

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
J GEE'S HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2006 OLD JONES ROAD
GREENSBORO, NC 27406**

(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 survey was completed on April 15, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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.	V 118	An emergency staff meeting was held two days after J'Gees annual visit. All staff, house manager and the Program Manager [REDACTED] was in attend. The meeting was call by the owner/ Administrator [REDACTED] In the meeting it was discuss and review the procedures on giving out medication. The owner also discussed the importance of taking their time and documenting the medication log correctly. Do not get distracted. The following new procedures were put in place to error staff forgetting to initial the MAR. 1. Upon arrival to each shift the oncoming staff needs to check all clients MARS before the ending shift staff goes home. 2. The house manager are to check MAR logs for initials on a daily. 3. It is the responsible for third shift to check, Medications for expiration dates, signatures on MAR log. Make sure that all script are in the MAR log. If any errors or missing scripts a message is left for the house manager and an emergency text is to be sent to the Program Manager ([REDACTED]) 4. When the Mar's are prepare for the beginning of the month. The Program Manager [REDACTED] needs to have the House Manager/ Lead Staff to check for errors. 5Copies of completed MAR with scripts are to be send to the office, to be check for errors and accuracy.	4-17-2024

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shaci Martin

TITLE

Owner /Administrator

(X6) DATE

June 2, 2024

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406
--	--

(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 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MARs current affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Review on 4/11/24 of client #1 record revealed: -An admission date of 9/1/2015. -Diagnoses of Intellectual Developmental Disability, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, High Blood Pressure, Diabetes. -She was 36 years old.</p> <p>Review on 4/11/24 of client #1's physician's orders dated 3/28/24 revealed: -Clindamycin PH 1% Solution apply topically two times daily (antibiotic). - Divalproex SOD (sodium) DR (delayed release). 500 mg(milligram), take two tablet by mouth two times daily (bipolar). -Risperidone 0.5 mg tablet, take one tablet by mouth two times daily (mood). -Topiramate 100 mg tablet, take one tablet by mouth two times daily (bipolar). - Fluphenazine Dec 125 mg/5, MI (milliliter) give 2 ml IM(intramuscular) every 4 weeks (schizophrenia). - Ferrous Sulfate 325 mg, take one tablet by mouth every day (iron deficiency).</p>	V 118	<p>6. The owner ([REDACTED]) and the office administrator ([REDACTED]) are to do weekly medication audits, starting May 1 after MAR refresher class. This is in addition to Mr. Eric's monthly audits.</p> <p>7. Schedule and complete MAR refresher with medication nurse.</p> <p>8. The owner discussed with the Program Manager / QP , that medication audits are to be done monthly . An audit report needs to be sent to the office monthly. Sending MAR's audits to the office, with the audit results was intinated on April 17, 2024 . The current audit form was revised and given to the QP and house Manager. A similar form for made for third shift staff for their medication checks at night. The audit log will be due at the first of each month.</p>	<p>Audit started May 15, 2024</p> <p>May 10, 2024</p> <p>June 1, 2024</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406
--	--

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Lisinopril 2.5 mg tablet, take one tablet by mouth every day (high blood pressure). - Metformin HCL ER (extended release) 500mg, take two tablets by mouth every day (diabetes). - Omeprazole DR. 20 MG, take one capsule by mouth every day (antacid). - Ciclopirox 8% Solution, apply daily at bedtime on nail and surrounding skin after 7 days remove with alcohol and repeat (anti-fungal). - Rosuvastatin Calcium 10 MG, take one tablet by mouth at bedtime (high cholesterol). - Amantadine 100 MG, take one capsule by mouth two times daily (hand tremors). -One Daily Essential, take one tablet by mouth daily (multivitamin). - Vitamin C 1000 UI (upper limit), take one tab by mouth daily (vitamin). <p>Review on 4/11/24 and 4/12/24 of MARs dated from February 2024 through April 12, 2024, for client #1 revealed:</p> <ul style="list-style-type: none"> -February 2024- No staff initials to document administration of the following medications: Clindamycin PH 1% on 2/5, Divalproex SOD Dr. 500 MG on 2/22, 2/29, Topiramate 100mg tablet on 2/22, 2/29, Metformin HCL ER 500mg on 2/22, Ciclopirox 8% Solution on 2/22, 2/23, 2/27, 2/28, 2/29, Rosuvastatin Calcium 10mg on 2/22, 2/29, Amantadine 100mg on 2/22, 2/29. -March 2024-No staff initials to document administration of following medications: Clindamycin PH 1% on 3/7, 3/8, 3/12, 3/14, 3/16, Divalproex SOD DR. 500mg on 3/16, Topiramate 100mg tab on 3/16,3/28, Metformin HCL ER 500mg on 3/16, Ciclopirox 8% Solution on 3/16, 3/28/, 3/29, Rosuvastatin Calcium 10mg on 3/16, 3/25, Amantadine 100mg on 3/16, Vitamin C 1000 IU on 3/17. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406
--	--

(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 118	<p>Continued From page 3</p> <p>-April 12, 2024-No staff initials to document administration of following medications: Clindamycin PH 1% on 4/8, Divalproex SOD DR. 500mg on 4/8, Topiramate 100mg tablet on 4/8, Ferrous Sulfate 325 mg on 4/8, Metformin HCL ER 500mg on 4/8, Omeprazole Dr. 20mg on 4/8, Amantadine 100mg on 4/8, GNP one Daily Essential on 4/8, Vitamin C 1000 IU on 4/8, 4/9.</p> <p>Review on 4/11/24 of client #2's record revealed: -An admission date of 12/4/2017. -Diagnoses of Bipolar Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Mild Intellectual Developmental Disability, Seizure Disorder. -She was 33 years old.</p> <p>Review on 4/11/24 of Client #2's physician's orders dated 1/17/24 revealed: - Abilify Asimtufii 960mg/3.2ml, inject 960mg in gluteal every two months (schizophrenia). - Aimovig 140mg/ml, inject 140 mg subcutaneously every 28 days (migraine). - Famotidine 40mg tablet, take one tablet by mouth at night (antacid). - Fluoxetine HCL(hydrochloride) 20mg, take one tablet by mouth daily(depression). - Kuvela 28 tablet, take one tablet by mouth daily (contraceptive). - Lorazepam 1mg tab, take one tablet by mouth at bedtime (seizures). - Magnesium 400mg, take one capsule by mouth daily (deficiency). - Pimecrolimus 1% cream, apply a thin layer to affected area on the face two times daily (eczema). -Sodium Fluoride 0.2%, brush once daily in place of regular toothpaste (prevent tooth decay). -Topiramate 100mg tab, take one tablet by mouth two times daily (seizure).</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406
--	--

(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 118	<p>Continued From page 4</p> <p>Review on 4/11/24 and 4/12/24 of MARs dated from February 2024 through April 12, 2024, for client #2 revealed:</p> <ul style="list-style-type: none"> -February 2024- No staff initials to document administration of the following medications: Lorazepam 1 mg tablet on 2/23, Pimecrolimus 1% cream on 2/22, 2/28. -March 2024- No staff initials to document administration of the following medications: Fluoxetine HCL 20mg on 3/31, Kuveta 28 tab on 3/31, Lorazepam 1mg tab on 3/30,3/31, Magnesium 400mg on 3/31, Pimecrolimus 1% cream on 3/30, 3/31, Fluoride 0.2% on 3/31, Topiramate 100mg tab on 3/30, 3/31. -April 2024. No staff initials to document administration of the following medications: Lorazepam 1 mg tab on 4/5, Topiramate 100 mg tab on 4/8 <p>Review on 4/11/24 of client #3's record reveled:</p> <ul style="list-style-type: none"> -An admission date of 1/27/23 -Diagnoses of Bipolar Disorder, Borderline Personality Disorder, Post Traumatic Stress Disorder, Intellectual Development Disorder, Oppositional Defiant Disorder. -She was 24 years old. <p>Review on 4/11/24 of client #3's physician's order dated 3/1/24 revealed:</p> <ul style="list-style-type: none"> - Benefiber Prebiotic, take one teaspoon of powder in water, juice or coffee once a day (probiotic). - Century Multivitamin, take one tablet by mouth daily (deficiency). - Cetirizine HCL 10mg, take one tablet by mouth daily (antihistamine). - Montelukast Sodium DR 10mg, take one tab by 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406
--	--

(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 118	<p>Continued From page 5</p> <p>mouth daily (asthma).</p> <ul style="list-style-type: none"> - Omeprazole DR 20mg, take one capsule (cap) by mouth daily (heartburn). - Oxcarbazepine 300 mg, take one tab by mouth two times daily (seizure). - Pantoprazole Sodium DR 40 mg, Take one tab by mouth 2 times daily on a empty stomach 30 minutes before meals (reflux). -Prazosin 2mg, take one cap by mouth at bedtime (nightmares). - Sertraline HCL 100mg, take one tab by mouth daily (depression). - Slynd 4mg, take one tab by mouth daily (contraception). - Sucralfate 1mg, take one tab by mouth 2 times daily on an empty stomach (antacid). - Valacyclovir 500mg, take one tablet by mouth (antiviral). - Vitamin D3 125 microgram (mcg), take one cap by mouth daily (supplement). - Vitamin B-12 250mcg, take one cap by mouth daily(supplement). -Vraylar 4.5, take one cap by mouth daily (Bipolar). <p>Review on 4/11/24 and 4/12/24 of client #3's MARs dated from February 2024 through April 12, 2024 revealed:</p> <ul style="list-style-type: none"> -February 2024- No staff initials to document administration of the following medications: Benefiber Prebiotic on 2/18, Pantoprazole Sodium DR 40mg on 2/22, Oxcarbazepine 300mg on 2/12, 2/22. -April 2024-No staff initials to document administration of the following medications: Oxcarbazepine 300mg on 4/3, Pantoprazole Sodium DR 40mg on 4/2. <p>Interviews on 4/11/24 with Clients #1, #2, #3 revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER J GEE'S HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2006 OLD JONES ROAD GREENSBORO, NC 27406		
(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 118	<p>Continued From page 6</p> <p>-They have received their medications every day, they have not refused to take their medication.</p> <p>Interview on 4/15/24 with Staff #1 revealed: - "I initial on the MARs all the time when I give out (administer) medication."</p> <p>Interview on 4/12/24 with the House Manager revealed: -Clients received their medications every day. -"no reason why they (staff) did not sign off on the MARs." -Knew who the staff that was not initialing the MARs. -"I look over the MARs and the Qualified Professional (QP)." -The QP will give another Medication Administration Training to the staff. -She agreed that staff did not initial the MARs to have them to be current.</p> <p>Interview on 4/12/24 with the QP revealed: -" I look over them, but the House Manger should be monitoring them." -He was not aware of the missing initials on the MARs. -The QP did not review the MARs for February 2024 until April 12, 2024.</p>	V 118		