

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOA HUMAN SERVICES II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3801 PALMIRA TRAIL<br/>WINSTON SALEM, NC 27127</b> |
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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 |
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| V 000              | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on December 20, 2018. The complaint (Intake #NC00145914) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V 000         |                                                                                                                 |                    |
| V 112              | <p>27G .0205 (C-D)<br/>Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol> | V 112         |                                                                                                                 |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| V 112              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility staff failed to develop and implement strategies in the treatment/habilitation plan to address the client's needs affecting 1 of 3 clients (#2). The findings are:<br/>Review on 12/12/18 of client #2's record revealed:<br/>-An admission date of 4/3/17<br/>-Diagnoses of Schizophrenia Disorder, Bipolar Type and Cannabis Use in Remission due to Controlled Environment<br/>-An assessment dated 4/3/17 noting "being independent is very important, needs encouragement to participate in activities, needs to learn life skills, prior history of cannabis use, wants to live on his own, history of hallucinations, non-compliant with treatment, repeated hospitalizations, history of head injury when he was kicked in the head during a fight and has witnessed four people killed at the age of 12."<br/>-A treatment plan dated 4/9/18 noting "will increase his independence by learning to manage his supervised time in the group home and work towards unsupervised time in the home and community so that he may build and integrate by building social skills and learn how to take care of himself, will abide by the rules and regulations of the facility, learn life and daily living skills 7 out of 7 days, will learn how to control his behaviors in the home and community and stop getting agitated when told "no" and attend all scheduled doctor appointments and other professional appointments and take all medications as prescribed."<br/>-No documentation of goals or strategies to address client #2's cannabis use</p> <p>Interview on 12/12/18 with client #2 revealed:</p> | V 112         |                                                                                                                 |                    |

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| V 112              | <p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-He smoked marijuana a few months ago</li> <li>-No staff was aware</li> <li>-Had not had any counseling or therapy to address this issue.</li> </ul> <p>Interview on 12/20/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Had smelled marijuana on client #2 within the last few months</li> <li>-Had never seen client #2 smoke marijuana</li> <li>-Client #2 appeared "high" on several occasions</li> <li>-Client #2 was not enrolled in any counseling or therapy to address his current marijuana use</li> </ul> <p>Interview on 12/20/18 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-Overheard client #2 ask another client if he had any weed</li> <li>-Had smelled the odor of marijuana on client #2 several months ago</li> <li>-Client #2 was not enrolled in any counseling or therapy to address his current marijuana use</li> </ul> <p>Interview on 12/20/18 with the Operations Manager/Acting Qualified Professional (OM/AQP) revealed:</p> <ul style="list-style-type: none"> <li>-Had heard from staff on a few occasions client #2 smelled of marijuana</li> <li>-Thought the Qualified Professional (QP) was aware of this</li> <li>-The QP was out of the country due to a family emergency</li> <li>-Would discuss with the QP and the Licensee treatment options for client #2 as well as developing goals and strategies for the marijuana use.</li> </ul> | V 112         |                                                                                                                 |                    |
| V 120              | <p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | V 120         |                                                                                                                 |                    |

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| V 120              | <p>Continued From page 3</p> <p>(e) Medication Storage:<br/>           (1) All medication shall be stored:<br/>           (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br/>           (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br/>           (C) separately for each client;<br/>           (D) separately for external and internal use;<br/>           (E) in a secure manner if approved by a physician for a client to self-medicate.<br/>           (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by:<br/>           Based on observations, record reviews and interviews, the facility failed to ensure all medications were stored in a locked secure manner. The findings are:</p> <p>Observations on 12/12/18, at approximately 12:31pm, of client #1's medications revealed:<br/>           -A clear storage bin with a white top<br/>           -Client #1's name on the outside of the storage bin<br/>           -Three loose pills in the upper right had corner of the storage bin<br/>           -The first pill was oval and white<br/>           -The second pill was round and orange<br/>           -The third pill was oblong and white</p> <p>Review on 12/13/18 of client #1's record</p> | V 120         |                                                                                                                 |                    |

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| V 120              | <p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 1/2/14</li> <li>-Diagnoses of Schizoaffective Disorder, Bipolar Type; Chronic Constipation, Hypothyroidism, High Cholesterol, Hypertension, Anemia and Borderline Type II Diabetes</li> <li>-An assessment dated 1/2/14 noting "on admission, had a diagnosis of Obesity, previous placements since age 19, is currently in the care of [a local county]'s department of social services, was previously under the care of a legal guardian (sister) who resigned after client had a child that was placed for adoption in 2009, previously linked to vocational rehabilitation doing clerical work, had combative behaviors (short tempered and verbal aggression) and was terminated, has unpredictable changes in mood, has hallucinations, unprotected sex with me, prior history of mental health treatment, was previously at [a state hospital], has a fraternal twin sister, is paranoid, needs life skills and community involvement, needs outpatient therapy, medication management, assistance with activities of daily living and appropriate social behaviors."</li> <li>-A treatment plan dated 6/25/18 noting "will manage negative symptoms associated with diagnosis of Schizoaffective disorder, disorganized type, not limited to hallucinations, disorganized thinking, speech and behaviors for 7 out of 7 days, will increase her ability to engage in socially appropriate behaviors and positive interactions with peers by participating in at least 3 social activities weekly without displaying combative behavior or becoming easily agitated within the home or community, will have two hours of unsupervised time in the group home or community to increase independent living skills, will take all medications as prescribed and will attend all scheduled appointments with her</li> </ul> | V 120         |                                                                                                                 |                    |

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| V 120              | <p>Continued From page 5</p> <p>psychiatrist and health care needs and will maintain appropriate needed personal hygiene (taking a bath, washing her clothes) and maintain a clean environment 5 out of 7 days per week."</p> <p>Further review on 12/12/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Physician's orders prescribed for the following medications</li> <li>-On 9/25/18, "Cetirizine HCL 10mg, one by mouth daily as needed. This prescription was discontinued on 11/2/18</li> <li>-On 9/25/18, Clozapine 200mg, was changed to 100mg, one every morning and one every evening</li> <li>-On 9/25/18, Levothyroxine 50mg, one by mouth daily</li> <li>-Megestrol 40mg (used to treat people for weight loss due to AIDS), take 10ml by mouth twice daily</li> <li>-Singulair 10mg, one by mouth daily</li> <li>-On 9/25/18, Naproxen 325mg, take one by mouth twice daily (for ankle sprain)</li> <li>-On 5/29/18, Vitamin B-12, 1000mg, take one by mouth daily</li> <li>-Physician's orders, dated 10/30/18 for the following medications: Olanzapine 15mg (an antipsychotic medication described for Bipolar Disorder and/or Schizophrenia), take one by mouth daily; Vitamin B12, 1000mg, take one by mouth daily, Hydrocortisone 1% cream, apply topically to affected are twice daily on top of hands as needed, Montelukae 500mg (prescribed for allergy symptoms), take one by mouth daily; Senna 8.6mg (a laxative prescribed for constipation), take two by mouth daily and Clozapine 100mg (an anti-psychotic medication prescribed for hallucinations), take one by mouth in the morning and 1 by mouth at bedtime.</li> </ul> <p>Interview on 12/12/18 with client #1 revealed:</p> | V 120         |                                                                                                                 |                    |

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| V 120              | <p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Took all medications as prescribed</li> <li>-Medications were dispensed by facility staff</li> <li>-Was not aware three pills were loose in her medication bin</li> </ul> <p>Interview on 12/12/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Started his shift on 12/11/18 after 8:00am</li> <li>-Saw the three loose pills later in the morning</li> <li>-Administered clients their medications</li> <li>-The third shift staff (#2) had administered the clients their medications prior to staff #1's arrival</li> <li>-"[Staff #2] must have popped them out of the bubble pack by accident."</li> </ul> <p>Interview on 12/13/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Had been trained in Medication Administration</li> <li>-Stated the three loose pills in client #1's medication box fell out of the pack</li> <li>-"The pills have only been there one day. It fell out yesterday morning (12/12/18) ..."</li> <li>-Stated she meant to put the pills back into the bubble packet but forgot."</li> <li>-Was not aware she needed to notify anyone to dispose of the medications once they fell out and was not aware they needed to be taken back to the pharmacy.</li> <li>-"She put her new clothes in the trash 2 weeks ago. I asked her what she was doing and she ignored me ..."</li> </ul> <p>Interview on 12/12/18 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Staff #2 dispensed clients their medications prior to her shift ending</li> <li>-All facility staff had been trained on how to administer medications</li> <li>-Was not sure why there were three loose pills in client #1's storage bin</li> <li>-Would dispose of them according to the facility's policy on medication disposal.</li> </ul> | V 120         |                                                                                                                 |                    |

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| V 290              | <p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug</p> | V 290         |                                                                                                                 |                    |



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| V 290              | <p>Continued From page 8</p> <p>withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews the facility failed to assess the clients' capability of unsupervised time in the home and in the community and failed to document, in the treatment plans, the client's capability of remaining in the home or community without supervision for specified periods of time affecting 2 of 3 clients (#2 and #3). The findings are:<br/>Review on 12/12/18 of client #2's record revealed:<br/>-An admission date of 4/3/17<br/>-Diagnoses of Schizophrenia Disorder, Bipolar Type and Cannabis Use in Remission due to Controlled Environment<br/>-An assessment dated 4/3/17 noting "being independent is very important, needs encouragement to participate in activities, needs to learn life skills, prior history of cannabis use, wants to live on his own, history of hallucinations, non-compliant with treatment, repeated hospitalizations, history of head injury when he was kicked in the head during a fight and has witnessed four people killed at the age of 12."<br/>-A treatment plan dated 4/9/18 noting "will increase his independence by learning to manage his supervised time in the group home and work towards unsupervised time in the home and community so that he may build and integrate by building social skills and learn how to take care of</p> | V 290         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOA HUMAN SERVICES II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3801 PALMIRA TRAIL<br/>WINSTON SALEM, NC 27127</b> |
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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 |
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| V 290              | <p>Continued From page 9</p> <p>himself, will abide by the rules and regulations of the facility, learn life and daily living skills 7 out of 7 days, will learn how to control his behaviors in the home and community and stop getting agitated when told "no" and attend all scheduled doctor appointments and other professional appointments and take all medications as prescribed and staff will need to monitor [client #3], 7/24/365 in the home and the community."<br/>-No documentation of an assessment for unsupervised time in the home or community.<br/>-No documentation of client #2's capability of remaining in the home or community without supervision for specified periods of time</p> <p>Review on 12/20/18 of client #3's record revealed:<br/>-An admission date of 10/18/16<br/>-Diagnoses of Schizoaffective Disorder and Mild Mental Retardation<br/>-An assessment dated 10/18/16 noting "needs time to calm down, will invade others' personal space (hugging), needs to implement skills to meet his goals, needs encouragement to participate in activities and staff will need to monitor [client #3], 7/24/365 in the home and the community."<br/>-No documentation of an assessment for unsupervised time in the home or community.<br/>-No documentation of client #3's capability of remaining in the home or community without supervision for specified periods of time</p> <p>Review on 12/20/18 of the facility's in/out log for unsupervised time, from 8/24/18 to 12/20/18 revealed:<br/>-Client #2 signed in and out of the facility on the following dates for a total of 132 times: 12/20/18, 12/19/18, 12/18/18 (two times), 12/17/18 (two times), 12/15/18 (two times), 12/12/18, 12/12/18,</p> | V 290         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOA HUMAN SERVICES II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3801 PALMIRA TRAIL<br/>WINSTON SALEM, NC 27127</b> |
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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 |
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| V 290              | <p>Continued From page 10</p> <p>12/11/18 (four times), 12/6/18, 12/5/18, 11/28/18 (two times), 11/29/18/ 11/27/18 11/26/18, 11/25/18, 11/24/18, 11/25/18, 11/24/18, 11/23/18, 11/22/18, 11/21/18 (two times), 11/20/18, 11/16/18, 11/14/18, 11/13/18 (three times), 11/12/18, 11/19/18, 11/18/18, 11/17/18, 11/16/18, 11/10/18, 11/11/18, 11/9/18 (two times), 11/18/18, 11/7/18 (two times), 11/6/18 (two times), 11/5/18, 11/4/18, 11/3/18, 11/2/18 (two times), 11/1/18, 10/31/18, 10/30/18, 10/29/18, 10/25/18, 10/24/18 (two times), 10/23/18 (two times), 10/22/18, 10/21/18, 10/20/18, 10/19/18, 10/17/18 (two times), 10/16/18, 10/14/18, 10/13/18, 10/12/18 (two times), 10/11/18, 10/10/18 three times), 10/9/18 (two times), 10/7/18, 10/5/18 (two times), 10/4/18, 10/3/18, 10/2/18 (two times), 10/1/18 (two times), 9/30/18 , 9/29/18, 9/27/18 (two times), 9/26/18, 9/24/18 (five times), 9/21/18, 9/20/18, 9/19/18, 9/18/18, (two times), 9/17/18 (two times), 9/15/18, 9/14/18, 9/13/18, 9/12/18, 9/11/18 (three times), 9/10/18, 9/3/18 (two times), 8/30/18, 8/28/18, 8/27/18 (two times), 8/26/18 (two times) 8/25/18 and 8/24/18.</p> <p>-Client #3 signed in and out of the facility on the following dates for a total of 168 times: 12/18/19 (three times), 12/17/18, 12/15/18 (three times), 12/14/18 (two times), 12/13/18, 12/12/18 (two times), 12/11/18 (four times), 12/8/18m 12/6/18 (two times), 12/5/18 (two times), 12/3/18 (three times), 11/28/18 (four times), 11/27/18, 11/26/18 three times), 11/25/28, 11/24/18 (two times), 11/23/18, 11/22/18, 11/19/18, 11/18/18, 11/17/18, 11/15/18 (three times), 11/14/18 (two times), 11/13/18 (two times), 11/12/18, 11/11/18 (two times), 11/10/18, 11/9/18, 11/7/18 (two times), 11/6/18, 11/4/18 (two times), date unknown "out", 11/3/18, 11/1/18 (two times), 10/31/18, 10/30/18, 10/29/18 (four times), 10/28/18, 10/25/18 (two times) 10/23/18, 10/22/18, 10/21/18 (two times), 10/20/18 (two times), 10/18/18, 10/16/18,</p> | V 290         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOA HUMAN SERVICES II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3801 PALMIRA TRAIL<br/>WINSTON SALEM, NC 27127</b> |
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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 |
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| V 290              | <p>Continued From page 11</p> <p>10/14/18 (two times), 10/12/18, 10/11/18 (two times), 10/10/18, 10/9/18 (four times), 10/7/18 (two times), 10/6/18, 10/5/18, 10/4/18 (two times), 10/2/18 (three times), 10/1/18 (three times), 9/30/18, 9/29/18 (three times) 9/28/18, 9/27/18, 9/24/18 (three times), 9/22/18, 9/21/18, 9/20/18, 9/18/18, 9/17/18 (two times), 9/15/18 (two times), 9/14/18, 9/12/18, 8/30/18, 8/27/18 (two times), 8/26/18 and 8/25/18 (two times),</p> <p>Interview on 12/12/18 with client #2 revealed:<br/>-Had unsupervised time in the community<br/>-Would not elaborate on where he went or how long he was in the community unsupervised</p> <p>Attempted interview on 12/20/18 with client #3 was unsuccessful as he refused to talk with surveyor</p> <p>Interview on 12/20/18 with staff #1 revealed:<br/>-Clients #2 and #3 had unsupervised time in the community<br/>-Client #2 and client #3 had both used the facility's in/out most of the time<br/>-Had concerns about client #2 and #3 in the community unsupervised<br/>-"[Client #2] and [client #3] had verbal and physical aggression type behaviors ...there is no telling what they may do in the community. [Client #2] talks to himself and people have complained as they thought he was yelling at them. [Client #3] makes poor decisions."<br/>-Did not think client #2 and client #3 needed to have unsupervised time in the community.<br/>-The Qualified Professional (QP) was responsible for assessing both clients for their unsupervised time.</p> <p>Interview on 12/20/18 with staff #3 revealed:<br/>-Client #2 and client #3 had unsupervised time in</p> | V 290         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOA HUMAN SERVICES II, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3801 PALMIRA TRAIL<br/>WINSTON SALEM, NC 27127</b> |
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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 |
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| V 290              | <p>Continued From page 12</p> <p>the community and used the facility's in/out log.<br/>-Was not comfortable with either of the clients having unsupervised time due to their behaviors<br/>-"They do not make safe decisions. Thought one of the clients (#10 had returned with red eyes and slurred speech. With [client #1], he will go off and you never know what will happen next. He is both verbally and physically aggressive. He has run up on me and pushed and scratched me before. I could see him have violent behaviors (in the community) ..."</p> <p>Interview on 12/20/18 with the Operations Manager/Acting Qualified Professional (OM/AQP) revealed:<br/>-The Qualified Professional (QP) was responsible for assessing the clients for unsupervised time.<br/>-Was surprised to hear client #2 and #3 did not have assessments for unsupervised time in the community.<br/>-Both clients signed in and out on the facility's log<br/>-Was not aware client #2 and #3 were to have specific time periods for unsupervised time<br/>-Had been concerned with the unsupervised time as client #2 and client #3 left multiple times daily and had even stayed out until 10pm.<br/>-The QP was out of the country on a family matter, "but once he returns, I will discuss this with him and ensure he completes assessments on both clients as well as putting unsupervised time in their treatment plans ..."</p> | V 290         |                                                                                                                 |                    |
| V 367              | <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br/>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | V 367         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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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 |
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| V 367              | <p>Continued From page 13</p> <p>the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> | V 367         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| V 367              | <p>Continued From page 14</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:</p> | V 367         |                                                                                                                 |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL034-316</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/20/2018</b> |
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| V 367              | <p>Continued From page 15</p> <p>Based on interviews and record reviews the facility failed to report a Level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/20/18 of the facility's incident reports, from 8/4/18 to 12/20/18, as brought to the attention to the surveyor from facility staff, revealed:</p> <p>-On 8/4/18, the police informed facility staff, [client #2] was no longer allowed at [a local market] due to his behaviors and would be arrested if he returned.</p> <p>-On 9/17/18, [client #2] threatened [staff #3], proceeded to hit him and continued threats (verbal) until the police arrived.</p> <p>-On 12/18/18, [client #2] and [client #3] were overheard by staff (#1) by the basement door discussing the following information 'do you have any weed? (client #2 asked client #3). [Client #3] stated to [client #2] Yes, I am going to get a blunt. I thought I saw one of them holding a bag of weed, but I don't know for sure. I called [the Operations Manager/Acting Qualified Professional (OM/AQP)] and reported it. I told both clients they were not allowed to have drugs on the premises. The next time the police would be called ..."</p> <p>-On 12/19/18, [client #2] was coming down the street (near the facility's location) and was talking loudly and was cursing while staff was standing outside. A home owner (near the facility) approached [client #2]. He stated to [client #2] has was ready to call the police because he (client #2) was very loud. Staff redirected client to come into the facility and calm down."</p> <p>Review on 12/20/18 of the facility's Level II</p> | V 367         |                                                                                                                 |                    |



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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 |
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| V 367              | <p>Continued From page 16</p> <p>incident reports, from 8/1/18 to 12/20/18, revealed:</p> <ul style="list-style-type: none"> <li>-No documentation of level II incident reports submitted to IRIS</li> <li>-The above incidents were documented on the facility's internal form only</li> </ul> <p>Interviews on 12/20/18 with staff #2 and #3 revealed:</p> <ul style="list-style-type: none"> <li>-The facility's policy was to write up the incident reports on the internal forms and notify both the Operations Manager/Acting Qualified Professional (OM/AQP) and she would inform the Qualified Professional (QP)</li> <li>-It was the QP's responsibility to submit the level II incident reports into the computer system.</li> </ul> <p>Interview on 12/20/18 with the OM/AQP revealed:</p> <ul style="list-style-type: none"> <li>-She is notified by telephone when there are incidents</li> <li>-It was the QP's responsibility to review the staff's documentation to determine if the incidents were level IIs</li> <li>-Would get with the QP once he returned as he is out of the country on a family matter.</li> </ul> | V 367         |                                                                                                                 |                    |