

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0411115</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>J GEE'S HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2006 OLD JONES ROAD GREENSBORO, NC 27406</b>		
(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, complaint and follow up survey was completed on July 18, 2025. The complaint was unsubstantiated (intake #NC00232507). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 139	<p>27G .0404 (F-L) Operations During Licensed Period</p> <p>10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD</p> <p>(f) DHSR shall conduct inspections of facilities without advance notice.</p> <p>(g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.</p> <p>(h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007.</p> <p>(i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p> <p>(1) Construction of a new facility or any renovation of an existing facility;</p> <p>(2) Increase or decrease in capacity by program service type;</p> <p>(3) Change in program service; or</p> <p>(4) Change in location of facility.</p> <p>(j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes:</p>	V 139		

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

TITLE

(X6) DATE

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V 139	<p>Continued From page 1</p> <p>(1) Change in ownership including any change in partnership; or</p> <p>(2) Change in name of facility.</p> <p>(k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility.</p> <p>(l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information:</p> <p>(1) Annual Fee;</p> <p>(2) Description of any changes in the facility since the last written notification was submitted;</p> <p>(3) Local current fire inspection report;</p> <p>(4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and</p> <p>(5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity.</p> <p>This Rule is not met as evidenced by: Based on record review, and interviews the facility failed to provide written notice to the Division of Health Service Regulation (DHSR) prior to discontinuation of services at the facility site. The findings are:</p> <p>Review on 7/17/25 of the facility's for policy and</p>	V 139		

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V 139	<p>Continued From page 2</p> <p>procedure on Emergency Planning Criteria for Residential Mental Health Facilities revealed: -Page 12 "Evacuation: ...F. If moving to a relocation site, dispatch at least one staff member to the relocation site to begin preparing for arrival of clients. G. Notify facility manager, owner, licensee, DHSR of intent to evacuate ..."</p> <p>Interview on 7/17/25 with the DHSR Construction Surveyor revealed: -Had not been contacted by the Director that the facility had a fire in October 2024</p> <p>Interview on 7/17/25 with the Qualified Professional revealed: -The facility had a fire on October 4, 2025 -The clients had to be relocated -Was not aware DHSR was to be contacted if the clients were evacuated or relocated to a different site.</p> <p>Interview on 7/17/25 with the Director revealed: -The facility had a fire on October 4, 2025 -The clients had to be relocated -"One client went to [a sister facility] that had an empty bed and the other client went to respite." -Was not aware DHSR was to be contacted if the clients were evacuated or relocated to a different site. -Would ensure in the event of relocation or evaluation in the future, DHSR was contacted.</p>	V 139		