

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 11/15/18. Deficiencies were cited.</p> <p>This facility is licensed for the following services: 10 NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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</p>	V 289	<div data-bbox="868 1522 1534 1648" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p><i>By DHSR-Mental Health Licensure at 7:13 am, Dec 07, 2018</i></p> </div>	

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 289	<p>Continued From page 1</p> <p>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> <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)&(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 under the scope for which it is licensed for 2 of 2 clients (#3 & #4). The findings are:</p> <p>Review on 11/9/18 of client #3's record revealed: - admitted to the facility on 12/5/16</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 289	<p>Continued From page 2</p> <ul style="list-style-type: none"> - diagnoses of Schizophrenia and Cannabis use - no documentation of DD diagnosis <p>Review on 11/9/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 9/26/12 - diagnoses of Schizophrenia; Hypertension and Asthma - no documentation of DD diagnosis <p>During interview on 11/15/18 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - he was not part of the intake process - the Licensee ensures the clients had a DD diagnosis prior to the client being admitted to the facility 	V 289	<p>The two consumers in question will be removed from this facility within 30 days of this plan of correction. Assistance will be provided to the consumer and/or his guardian to assist with appropriate future placement.</p> <p>The management team will in the future ensure that each consumer meets all requirements for admission during the initial assesement prior to additional consumers being admitted to this facility.</p>	12/31/18 Ongoing
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 290	<p>Continued From page 3</p> <p>abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (#1) treatment plan documented he was capable of remaining in the community without supervision. The findings are:</p> <p>Review on 11/9/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 8/21/15 - diagnosis of Schizoaffective Disorder; Hypothyroidism and Autism - a treatment plan dated 3/24/18 with no 	V 290	<p>All consumer with unsupervised time will now have a goal specifically noted in his/her treatment plan noting his unsupervised time.</p>	12/31/18 ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 290	Continued From page 4 documentation of unsupervised time During interview on 11/14/18 client #1 reported: - he has been at the facility for 2 years - he currently had unsupervised time in the community - 2 hours on Monday, Wednesday and Thursday; 6 hours on Friday and 4 hours on Saturday and Sunday...none on Monday During interview on 11/15/18 the Qualified Professional reported: - client #1 had unsupervised time in the community - the unsupervised time was a separate contract from the treatment plan in which client #1's guardian approved - he will fax over the contract by 5pm today - the contract for unsupervised time was not received	V 290		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed.	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 500	<p>Continued From page 5</p> <p>Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p>	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 500	<p>Continued From page 6</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to ensure client rights were not restricted as specified in G.S. 122C-62. This affected four of four clients (#1 - #4). The findings are:</p> <p>Review on 11/9/18 of General Statute 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Observation on 11/9/18 at 12:32pm revealed:</p> <ul style="list-style-type: none"> - there was a lock on the bottom portion of the refrigerator - the freezer portion of the refrigerator had two metal pieces that a lock could attach to however, it was not locked <p>During interview on 11/9/18 staff #1 reported:</p> <ul style="list-style-type: none"> - some of the clients stoled food out of the refrigerator during the night hours - she was informed a client would get up an attempt to cook during the night - this has not happened on her shift - she forgot to unlock the refrigerator this 	V 500	<p>All restrictive interventions will be discussed and documented in each consumers folder indicating the need for the restrictive intervention. In this case the refrigerator will remain unlocked at all times so each conuser has access to it with permission at any time.</p>	12-31-18 ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 500	<p>Continued From page 7</p> <p>morning</p> <ul style="list-style-type: none"> - the refrigerator (including freezer portion) was locked from 10pm - 6am - the Licensee was aware the refrigerator was being locked <p>During interview on 11/14/18 client #1 reported:</p> <ul style="list-style-type: none"> - the refrigerator was locked, however he was able to go in and out of the refrigerator when he needed to - staff will give him the key, however staff opened the refrigerator for the other clients - his personal food was being stolen out of the refrigerator <p>During interview on 11/14/18 client #2 reported:</p> <ul style="list-style-type: none"> - other clients were allowed to go in and out of the refrigerator - staff would unlock it for him to go in the refrigerator - he didn't like that <p>During interview on 11/14/18 client #3 reported:</p> <ul style="list-style-type: none"> - when he arrived from the psychosocial rehabilitation in the afternoon the refrigerator was locked - he was informed clients stole food from the refrigerator - staff #1 will unlock the refrigerator if he needed anything <p>During interview on 11/13/18 the Licensee reported:</p> <ul style="list-style-type: none"> - she was aware the refrigerator was locked during the night - clients would go in the refrigerator and eat items during the night - a client one time drank all the milk and was sick the next morning - clients stole other clients personal food items 	V 500		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 500	Continued From page 8 out of the refrigerator During interview on 11/15/18 the QP reported: - he was aware the refrigerator was locked at night - a client was turning on the stove attempting to cook at night...food was stolen from the refrigerator - it was decided to lock the refrigerator after the client's final snack - he did not recall the clients that stole food or turned on the stove	V 500		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the facility was kept free of insects. The findings are: Observation on 11/9/18 revealed the following: - at 12:32 a baby roach crawled along the side of the refrigerator - at 12:42pm a baby roach crawled on the sink in the downstairs bathroom During interview on 11/9/18 staff #1 reported: - she has been seeing a couple of baby roaches - the exterminator supposed to come to the	V 738	The exterminator was contacted and came out to provide extermination services for the group home. The group home owner will continue to contract with a professional exterminator to ensure that the group home remains free from any pest.	12-31-18 Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 738	Continued From page 9 facility on 11/14/18 During interview on 11/13/18 the Licensee reported: - the exterminator was scheduled to come to the facility tomorrow	V 738		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the facility's water temperatures were maintained between 100-116 degrees. The findings are: The following observation on 11/9/18 of the facilities water temperatures revealed the following: - at 12:32pm the kitchen's sink temperature was 120 - at 12:42pm the downstairs bathroom sink was 120 - at 12:45pm the upstairs hallway bathroom sink was 120 During interview on 11/9/18 staff #1 reported: - she does not check water temperatures at	V 752	The hot water temperature was turned down to ensure it meets the states required temperature and the group home staff will monitor and document the water temperature weekly.	12-31-18 Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
--	---

(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 752	<p>Continued From page 10</p> <p>the facility</p> <ul style="list-style-type: none"> - the clients have not complained about the water temperatures being too hot <p>During interview on 11/14/18 the clients had no complaints of water temperatures being too high</p> <p>During interview on 11/13/18 the Licensee reported:</p> <ul style="list-style-type: none"> - staff contacted her after the survey about the water temperatures - someone will be there tomorrow (11/14/18) to adjust the water temperatures 	V 752		