

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-929	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2023
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NAME OF PROVIDER OR SUPPLIER JACE HEALTHCARE INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 502 ANDERSON STREET WENDELL, NC 27591
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(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 survey was completed on 9/26/23. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly for each shift. The findings are:</p> <p>Review on 9/26/23 of Fire and Disaster Drill log</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>from January 1, 2023 through 9/26/23 revealed:</p> <ul style="list-style-type: none"> -Fire Drills completed: <ul style="list-style-type: none"> 2/1/23-4:00 pm 5/20/23- 11:00 PM 8/10/23-2:42 PM -Disaster Drills completed: <ul style="list-style-type: none"> 2/1/23-5:00 pm 5/20/23- 11:15 PM 8/10/23-2:45 PM <p>Interview 9/26/23 the Licensee</p> <ul style="list-style-type: none"> -Had been doing the fire drills quarterly. -Staff worked two weeks on and two weeks off, did not have shifts. -No one had ever told her she was doing them wrong. -Will start doing them per the rule. 	V 114		