

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-902	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RUSMED 1

**2104 WINNIE PLACE
RALEIGH, NC 27603**

(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 complaint survey was completed on 09/20/21. The complaint was substantiated (#NC00180717, #NC00180772, #NC00180630). Deficiencies were cited.	V 000		10/09/21
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		on going jn

DHSR - Mental Health

OCT 11 2021

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

RVRM11

If continuation sheet 1 of 7

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to develop and implement strategies in the treatment plan for one of three clients (#3). The findings are:</p> <p>Review on 9/14/21 of client #3's record revealed: -Admitted: 05/04/20 -Diagnoses: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Severe Intellectual Disability -Order from psychologist dated 6/10/20 to wear "tough clothing"</p> <p>Review on 9/14/21 of client #3's treatment plan dated 7/01/21 revealed: -No goals or strategies to address client #3's behavior of ripping and destroying his clothes</p> <p>Observation on 9/14/21 at 12:30pm client #3 was folding and hanging laundry. Client #3 and Residential Manager were putting the clothes on hangers and hanging them in the downstairs office/medication room closet. Closet door where clothes were kept was unlocked, had no locking mechanism on the door knob Observation on 9/14/21 at 1:45pm client #3's bedroom had no clothes hanging in the closet and no shoes on the floor of the closet or in his bedroom.</p> <p>Interview on 9/14/21 the Residential Manager stated: -Client #3 ripped and destroyed his clothing -Client #3's clothes were kept in the closet downstairs to keep client #3 from tearing up all his clothing -Thought it was in his treatment plan -Had always put clothes in the downstairs closet</p>	V 112	<p>QP added goal to Short Range Goals.</p> <p>See Attached</p> <p>Rule not met #1</p>	<p>10/10/21</p> <p>on going</p>

Long Range Outcome 2: [REDACTED] wipes thoroughly after bowel movements.**Where am I now in Relationship to the Outcome?** (Reason for outcome/Justification)

- [REDACTED] can and will wipe following a bowel movement
- Requires staff support to ensure that he is thoroughly clean
- If staff is unable to assist while he is on the toilet, encourage a shower

Continues to require support with cleaning himself thoroughly after a bowel movement.*What are the prerequisite skills needed for the goal below? Does the individual supported possess these skills?**

[REDACTED] continues to require support and training to clean himself thoroughly after a bowel movement.

Short Range Goal: 2A. [REDACTED] will wipe thoroughly following a bowel movement with no more than 3 verbal prompts for the remainder of the plan year.

Support to Reach Goal	Who will provide Support and service location?	Estimated Frequency for Each Location (e.g. 75% of hours, 3 out of 5 days)	Target Date
H2016 HI Residential Supports Level 4	RusMed Residential Support Staff (3)	Daily: 3:100%	6/30/2022
Schedule to run goal	Materials needed:	Positive reinforcement	
Daily	Toilet Paper	Verbal Praise	
Steps for person supported (continue steps as needed):		Staff's action (continue steps as needed):	
1. [REDACTED] will be prompted by staff to clean himself thoroughly after a bowel movement. 2. [REDACTED] will clean himself after a bowel a movement. 3. <i>*If he cannot clean himself thoroughly, staff will encourage him to take a shower.</i>		1. Staff will prompt [REDACTED] to clean himself thoroughly after a bowel movement. 2. Staff will encourage [REDACTED] to take a bath/shower if he cannot clean himself properly. 3. Staff will offer additional prompts and encouragement. 4. Staff will praise [REDACTED] for all attempts.	
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
6/30/2022	5/11/2021	O	[REDACTED] continues to require support and training to participate in his personal hygiene routine.
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued *Location Codes: 1-Consumer's Home 2-Day Program 3-Residential Facility 4-Community 5-Place of Employment 6-Volunteer Site 7-Worker's Home 8-Other (Please specify)			

Long Range Outcome 3: [REDACTED] completes household chores to increase independent living skills**Where am I now in Relationship to the Outcome?** (Reason for outcome/Justification)

- [REDACTED] has shown progress with completing household chores
 - He has made progress with making his bed, sorting, folding, hanging up clothes and picking up his room
- *Due to extensive behaviors (tearing of clothing and continually throwing dresser drawers and clothing downstairs, his clothing will be kept downstairs)*

Rule not met

CONSUMER NAME: [REDACTED]

- [REDACTED] assists with bringing in the groceries but does not generally assist with putting them away
- He is able to collect trash and take it to curb/return can to house when needed
- He is also able to go to the mailbox to check the mail
- Will assist with most activities following several prompts

What are the prerequisite skills needed for the goal below? Does the individual supported possess these skills?

[REDACTED] require support and training to independently complete his household chores

Short Range Goal: 3A. [REDACTED] will make his bed with no more than 3 verbal prompts for the remainder of the plan year.

Support to Reach Goal	Who will provide Support and service location?	Estimated Frequency for Each Location (e.g. 75% of hours, 3 out of 5 days)	Target Date
H2016 HI Residential Supports Level 4	RusMed Residential Support Staff (3)	Daily: 3:100%	6/30/2022
Schedule to run goal	Materials needed:	Positive reinforcement	
Daily	Sheet Set Blanket/comforter	Verbal Praise	
Steps for person supported (continue steps as needed):		Staff's action (continue steps as needed):	
1. [REDACTED] will be prompted by staff to make his bed. 2. [REDACTED] will make his bed with assistance as needed. 3. [REDACTED] will gather the needed items to make his bed. 4. [REDACTED] will place the fitted and straight sheet onto his bed. 5. [REDACTED] will place the pillowcases on his pillow(s) 6. [REDACTED] will cover his made bed with a blanket or comforter as needed.		1. Staff will assist [REDACTED] with making his bed as needed. 2. Staff will offer additional prompts and encouragement. 3. Staff will praise [REDACTED] for all attempts.	
Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
6/30/2022	5/11/2021	O	[REDACTED] continues to require support and training to independently complete his household chores
/ /	/ /		
/ /	/ /		
Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued			
Short Range Goal: 3B. [REDACTED] will sort, fold and hang his clean clothing with no more than 3 verbal prompts for the remainder of the plan year. <i>*Due to extensive behaviors (tearing of clothing and continually throwing dresser drawers and clothing downstairs, his clothing will be kept downstairs)</i>			
Support to Reach Goal	Who will provide Support and service location?	Estimated Frequency for Each Location (e.g. 75% of hours, 3 out of 5 days)	Target Date
H2016 HI Residential Supports Level 4	RusMed Residential Support Staff (3)	Daily: 3:100%	6/30/2022
Schedule to run goal	Materials needed:	Positive reinforcement	

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V 112	Continued From page 2 Interview on 9/14/21 Staff #1 stated: -Client #3 clothes had been put in the downstairs closet since he had been employed (hire date 9/8/2019) -Client #3 had ripped and torn clothes	V 112	<i>Re-training Completed</i>	<i>9/13/21</i> <i>quantity</i> <i>[Signature]</i>
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to administer medications on the written order of a physician affecting one of three clients (#2). The findings are:</p> <p>Review on 9/9/21 of client #2's record revealed :</p> <ul style="list-style-type: none"> -Admitted: 8/1/21 -Diagnoses: Severe Intellectual Disability, Bipolar II Disorder, Mixed Attention Deficit Hyperactivity Disorder -Physician orders dated 6/29/21: - Lithium carbonate ER 450 milligram (mg) tablets, take 1 tablet by mouth twice daily - Polyethylene glycol 3350 PQ, mix 1 packet (17grams) in 8 ounces beverage of choice and take by mouth every day -No order for Prilosec over the counter (OTC) <p>Observation on 9/9/21 at 10:45am of client #2's medications</p> <ul style="list-style-type: none"> -Lithium carbonate ER 450 mg were in the pill pack not administered for 9/1/21-9/9/21 -Polyethylene glycol 3350 PQ was not available at the home <p>Record review on 9/9/21 of client #2's MAR revealed:</p> <ul style="list-style-type: none"> -Lithium carbonate ER 450 mg was not initialed as administered for 9/1/21-9/9/21 -Polyethylene glycol 3350 PQ was not initialed as administered for 9/1/21-9/9/21 	V 118	<p>Rule not met: SEE Attached POC.</p>	

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V 118	Continued From page 4 -Prilosec over the counter (OTC) was initialed as administered 8/18/21-9/9/21 Interview on 9/9/21 the Residential Manager stated: -Lithium was stopped by request of the mother -Had not received a doctor's order to stop -Polyethylene glycol 3350 hadn't been delivered by the pharmacy -The mother requested that Prilosec was given to client #2 daily -She was aware that medications administered needed a doctor's order Interview on 9/9/21 staff #1 stated: -Lithium was held as the mother requested it not to be given -Prilosec was written on the MAR, because the mother requested that the medication was given daily Interview on 9/15/21 the Licensee stated: -Had not been to the group home to look over medications -Residential Manager usually checked in the medication closet to ensure all medications are present -Medications should be given according to the physician's orders	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

Rule #2

Corrective Action:

All staff of RusMed Consultants Group Homes will be retrained in Medication Administration and insure staff is retrained on the importance of initials, by a Licensed Nurse.

All staff of RusMed Consultants Group Homes will be retrained in Medication Administration by a Licensed Nurse.

MAR's will be reviewed and medications will be counted at the beginning and end of each shift. RusMed Consultants will contract with a Licensed Nurse to review MAR's each month for accuracy and compliance.

All medications will be counted at the beginning and end of each shift.

The Group Home Managers and/or Designee would only have access to PRN medications. If a member is in need of a PRN medication, staff must contact the Group Home Manager and/or Designee for approval and access before administering.

RusMed Supervisors, Group Home Managers and Licensed Nurse will ensure accuracy and compliance.

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V 736	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe and attractive manner. The findings are: Observation on 9/14/21 at 1:45pm revealed: The floor between the office and kitchen was ripped and torn with one rip the size of a dollar bill the other rip was the size of an mailing envelope and was detached from the foundation -Kitchen -sink faucet escutcheon was detached from the sink and moved when the water was turned on or off -Ceiling light in the room beside the kitchen was not working -Carpet was dingy with several spots the size of a basketball on the living room floor Upstairs hallway bathroom -sink faucet handle missing -door missing from medicine cabinet Bathroom in client #1's room -missing 2 out of 4 light bulbs -1 small drawer missing from vanity Interview on 9/14/21 the Residential Manager stated: -The house has been sold to a managing company and it takes a long time to get repairs done -A list had been submitted to the managing company and they were waiting for contractors to come out to complete the work	V 736	<i>Rule # 3 not met Please see Attachment All Repairs and replacements have been Completed.</i>	

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V 736	Continued From page 6 Interview on 9/14/21 the License stated: -The house was sold to a managing company and it has taken a little longer to get repairs completed -Has had to complete some repairs and pay out of pocket, the new process takes so long	V 736		
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 water temperatures were maintained between 100-116. The findings are: Observation on 9/14/21 at 1:00pm & 1:30pm revealed the following water temperatures: -the kitchen sink & clients' bathroom sink were 122 degrees to 125 degrees During interview on 9/14/21 the Residential Manager stated: -Water temperatures are usually that high -Will put in a work order for the water temperature to be turned down	V 752		



Rule not met #3

4416 Bennett Memorial Road Suite 108
Durham, NC 27705
(919) 383-7000

Invoice 178911027
Invoice Date 9/14/2021
Terms Commercial Plumbing
Completed Date 9/14/2021
Technician Jamie Andrews
Customer PO

Billing Address
Rusmed 1
308 West Millbrook Road #C
Raleigh, NC 27609 USA

Job Address
Rusmed 1
2104 Winnie Place
Raleigh, NC 27603 USA

Description of Work

Customer had a visit from the state and the state told them they needed to turn the water heater down some because the water was too hot. I turned it down one notch because it was set at 120, they did not leave instructions to an exact temperature they wanted it at. The customer did confirm for after-hours.

Task #	Description	Quantity	Your Price	Your Total
ComOT-P125 / 1.33	Commercial \$125 Standard Overtime is \$187.50	1.00	\$187.50	\$187.50
nonmembercommplumbdispa tchcharge	Non Contract Member Sales:Commercial Plumbing Dispatch Charge OFFICE HOURS ONLY	1.00	\$59.00	\$59.00

Potential Savings \$24.65

Sub-Total \$246.50

Tax \$17.87

Total Due \$264.37

Balance Due \$264.37

Payment is due Net 30 days from the date of invoice. After 30 days, if no payment is received, a 10% late fee will be charged and a 2% finance charge (24% per annum) will be applied.

JD SERVICE NOW WORK AUTHORIZATION:

I, the undersigned, am the owner and/or an authorized representative/tenant of the premises at which the work description for the repair(s) is to be done. I hereby authorize JD Service Now to perform the above recommendation(s), and to use both labor and materials as deemed necessary to complete the repair(s).

Unless an established credit line account exists, and the account is in good current standing, payment for all of these repair(s) is due upon completion, at the time of completion. Payment may be made by cash, check, and/or all major credit cards. Please make checks payable to: JD SERVICE NOW

Payments for credit line accounts not paid within 30 days of the invoice date, are subject to a 10% LATE FEE and a FINANCE CHARGE of 2% per MONTH (24% per annum), and will continue to accrue until the invoice is paid in full. If not paid and legal action is required for collection, all reasonable attorney's fees, court costs and collection fees will be owed in addition to the invoice amount and accrued fees.

I have read this contract, including the terms and conditions and agree to be bound by all the terms contained herein, and authorize JD Service Now to perform the repair(s) and agree that all of the old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH THE ABOVE WORK BY MY SIGNATURE BELOW:

9/14/2021

CLIENT'S ACCEPTANCE OF THE WORK PERFORMED:

I acknowledge my satisfactory completion of the work performed and that the work area(s) have been left in satisfactory condition. I agree to pay for the work completed and listed on this invoice, and understand that payment is due for this work in agreement with the credit terms or am paying for this work at this time. I understand and agree that my payment by check or credit card is returned/declined, that I am fully am liable for all bank fees and/or charges for non-sufficient funds.

If payment is not received in ten days, then I agree to the terms and conditions as written and agreed to in the JD SERVICE NOW WORK AUTHORIZATION for any and all past due invoice amounts.

I HEREBY ACCEPT THAT THE WORK COMPLETED HAS BEEN PERFORMED TO MY SATISFACTION BY MY SIGNATURE BELOW:



9/14/2021

Credit Card Payment Authorization

Please pay total due amount. Thank you.

Print Name below as it appears on credit card

Payment Type _____	Credit Card # _____	EXP _____	CVC _____
Name on card _____	Signature _____		

Remit to:
JD Service Now Commercial Plumbing
4416 Bennett Memorial Road Suite 108
Baltimore, MD 21206 USA

Amount Due: \$264.37













