Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411115	B. WING		02/26/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
J GEE'S H	OUSE		IONES ROAD			
			ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 2/26/19. ed.				
	category: 10A NCAC Living for Adults Who	d for the following service 27G .5600C Supervised se Primary Diagnosis is a				
	Developmental Disab					
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a				
	less than five years, to is conditioned on concriminal history recordinational criminal historiculude a check of the applicant has been five years or more, the on consent to a State check of the applicant employ an applicant or criminal history recordinates section. Except as other conditions of the applicant o	en a resident of this State for then the offer of employment sent to a State and national dicheck of the applicant. The party record check shall applicant's fingerprints. If an a resident of this State for en the offer is conditioned a criminal history record to the Aprovider shall not who refuses to consent to a dicheck required by this herwise provided in this abusiness days of making				

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:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7.1.2 1 2.11 6. 66.11.26.16.1			A. BUILDING: _					
		MHL0411115	B. WING		02/26/2019			
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
			D JONES ROAD	,				
J GEE'S H	OUSE		BORO, NC 2740	06				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ION (VE)			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE			
V 133	Continued From page	2 1	V 133					
		of employment, a provider						
	•	t to the Department of						
	Justice under G.S. 11							
	-	d check required by this						
		it a request to a private ate criminal history record						
	-	s section. Notwithstanding						
		Department of Justice shall						
		ational criminal history						
		ployment positions not						
	covered by Public Law 105-277 to the							
	Department of Health and Human Services,							
	Criminal Records Check Unit. Within five							
	business days of receipt of the national criminal							
	history of the person, the Department of Health							
		, Criminal Records Check						
	-	provider as to whether the						
		may affect the employability						
		case shall the results of the						
		ory record check be shared						
		viders shall make available						
		tion that a criminal history						
		oleted on any staff covered nty that has adopted an						
		nance and has access to						
	• • •	al Information data bank						
		olf of a provider a State						
		d check required by this						
		ovider having to submit a						
	-	ment of Justice. In such a						
		I commence with the State						
		d check required by this						
	section within five bus							
		nployment by the provider.						
		ormation received by the						
		al and may not be disclosed,						

Division of Health Service Regulation

except to the applicant as provided in subsection

(c) of this section. For purposes of this subsection, the term "private entity" means a

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL0411115	B. WING		02/26/2019	
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
J GEE'S I	HOUSE	2006 OLD	JONES ROAD			
		GREENS	BORO, NC 2740	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	
V 133	Continued From page	e 2	V 133			
V 133	business regularly en criminal history record records obtained fron (c) Action If an apprecord check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and seri (2) The date of the criminal history recommission of the criminal history reto the disqualification of the reprovider may disclose the criminal history applicant. (d) Limited Immunity, or employee of a prove complies with the basi idiality for: (1) The failure of the individual on the basi	gaged in conducting d checks utilizing public in a State agency. Ilicant's criminal history one or more convictions of e provider shall consider all is in determining whether to ousness of the crime. If the crime interest in the criminal conduct of b duties of the position to be exployed by the person of the crime was committed. It is commission by the person of the considered by the provider. If it is an applicant after elevant factors, then the enformation contained in ecord check that is relevant, but may not provide a copy	V 155			

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Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) P		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING			
		MHL0411115	B. WING		02/26	6/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		2006 OLE	JONES ROAD			
J GEE'S H	OUSE		BORO, NC 2740	06		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
				DEFICIENCY)		
V 133	Continued From page	e 3	V 133			
	. •					
		n employee's history of				
		e employee's criminal				
		s requested and received in				
	compliance with this s					
		- As used in this section,				
		ans a county, state, or				
		y of conviction or pending				
		whether a misdemeanor or				
		on an individual's fitness to				
	•	r the safety and well-being of				
		ntal health, developmental				
		nce abuse services. These				
		minal offenses set forth in				
	-	rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub					
		ve and Legislative Officers;				
		article 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by					
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
		le 16, Larceny; Article 17, Embezzlement; Article 19,				
	False Pretenses and Obtaining Property or					
	• , ,	edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against	- ·				
		, Adult Establishments;				
		n; Article 28, Perjury; Article				
		, Misconduct in Public				
	• •	enses Against the Public				
		liots and Civil Disorders;				
	Article 39, Protection	•				
	AITICIE 39, PIOLECTION	OF WILLOUS, AFRICIE 40,	1			

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Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411115	B. WING		02/26/	/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE	•	
J GEE'S H	IOUSE		JONES ROAD	•		
			ORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	e 4	V 133			
	Crime. These crimes sale of drugs in violate Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employing supplies, or otherwise an employment application of G.S. 20-138.5. (g) Conditional Employing supplies, or otherwise an employment application of a Clark (g) Conditional Employing employ an applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as reconstructed to the provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	also include possession or ion of the North Carolina as Act, Article 5 of Chapter atutes, and alcohol-related at to underage persons in 302 or driving while of G.S. 20-138.1 through the same two willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Soyment A provider may conditionally prior to of a criminal history record applicant if both of the as are met: not employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins				
	facility failed to ensur	as evidenced by: ews and interviews the e a criminal history record within five business days of				

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the date of hire affecting 1 of 3 staff (staff #1) and

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Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0411115		B. WING		02/26/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
J GEE'S H	OUSE		JONES ROAD	00		
			BORO, NC 2740			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	: 5	V 133			
	record check was req had been a resident of years affecting 1 of 3 are:	onwide criminal history uested for applicants who if the state for less than five staff (staff #3). The findings staff #1's employee record				
	revealed: -An original hire date of 5/30/11 and rehire dates of 3/30/12 and 2/7/17; -There were criminal history record checks dated					
	2/25/11 and 11/7/13.					
	Review on 2/26/19 of staff #3's employee record revealed:					
	-A hire date of 1/10/19; -A criminal history record check dated 1/10/19					
	that was not nationwide; -Verification of a high school diploma earned on 5/28/15 from another state.					
		with staff #3 revealed she Carolina in September 2018.				
	-"I shouldn't just hire f make sure everything					
	completed a criminal #1 when she was reh	•				
	record checks including	s that had resided outside of				

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