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
	MHL092-929	A. BUILDING: _____ B. WING _____	R 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACE HEALTHCARE INC II	502 ANDERSON STREET WENDELL, NC 27591

(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 & follow up survey was completed on December 19, 2024. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness This facility is licensed for 6 and has a current census of 4. The survey sample consisted of audits of 4 current clients.	V 000		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	V 291	RECEIVED BY MHL & C 1/6/25	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 01/05/25

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
	MHL092-929	A. BUILDING: _____ B. WING _____	R 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACE HEALTHCARE INC II	502 ANDERSON STREET WENDELL, NC 27591

(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 291	Continued From page 1 Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to coordinate with other Qualified Professionals who are responsible for the treatment/habitation for 1 of 3 audited clients (#4). The findings are: Review on 12/19/24 of client #4 record: - admitted 5/5/17 - diagnoses: Schizophrenia, Bipolar, Hyperlipidemia & Chronic Obstructive Pulmonary Disease - FL2 2/29/24: Epi -pen as needed Review on 12/19/24 of October 2024 - December 2024 MARs revealed: - Epi-pen (PRN) was documented on the MARs Observation & interview on 12/19/24 revealed the following: - at 11:22am of client #4's medications, was no Epi-pen - the House Manager (HM) asked client #4 why he needed an Epi-pen - client #4 said he was allergic to Lithium and Haldol - 12:46pm: the HM returned from the pharmacy with an Epi-pen for client #4 During interview on 12/19/24 the HM reported: - started at the facility March 2024	V 291	Based on the citied deficiency, (V 291) the administrator and the house manager will ensure proper communication/ coordination with our resident's doctors as well as other professionals who are responsible for their treatments/ habitation. To ensure compliance, the administrator will do quarterly inspection of all our residents' file. by	01/16/25

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
	MHL092-929	A. BUILDING: _____ B. WING _____	R 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACE HEALTHCARE INC II	502 ANDERSON STREET WENDELL, NC 27591

(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 291	Continued From page 2 - she reviewed client #4's MARs - overlooked the Epi-pen on the MARs - the Epi-pen had not been at the facility since she started at the facility - she contacted the pharmacy and there was a physician's order for the Epi-pen - the pharmacist informed her there was no documentation on file for the use of the Epi-pen - she contacted the Licensee & she said client #4 was in the hospital 3 years ago. He had an allergic reaction however, the physician could not find out what caused the allergic reaction. - the Licensee informed her (HM), the Epi-pen was given in case he had another allergic reaction - they will get documentation from client #4's physician's office for the use of the Epi-pen	V 291		