	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MIII 004 004	B WING		C
		MHL034-381			06/26/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	•	
NOA HUN	IAN SERVICES, INC		KESDALE AVEI		
	OUR MAN DV OT		SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	The complaints were	as completed on 6/26/19. substantiated (Intake# 0152733). Deficiencies were			
	category: 10A NCAC	d for the following service 27G .5600A Supervised se primary diagnosis is			
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108		
	(g) Employee training provided and, at a mi following: (1) general organiza (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subclimember shall be avaitimes when a client is member shall be trainincluding seizure mar to provide cardiopulm trained in the Heimlic techniques such as the American Heart A	tion shall be documented. g programs shall be nimum, shall consist of the tional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation ous diseases and s. ed under 10a NCAC 27G napter, at least one staff illable in the facility at all present. That staff need in basic first aid nagement, currently trained tonary resuscitation and the maneuver or other first aid nose provided by Red Cross, ssociation or their ing airway obstruction.			

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.		С
		MHL034-381	B. WING		06/26/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
NOA HUM	AN SERVICES, INC		ESDALE AVE		
	OLIMAN DV OT		SALEM, NC 2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 108	Continued From page	: 1	V 108		
	reporting, investigatin	nd procedures for identifying, g and controlling infectious seases of personnel and			
	trained in Basic First	iew, observation and ailed to ensure that staff was Aid and Cardiopulmonary CPR) for 1 of 3 staff (Staff			
	Review on 6/26/19 of - Date of Hire: 6/1/19 - High School Gradua - No documentation o				
	am Staff #1 was the o	6/19 at approximately 9:30 only staff present in the Client #2, Client #3 and ne home.			
		with Staff #1 revealed: in high school. I don't know			
V 118	27G .0209 (C) Medica	ation Requirements	V 118		
	only be administered				

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STATE FORM 6899 If continuation sheet 2 of 13 MFOE11

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING		C	
		MHL034-381	B. WING		06/2	6/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NOA HUM	AN SERVICES, INC		KESDALE AVE			
			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	2	V 118			
	clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for add (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record.	after administration. The following: nd quantity of the drug;				
	-Date of Admission: 8	Client #1's record revealed: 6/1/18 fective Disorder, Bipolar and				

Division of Health Service Regulation

Review on 6/25/19 of Client #1's MAR dated for

STATE FORM 6899 MFOE11 If continuation sheet 3 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE S COMPLI	
MHL034-381	B. WING	C) 26/2019
	EET ADDRESS, CITY, STATE, ZIP CODE	, , ,	
NOA HUMAN SERVICES. INC	STOKESDALE AVENUE STON SALEM, NC 27101		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH C	IDER'S PLAN OF CORRECTION ORRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118 Continued From page 3 6/1/19 through 6/26/19 revealed documentation that included the following medication: -Clozapine 100 mg - 1 tab twice daily (8:00 am & 8:00 pm) treatment of Schizophrenia. MAR was blank for this medication on the following dates: 6/5 through 6/19 Review on 6/25/19 of Client #1's MAR dated for 5/1/19 through 5/31/19 revealed documentation that included the following medication: -Clozapine 100 mg - 1 tab twice daily (8:00 am & 8:00 pm). MAR was blank for this medication on the following dates: 5/30 (am & pm dose) & 5/31 (am & pm dose) Review on 6/26/19 of Client #1's Physician order dated 5/10/19 revealed: -Weekly blood draws for Clozapine, prescription refill 5/10/19. Review on 6/25/19 of the Mental Health Provider/Laboratory blood draws for Client #1 for 5/2019 and 6/2019 revealed: - A Blood Draw was completed on 5/3/19 - A Blood Draw was completed on 5/10/19 -Further review failed to reveal blood draws for Client #1 for the weeks of 5/17, 5/24, 5/31, 6/7 and 6/14. Review on 6/25/19 of Client #1's hospital admission (to emergency department only)/discharge documents revealed: -Client #1 admitted on 6/12/19 for hallucinations and medication stabilizationWas having auditory hallucinationsDischarged on 6/13/19, follow up with Primary Care Physician in 1 to 2 days Interview on 6/25/19 with Client #1 revealed:	V 118		

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STATE FORM 6899 MFOE11 If continuation sheet 4 of 13

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
						С
		MHL034-381	B. WING		06	/26/2019
NAME OF D	ROVIDER OR SUPPLIER	STDEET VI	DDRESS, CITY, STATE	: ZID CODE	•	
NAME OF T	NOVIDER OR 301 1 EIER		OKESDALE AVENU			
NOA HUM	IAN SERVICES, INC		N SALEM, NC 271			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE
V 118	Continued From page	: 4	V 118			
		where my medication was? I pine or my thinking goes all my blood drawn."				
	Client #1 revealed: - She was concerned not receiving his med weeks before the hos -Client #1's speech were obsessively abo -Talked about the FBI Investigation) was after were after him and the -She reported to the Client #1's Guardian hospitalization that she receiving his Clozapir	(Federal Bureau of er him and different police ose around him. Qualified Professional and two weeks prior to his e thought he was not ne. #1's thought process was				
	-"I was there that day admitted to the hospit to 6/12). I had worked /11 and 6/12)He (Client#1) woke u and seemed ok. He loout of the ordinary. He computer and the Arn listened to him go fror delusional. Normal to -I called the Qualified and he came over an medical service) -[Client #1] walked ou own." -Staff #1 was asked w					

Division of Health Service Regulation

STATE FORM 6899 MFOE11 If continuation sheet 5 of 13

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
			D WING		С
		MHL034-381	B. WING		06/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ΝΟΔ ΗΙΙΜ	AN SERVICES, INC	4328 STO	KESDALE AVE	NUE	
	, 02:117:020,	WINSTON	SALEM, NC 2	7101	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 118	Continued From page	e 5	V 118		
	(Client #1) didn't have called the pharmacy twas.	e medication (Clozapine). He to see what the problem him (QP). I don't know why			
	fills for Client #1 reverse - "We can't refill any Caphysician order and documentation for earn - The blood draws and for him (Client #1) to He (Client #1) has ming - The last blood draws #1] would be May tener - We would have the sent Clozapine medic May thirteenth (5/13/2) be for a seven-day sure - We do not show any that. Therefore, we will medication.	e for Clozapine prescription aled: Clozapine medication without the blood draw ch prescription. If doctor visit are important remain stable. Ssed a few blood draws. We have on file for [Client th (5/10/19). In processed the order and cation to the group home on 19). That prescription would upply. If further blood draws after ould not send any Staff) had Clozapine for him om this pharmacy.			
	fourteenth (6/14/19) a Interview on 6/25/19 of Provider/Laboratory remained blood draws filled. -He had refused some remember dates and show refusals). We withat (refusals for blood called the group home.	and medication was sent." with Mental Health			

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STATE FORM 6899 MFOE11 If continuation sheet 6 of 13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL034-381	B. WING		06/2	; 6/2019
NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES, INC		RESS, CITY, STA			
NOA HUMAN SERVICES, INC	WINSTON	SALEM, NC 2	7101		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
verbally speaks of thin speak of." Interview on 6/26/19 w "Staff (Staff #1) called [Client #1] was not act group home. I called the medical service)Prior to his (Client #1) found out he was not go (Clozapine)I called the pharmacy had blood draws. I call said he hadn't been congo on the transit system. I call said he hadn't been congo on the transit system. There are applied who must be a congonal will ensure the lab and doctors are assigned to accompanish will ensure monitored closely. Also the lab and doctor's are assigned to accompanish will encourage consumer orders. Staff will also estaff mostly the QP, will consumer reuses treat QP and the administration papa-professional on the staff mostly the QP, will consumer reuses treat QP and the administration papa-professional on the staff mostly the QP, will consumer reuses treat QP and the administration papa-professional on the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP, will consumer reuses treat QP and the administration in the staff mostly the QP.	e you might see y manic, off balance and ligs he may not normally with the QP revealed: me (6/12/19) and told me ting right and I went into the he EMS (emergency) hospitalization (6/12/19) I given his medication y and found out he hadn't led the laboratory and they oming in. He is supposed to m." nakes sure Client #1 gets who verifies his blood Client #1] goes his self on e was no answer from the es his blood draws and that atory. the Plan of Protection dated of the Qualified Professional re that consumer will be on, all his appointments to popointments, a staff will be many him always. The facility mer to abide by the doctor's ensure that administrative ill be informed when tment.	V 118			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		MHL034-381	B. WING		06/26/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		4328 STO	KESDALE AVE	NUE	
NOA HUM	AN SERVICES, INC	WINSTON	SALEM, NC 27	7101	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 118	Continued From page	e 7	V 118		
	Client#1 is diagnosed Bipolar Disorder. He is disturbed thinking weekly blood draws for to be refilled. The factin place for monitoring with needed labs and were completed. Client #1 missed 5 apand 17 days of Cloza Staff #1 reported obsthinking on 6/10, 6/11 the QP to assist with QP reported that on 6 something was wrong called EMS to have CThe QP gave no explorefused his blood dramissed 17 days of his Clozapine. This deficiency constitution for serious in corrected within 23 days and corrected within 23 days not corrected within 2	d with Schizoaffective and is prescribed clozapine for . Client #1 was ordered or the medication Clozapine illity failed to have a system g Client #1's compliance confirming that blood draws pine dosing. erving Client #1's disturbed and on 6/12. Staff #1 called Client #1's behavior. The 6/12/19 you could tell g with Client #1 and then Client #1 hospitalized. anation other than Client #1 ws as to why Client #1 santipsychotic medication itutes a Type A1 rule leglect and must be ays. An administrative imposed. If the violation is 3 days, an additional y of \$500.00 per day will be y the facility is out of			
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133		
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any providevelopmental disabi				

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Division	of Health Service Regu	lation			1 Orav	174 TROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE S COMPL	
		MHL034-381	B. WING		C 06/26/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE		
			OKESDALE AVEN			
NOA HUN	MAN SERVICES, INC		N SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	÷ 8	V 133			
	Chapter. (b) Requirement Ar provider licensed und applicant to fill a positi applicant to have an econditioned on consecriminal history record the applicant has bee less than five years, t is conditioned on conscriminal history record national criminal history record national criminal historiculude a check of the applicant has bee five years or more, the on consent to a State check of the applicant employ an applicant employed employe	er this Chapter to an ion that does not require the occupational license is int to a State and national dicheck of the applicant. If in a resident of this State for then the offer of employment sent to a State and national dicheck of the applicant. The sent to a State and national dicheck of the applicant. The sent record check shall applicant's fingerprints. If in a resident of this State for the offer is conditioned criminal history record it. A provider shall not who refuses to consent to a dicheck required by this interwise provided in this is business days of making if employment, a provider it to the Department of 4-19.10 to conduct a dicheck required by this it a request to a private attentional history record is section. Notwithstanding department of Justice shall ational criminal history ployment positions not				

Division of Health Service Regulation

Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability

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Division of Health Service Regulation			1				
	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					С		
		MHL034-381	B. WING		06/26/2019		
		MITE034-001			00/20/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
NOA IIIIM	AN OFFINIOFO INC	4328 STC	KESDALE AVE	NUE			
NOA HUW	AN SERVICES, INC	WINSTO	N SALEM, NC 2	7101			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)		
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI	D BE COMPLETE		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE DATE		
				BEHOLINOTY			
V 133	Continued From page	9	V 133				
	of the applicant. In no	case shall the results of the					
		ory record check be shared					
		viders shall make available					
	•	tion that a criminal history					
	· ·	oleted on any staff covered					
		nty that has adopted an					
		nance and has access to					
	the Division of Crimin	al Information data bank					
	may conduct on beha	alf of a provider a State					
	criminal history record	d check required by this					
	section without the pr	ovider having to submit a					
	request to the Depart	ment of Justice. In such a					
	case, the county shal	I commence with the State					
	criminal history record	d check required by this					
	section within five bus	siness days of the					
		nployment by the provider.					
	_	ormation received by the					
	•	al and may not be disclosed,					
		nt as provided in subsection					
	(c) of this section. For						
		"private entity" means a					
	business regularly en						
		d checks utilizing public					
	records obtained from	<u> </u>					
	(-)	licant's criminal history					
		one or more convictions of e provider shall consider all					
		rs in determining whether to					
	hire the applicant:	s in determining whether to					
		ousness of the crime.					
	(2) The date of the cr						
	. ,	rson at the time of the					
	conviction.						
	(4) The circumstance	s surrounding the					
	commission of the cri						
		en the criminal conduct of					
		b duties of the position to be					
	filled.	p					
	(6) The prison, jail, pr	obation, parole,					

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES, INC STREET ADDRESS, CITY, STATE, ZIP CODE 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEF	ICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101 (X4) ID PREFIX TAG COntinued From page 10 V 133 Continued From page 10 rehabilitation, and employment records of the person since the date the crime was committed.	AND PLAN OF CORR	RECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101 (X4) ID PREFIX TAG COntinued From page 10 V 133 Continued From page 10 rehabilitation, and employment records of the person since the date the crime was committed.							
NOA HUMAN SERVICES, INC ### 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 133 Continued From page 10 V 133 rehabilitation, and employment records of the person since the date the crime was committed.			MHL034-381	B. WING			
NOA HUMAN SERVICES, INC WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 rehabilitation, and employment records of the person since the date the crime was committed.	NAME OF PROVIDER	R OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
NOA HUMAN SERVICES, INC WINSTON SALEM, NC 27101 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 rehabilitation, and employment records of the person since the date the crime was committed.			4328 STO	KESDALE AVE	NUE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 10 rehabilitation, and employment records of the person since the date the crime was committed.	NOA HUMAN SEF	RVICES, INC					
rehabilitation, and employment records of the person since the date the crime was committed.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
person since the date the crime was committed.	V 133 Conti	nued From page	e 10	V 133			
a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's criminal history record check is requested and received in compiliance with this section. (e) Relevant Offense As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;	rehable person (7) The a release The fashall listed If the consideration of the application of the applicati	oilitation, and emin since the date in esubsequent of evant offense. The factors shall be provider disquaderation of the rider may disclose iminal history reading and offense iminal history reading and offense in the failure of the dual on the basiniminal history readilure to check a nal offense if the year of the dual on the basiniminal history readilure to check and offense if the year of the dual on the basiniminal history read offense if the year of the dual on the basiniminal history read offense if the year of the check is and offense if the year of the criminal history read criminal history responsibility for the fallowing history responsibility for the following A ral Statutes: Arting Monetary Sut	aployment records of the at the crime was committed. Commission by the person of a of a relevant offense alone employment; however, the considered by the provider. If the considered by the provider in the condition contained in the condition contained in the condition of	V 133			

Division of Health Service Regulation

STATE FORM 6899 MFOE11 If continuation sheet 11 of 13

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SUF COMPLETI	
		MHL034-381	B. WING		C 06/26/	2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	-	
			OKESDALE AVE	,		
NOA HUM	AN SERVICES, INC		N SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 133	Kidnapping and Abdu Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property or Fraudulent Use of Cre Article 19B, Financial Act; Article 20, Frauds 26, Offenses Against Decency; Article 26A, Article 27, Prostitutior 29, Bribery; Article 31 Office; Article 35, Offe Peace; Article 36A, R Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violati Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B-	8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary kings; Article 15, Arson and e 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article Public Morality and Adult Establishments; a; Article 28, Perjury; Article public Morality and Adult Establishments; a; Article 28, Perjury; Article and Civil Disorders; of Minors; Article 40, ily; Article 59, Public le 60, Computer-Related also include possession or ion of the North Carolina s Act, Article 5 of Chapter tutes, and alcohol-related to underage persons in	V 133			
	G.S. 20-138.5. (f) Penalty for Furnish applicant for employm supplies, or otherwise an employment applic	ing False Information Any nent who willfully furnishes, gives false information on cation that is the basis for a dicheck under this section				

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(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						С	
MHL034-381		B. WING		06	06/26/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
NOA HUMAN SERVICES, INC 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101							
(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 CORE (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 133	prior to obtaining the a criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-2005-4, ss. 1, 2, 3, 4,	s are met: not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. submit the request for a d check not later than five ne individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.)	V 133				
	request a criminal bac for 1 of 3 staff (Staff # Review on 6/26/19 of -Date of Hire: 6/1/19 -No documentation of background check. Interview on 6/26/19 v Professional revealed	Staff #1's record revealed: Staff #1's criminal with the Qualified					

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