. -There was no evidence of a current six month psychotropic drug review for client #1.</p> <p>Review on 3/19/25 of client #1's MAR for the months of January 1, 2025 to March 19, 2025 revealed: -Client #1 was administered the above medications from January 1, 2025 to March 19, 2025.</p> <p>Review on 3/19/25 of client #2's record revealed: -Admission date was 9/4/2015.</p>	V 121			

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V 121	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Diagnoses of Borderline Intellectual Functioning, Schizoaffective Disorder-Bipolar Type, Diabetes, Mellitus, Hypertension and Hyperlipidemia. -FL 2 dated 5/1/24 revealed: <ul style="list-style-type: none"> -Olanzapine 15mg, take 1 tablet at 7pm every evening at 7pm. -Haloperidol 5mg, take 1 tablet at bedtime. -Trazodone 100mg, take 2 tablets at bedtime. -Sertraline HCL 100mg, take 1 tablet at bedtime. -The last documented six month psychotropic review was conducted on 4/24/24. -There was no evidence of a current six month psychotropic drug review for client #2. <p>Review on 3/19/25 of client #2's MAR for the months of January 1, 2025 to March 19, 2025 revealed:</p> <ul style="list-style-type: none"> -Client #2 was administered the above medications from January 1, 2025 to March 19, 2025. <p>Review on 3/19/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date was 5/5/19. -Diagnoses of Borderline Intellectual Functioning, Borderline Personality Disorder, Bipolar Disorder, Moderate Depression Disorder and Hypertension and Type 2 Diabetes. -FL 2 dated 6/6/24 revealed: <ul style="list-style-type: none"> -Atorvastatin 40mg, take 1 tablet every day. -Fluoxetine 40mg, take 1 capsule every day. -Risperidone 2mg, take 1 tablet every day. -Aspirin 81mg, take 1 tablet every day. -Lisinopril 2.5mg, take 1 tablet every day. -Omeprazole 40mg, take 1 capsule every day. -Vitamin D2 1.25mg, take 1 capsule once weekly. -Benzotropine Mes 0.5mg, take 1 tablet twice daily. 	V 121		

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V 121	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Clonazepam 0.5mg, take 1 tablet twice daily and may take 3rd dose daily on occasion. -Memantine 10mg, take 1 tablet twice daily. -Metformin 500mg, take 1 tablet twice daily. -Donepezil 10mg, take 1 tablet at bedtime. -Trazodone 50mg, take 1 tablet at bedtime. -Atorvastatin 40mg, take 1 tablet at bedtime. -Risperidone 2mg, take 1 tablet at bedtime. <p>-The last documented six month psychotropic review was conducted on 4/24/24.</p> <p>-There was no evidence of a current six month psychotropic drug review for client #3.</p> <p>Review on 3/19/25 of client #3's MAR for the months of January 1, 2025 to March 19, 2025 revealed:</p> <ul style="list-style-type: none"> -Client #3 was administered the above medications from January 1, 2025 to March 19, 2025. <p>Interview on 3/20/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> -She contacted the pharmacy to see when the last review was completed. -The pharmacy informed her the last review was on 4/24/24. -She acknowledged there were no recent records that the drug reviews were completed. 	V 121		