PRINTED: 07/31/2019 FORM APPROVED

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		
AND PLAN OF CORRECTION		ISENTING TO THE STATE OF THE ST	A. BUILDING: _			-125	
		MHL034-271	B. WING		07/24/2019		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
NOA HUMAN SERVICES, INC  4420 EDREM AVENUE  WINSTON-SALEM, NC 27101							
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was A deficiency was cited	s completed on 7/24/2019. d.					
		d for the following service 27G .5600A Supervised Mental Illness.					
V 118	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 administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation		V 118				

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

TITLE (X6) DATE 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	
THE PERIOD CONNECTION			A. BUILDING:				
		MHL034-271	B. WING		07/	/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE			
NOA HUM	AN SERVICES, INC	4420 EDI	REM AVENUE				
	, 02	WINSTO	N-SALEM, NC 27	7101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PR  REGULATORY OR LSC IDENTIFYING INFORMATION)  T			PROVIDER'S PLAN (EACH CORRECTIVE . CROSS-REFERENCED ` DEFICI	(X5) COMPLETE DATE		
V 118	Continued From page 1		V 118				
	facility failed to ensur medications was doc following administration & #3). The findings at Review on 7/24/2019 revealed: - Admission date:8/8/- Diagnoses: Schizop IV kidney disease; Hytremors - A physician's order (Seroquel) 50 milligrat morning (QAM), date Review on 7/23/2019-5/1/2019 to 7/23/2019- No documentation the been administered from Review on 7/24/2019- Admission date: 10/- Diagnoses: Schizoa Obsessive-Compulsive High Cholesterol; Gardisease; and Irritables.	ews and interviews, the e that administration of umented immediately on affecting 2 of 3 clients (#2 are:  of client #2's record  2011 hrenia, bipolar type; Stage ypothyroidism; and Fine for quetiapine fumarate ams (mg), 1 tablet every d 4/4/2019.  of client #2's MARs dated or revealed: hat quetiapine fumarate had om 5/1/2019 to 5/31/2019.  of client #3's MAR revealed: 22/2010; affective Disorder; by Disorder; Hypertension; stroesophageal Reflux be Bowel Syndrome;					
	with no discontinuation  Review on 7/23/2019 5/1/2019 to 7/23/2019	e a week, dated 10/30/2018, on order. of client #3's MARs dated					

Division of Health Service Regulation

STATE FORM 6899 OQ1511 If continuation sheet 2 of 3

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		, , ,	(X3) DATE SURVEY COMPLETED	
MHL034-271		B. WING		07	07/24/2019		
NAME OF PRO	VIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
NOA HUMAN SERVICES, INC 4420 EDREM AVENUE WINSTON-SALEM, NC 27101							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
r   r   r   r   r   r   r   r   r   r	He could not remem medications, but did not any problems related medications.  Interview on 7/23/201 He had a list of the read could remember and could remember and could remember and could remember and the would realize it if bills at the correct time. He did not think that problems with the admedications.  Interview on 7/24/201 She believed that clipadministered his queting administered his queting and she was not sure whelients #1 May 2019 Market Client #3 did use his wice weekly; She should have madelient #3's MAR after the professional (QP) reversional (QP) reversional He was not aware the clients #2 and #3's Market Market He did not hear the medications or MARs	9 with client #2 revealed: ber the names of all of his not think that there had been to administration of his  9 with client #3 revealed: names of his medications some of their names; he was not given all of his e; there had been any ninistration of his  9 with staff #1 revealed: ent #2 had been napine every day as ordered; ny there were blanks left on MAR; ketoconazole shampoo  ade certain that she signed he used the shampoo.  9 with the Qualified ealed: nat blanks had been left on ARs; at there were issues with from facility staff, that ations were in the house	V 118				

Division of Health Service Regulation

STATE FORM 6899 OQ1511 If continuation sheet 3 of 3