

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on October 9, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illnesses.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108	<p><b>DHSR - Mental Health</b></p> <p><b>NOV 21 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

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

*Richard O'Hara, MS, QI*  
TITLE

(X6) DATE  
*11/9/19*

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V 108	<p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record reviews, the facility failed to provide training to meet the client's needs relative to Hypoglycemia affecting 1 of 5 staff (staff #3). The findings are:</p> <p>Review on 10/3/19 of Client #1's record revealed: - Admission date of 7/19/19 - Diagnoses: Schizoaffective Disorder, Depressive Type; Borderline Personality Disorder; Developmental Disorder; Tobacco Use Disorder; Hypoglycemia</p> <p>Review on 10/4/19 of staff #3's record revealed: - Date of hire: 7/25/19 - There was no documented training on how to test blood sugars or interpret the results of blood sugars.</p> <p>Interview on 10/7/19 of staff #3 revealed: - She was the staff who always checked client #1's sugar levels. - She was unsure what number was considered too low for client #1's sugar levels. - She did not contact anyone if client #1's blood sugar was too low. - "I want to say it is 70 or somewhere in the 70s to give tabs and applesauce."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		

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V 114	Continued From page 2	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure fire and disaster drills were conducted at least once per shift per quarter. The findings are:</p> <p>Review and observations on 10/4/19 of fire and disaster drills revealed:</p> <ul style="list-style-type: none"> <li>- Requested fire and disaster drills at approximately 11:00 am.</li> <li>- Fire and disaster drills were located by the Qualified Professional at approximately 4:51 pm.</li> <li>- At approximately 4:51 pm observed similar handwriting but signed by different staff on 12 fire and disaster drills dated : 1/8/19, 2/1/19, 3/12/19, 4/5/19, 5/6/19, 6/1/19, 7/10/19, 8/5/19, 9/3/19, 10/5/18, 11/8/18, 12/6/18.</li> </ul> <p>Interview on 10/3/19 with client #1 revealed:</p>	V 114	<p>House Manager/Staff/CP will ensure monthly fire/disaster drills are conducted and clients made aware exit routes and assemble point</p> <p>HM/CP will ensure drills are conducted on different shifts by different staffs.</p>	<p>11/9/19 10/9/19</p>

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V 114	Continued From page 3  - Since she had been a client in the group home (7/19/19) she had not practiced a fire or a disaster drill. - "I have never done a fire drill. I have never done a tornado drill."  Interview on 10/3/19 with client #2 revealed: - He and the other clients did not practice fire or a disaster drills.  Interview on 10/4/19 with client #3 revealed: - Since he had been a client in the group home (11/19/18) he had not practiced a fire or a disaster drill.  Interview on 10/4/19 with client #4 revealed: - Since she had been a client in the group home (5/25/18) she had not practiced a fire or a disaster drill.  Interview and observations on 10/7/19 of staff #3 revealed: - At approximately 3:19 pm she observed a fire and disaster drill dated 8/15/19 that had her signature on it. - She did not fill out or sign the 8/15/19 fire and disaster drill. - She did not know who signed her signature on the 8/15/19 fire and disaster drill.  Interview on 10/4/19 with the Qualified Professional revealed: - He had not conducted a fire or disaster drill in the past year. - He only monitored the fire and disaster drill reports. - He could not explain why all the fire and disaster drills were written in similar handwriting.	V 114	<p>OP has practiced fire disaster drill with clients and will ensure drills are conducted and clients participate.</p> <p>HM/OP will ensure all signed drills are being conducted by staff on duty.</p> <p>HM/OP will ensure drills are done and signed by different staff moving forward.</p>	<p>10/9/19 11/9/19</p> <p>10/9/19</p> <p>10/9/19</p>

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V 115	Continued From page 4	V 115		
V 115	<p>27G .0208 Client Services</p> <p><b>10A NCAC 27G .0208 CLIENT SERVICES</b></p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to provide activities for clients affecting 4 of 4 clients (clients #1, #2, #3 &amp; #4). The findings are:</p> <p> </p> <p>Interview on 10/3/19 with client #1 revealed:</p>	V 115		

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V 115	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- She and the other clients did not do any activities away from the group home.</li> <li>- She would like to be able to do the following activities: draw, bingo and art.</li> </ul> <p>Interview on 10/3/19 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- He and the other clients did not do activities away from the group home.</li> <li>- He and the other clients were going to a place "like the YMCA" in the past. He would like return to this place to do activities.</li> </ul> <p>Interview on 10/4/19 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- The only activity he did away from the group home was, "go out sometimes to the store."</li> </ul> <p>Interview on 10/4/19 with client #4 revealed:</p> <ul style="list-style-type: none"> <li>- She and the other clients did not do any activities away from the group home.</li> </ul> <p>Interview on 10/7/19 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- The clients did not do activities away from the group home other than when she took clients to their appointments.</li> <li>- "I feel they need to get out more and do more activities."</li> </ul> <p>Interview on 10/4/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- He and the House Manager oversaw organized activities for the clients.</li> <li>- The clients only activity he could provide was going to a local recreational center 3 times a week.</li> <li>- The clients last went to the recreational center "the first week in September (2019)."</li> </ul> <p>Interview on 10/4/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- A staff member at a sister facility scheduled</li> </ul>	V 115	<p><i>clients has resumed their outing to Hanes recreational center where all sought of activities are available to them. three time a week.</i></p>	<p><i>10/19/19</i></p>

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V 115	Continued From page 6  activities for the group home. - Clients did weekly activities but he could not provide any activities the clients did. - "I have not been involved with that (creating an activity schedule/calendar)."  Interview on 10/8/19 with staff #1 revealed: - The clients did not do any activities away from the group home.	V 115		
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 administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	<p>Continued From page 7</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility staff failed to obtain and follow physician's orders affecting one of four clients (#1). The findings are:</p> <p>Review on 10/3/19 of Client #1's record revealed: - Admission date of 7/19/19 - Diagnoses: Schizoaffective Disorder, Depressive Type; Borderline Personality Disorder; Developmental Disorder; Tobacco Use Disorder; Hypoglycemia</p> <p>Review on 10/4/19 and 10/9/19 of physician's orders for client #1 revealed: - On 10/4/19 there were no physician's orders in the client's file for how often to check client's blood sugar levels or what to do with the results of the blood sugar levels. - On 10/9/19 the Licensee provided an unsigned physician's order for glucose tablets 4 grams dated August 2, 2019 with client #1's name: "Chew one tablet to two tablets (4-8 doses) by mouth as needed (blood sugar less than 70 (with or without symptoms) or if blood sugar less than 80 with symptoms). Symptoms of low blood sugar include ...if having seizure like activity and/or fainting, 911 should be alerted for ER (emergency room) evaluation."</p> <p>Review on 10/4/19 of client #1's MARs from 8/1/2019-10/4/2019 revealed the following:</p>	V 118	<p>Doctor's order for Blood Check was provided on 10/9/19 and <del>was</del> has been included in Clients folder on what should be done and how. HM/CP ensure that MAR is correct and staff understands frequency for blood sugar check and what needs to be done when abnormal reading is noted.</p>	10/9/19




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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- Accu-check: check blood sugar 4 times daily before meals.</li> </ul> <p>Interview on 10/7/19 of staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- She was the staff who always checked client #1's sugar levels.</li> <li>- She was unsure what number was considered too low for client #1's sugar levels.</li> <li>- She did not contact anyone if client #1's blood sugar was too low.</li> <li>- "I want to say it is 70 or somewhere in the 70s to give tabs and applesauce."</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for three of five staff (staff #1, staff #3 and the House Manager). The findings are:</p>	V 131	<p>Licensee has corrected and will ensure moving forward HCPR will be checked prior to hiring any potential staff.</p>	10/9/19

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V 131	<p>Continued From page 9</p> <p>Review on 10/4/19 of staff #1's record revealed: - Date of hire: 7/30/19 - There was no HCPR check found in her record.</p> <p>Interview on 10/8/19 with staff #1 revealed: - She had worked at the group home "1-2 months."</p> <p>Review on 10/4/19 of the House Manager's record revealed: - Date of hire: 7/28/19 - The HCPR check was completed on 9/25/19.</p> <p>Interview on 10/4/19 with the House Manager revealed: - He had worked at the group home since, "August 1, 2019."</p> <p>Review on 10/4/10 of staff #3's record revealed: - Date of hire: 7/25/19 - The HCPR check was completed on 9/25/19.</p> <p>Interview on 10/7/19 with staff #3 revealed: - She had worked for the group home: "2 months."</p> <p>Interview on 10/4/19 with the Qualified Professional revealed: - The Licensee was the staff who did all the HCPR checks.</p>	V 131		10/9/19
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of</p>	V 132		

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V 132	<p>Continued From page 10</p> <p>unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ul style="list-style-type: none"> <li>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</li> <li>c. Misappropriation of the property of a healthcare facility.</li> <li>d. Diversion of drugs belonging to a health care facility or to a patient or client.</li> <li>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</li> </ul> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the</p>	V 132	<p><i>HM/OP/Licensee will ensure all incidents are reported through HCPR of all allegations</i></p>	<p><i>10/9/19</i></p>

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NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</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 132	<p>Continued From page 11</p> <p>facility failed to protect residents from harm while an investigation was in progress and failed to ensure that the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel. The findings are:</p> <p>Review on 10/4/19 of staff #1's record revealed: - Date of hire: 7/30/19</p> <p>Review on 10/3/19 of Incident Report written by staff #1 on 9/7/19 revealed: - "[Client #1] started out by cussing me out like a dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better give her one. Then I told her she's not going to make me do anything ... So later that night around 9:30 pm she came to me again and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ... I do my job and do it well. I don't know what she has against me but I've taken no money from her. She said she would get me no matter what it took she then began to hit me. And pushed me around. I had to get [client #2] to get her off of me and under control. "</p> <p>Interview on 10/7/19 with staff #1 revealed: - The Qualified Professional (QP) and the House Manager questioned her about the 9/7/19 incident which included: she borrowed money from client #1 and she had hit client #1 during a physical altercation. - The last time she worked at client #1's group home was sometime between 9/9/19-9/16/19. After that time period started to work at a sister facility.</p>	V 132	<p>against health care personnel. Also will ensure clients are being protected when any alleged acts are being investigated or is in progress. All results of the investigation will be reported within five (5) working days to the Department.</p>	<p>10/11/19 11/9/19</p>
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V 132	<p>Continued From page 12</p> <p>Interview on 10/4/19 with the Qualified Professional revealed: - While he investigated allegations that staff #1 borrowed money from client #1 he never took staff #1 off the schedule or suspended her. - "No (did not take staff #1 off the schedule) because I didn't substantiate anything"</p> <p>Interview on 10/4/19 with the House Manager revealed: - While he investigated allegations that staff #1 borrowed money from client #1 and staff #1 hit client #1, staff #1 was not removed from the schedule. - Staff #1 continued to work for the group home.</p> <p>Interview on 10/8/19 with the Licensee revealed: - She never reported the 9/7/19 incident, of allegations against staff #1, to the HCPR.</p> <p>This deficiency is cross referenced into 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 132		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the</p>	V 133	<p>licensee will ensure criminal history record check are done/requested within five (5) business days of the date of hire and enclosed in staff folder.</p>	<p>10/19/19</p>

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V 133	Continued From page 13  applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the 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 of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history	V 133		10/9/19

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V 133	Continued From page 14  check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.	V 133		10/9/19

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V 133	Continued From page 15  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 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 history of criminal offenses if the employee's criminal history record check is requested and received in compliance 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; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary	V 133		10/9/19 <i>w</i>



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V 133	<p>Continued From page 16</p> <p>and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(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 following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in</p>	V 133		<p>10/9/19</p>

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V 133	<p>Continued From page 17</p> <p>subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure criminal history record checks were requested within five business days of the date of hire affecting 3 of 5 staff (staff #1, staff #3, and the House Manager). The findings are:</p> <p>Review on 10/4/19 of staff #1's record revealed: - Date of hire: 7/30/19 - The criminal history record check was requested on 8/5/19.</p> <p>Review on 10/4/19 of the House Manager's record revealed: - Date of hire: 7/28/19 - The criminal history record check was requested on 8/5/19.</p> <p>Review on 10/4/19 of staff #3's record revealed: - Date of hire: 7/25/19 - The criminal history record check was requested on 8/5/19.</p> <p>Interview on 10/7/19 with staff #3 revealed: - She had worked for the group home: "2 months."</p>	V 133		10/9/19

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V 133	Continued From page 18  Interview on 10/4/19 with the Qualified Professional revealed: - The Licensee was the staff who did all the criminal history record checks.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 133	↓	no 10/9/19 ↓
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;	V 364	HM/PP/ licensee will ensure that no client's right will not be restricted by any staff. All incident reports will be reviewed and monitored to ensure all clients legal rights are not prohibited by staffs of NOA at all cost.	10/9/19

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V 364	<p>Continued From page 19</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p>	V 364		11/9/19

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V 364	<p>Continued From page 20</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h)</p>	V 364		10/9/19

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V 364	<p>Continued From page 21</p> <p>of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason</p>	V 364		10/9/19

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V 364	<p>Continued From page 22</p> <p>for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review the facility failed to allow telephone calls affecting 1 of 4 clients (Clients #1). The findings are:</p> <p>Review on 10/3/19 of an Incident Report dated 9/7/19 revealed: - The 9/7/19 incident report was written by staff #1. - "[Client #1] started out by cussing me out like a</p>	V 364		10/9/19

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NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</b>
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V 364	<p>Continued From page 23</p> <p>dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better give her one. Then I told her she's not going to make me do anything ...So later that night around 9:30 pm she came to me again and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ..."</p> <p>Review on 10/3/19 of client #1's treatment plan dated 7/20/19 revealed: -no documentation regarding a detailed reason for the telephone restriction</p> <p>Interview on 10/8/19 with the Qualified Professional revealed: - He never read the 9/7/19 incident report. - He did not know that staff #1 took the phone away from client #1. - Client #1 did not have any telephone restrictions.</p> <p>Interview on 10/8/19 with client #1 revealed: - On 9/7/19 staff #1 took use of the phone away from her. - "Yes, she (staff #1) took the house phone (from me) because she told me the phone wasn't working. Other people (clients) could use the phone but I couldn't use the phone because she (staff #1) said I had been cussing her out."</p> <p>Interview on 10/8/19 with staff #1 revealed: - On 9/7/19, Client #1 asked her for a cigarette. - When she told client #1 she did not have any cigarettes, client #1 cussed her out. - She then took away client #1's phone privileges. - "I said (to) [client #1] we get things taken away when we do things we shouldn't do. I said so I am</p>	V 364		10/9/19
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>10/09/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</b>		
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V 364	Continued From page 24  taking the telephone away because of the actions she (client #1) did earlier of cussing me out. I told her (client #1) she could have the phone the next morning."	V 364		<del>10/9/19</del> 11/9/19
V 366	27G .0603 Incident Response Requirments  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall	V 366	HM/OP / licensee will hence forth ensure that an internal, written investigation report must be conducted by all admin staffs investigating any alleged incident and reported to IRIS by licensee if <del>any</del> Level II or III within required mandated time frame - All Admin reports will be documented and saved in the facility file cabinet.	10/9/19

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V 366	<p>Continued From page 25</p> <p>develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues</p>	V 366		10/9/19

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V 366	<p>Continued From page 26</p> <p>identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement corrective measure, determine the cause for the cause of the incident and failed to report the incident to the LME as required. The findings are:</p> <p>Interview on 10/3/19 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- There was a physical fight on 9/7/19 between staff #1 and client #1.</li> <li>- The fight occurred because staff #1 did not pay</li> </ul>	V 366		10/9/19

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V 366	<p>Continued From page 27</p> <p>back the money client #1 loaned to staff #1.</p> <ul style="list-style-type: none"> <li>- During the physical fight between client #1 and staff #1, staff #1 hit client #1 in the head and broke her glasses.</li> <li>- "[Client #1] started swinging first and [staff #1] started swinging back."</li> </ul> <p>Interview on 10/3/19 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She loaned staff #1 twenty dollars 1-2 weeks prior to 9/7/19.</li> <li>- On 9/6/19 when she asked for the money back, staff #1 offered to pay her back "in weed." She told staff #1 she did not want the weed, she wanted the money.</li> <li>- On 9/7/19 she asked staff #1 to at least give her cigarettes (instead of payment of the loaned money) and staff #1 would not give her cigarettes. She got upset and started a physical fight with staff #1.</li> <li>- She talked to the House Manager about the 9/7/19 incident. The House Manager and the Qualified Manager knew that she had been hit by staff #1 and staff #1 borrowed money from her.</li> <li>- "I (client #1) started slamming dishes around because she (staff #1) would not pay me back. I think I hit her first. I pushed her and then we started fighting I said please give my money back. She (staff #1) was hitting me upside my head."</li> </ul> <p>Interview on 10/8/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- The only person who conducted the internal investigation of the 9/7/29 incident was the House Manager who had worked for the group home since the "first week of August 2019."</li> <li>- There was no written documentation of the internal investigation.</li> <li>- "The House Manager did the internal investigation."</li> <li>- "He (the House Manager) just verbally talked to the client (client #1) and staff (staff #1)."</li> </ul>	V 366		10/9/19

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V 366	<p>Continued From page 28</p> <p>Interview on 10/4/19 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>- He completed an initial internal investigation and the QP did the follow up.</li> <li>- He did not document any of his internal investigation, therefore there was no written documents about the internal investigation.</li> </ul> <p>Interview on 10/4/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- He only investigated whether staff #1 borrowed money from client #1 and not the physical fight between staff #1 and client #1.</li> <li>- He had no written documents about his internal investigation.</li> <li>- "I review them (incident reports) and [the Licensee] puts them in IRIS. If I see something, I investigate it."</li> </ul> <p>Review on 10/3/19 of Incident Report dated 9/7/19 revealed:</p> <ul style="list-style-type: none"> <li>- The 9/7/19 incident report was written by staff #1.</li> <li>- "[Client #1] started out by cussing me out like a dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better giver her one. Then I told her she's not going to make me do anything ...So later that night around 9:30 pm she came to me gain and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ...I do my job and do it well. I don't know what she has against me but I've taken no money from her. She said she would get me no matter what it took she then began to hit me. And pushed me around. I had to get [client #2] to get her off of me and under</li> </ul>	V 366		10/09/19

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V 366	Continued From page 29 control."  Review on 10/3/19 of Incident Response Improvement System (IRIS) revealed: -There was no internal investigation submitted in IRIS about the 9/7/19 incident.	V 366	↓	10/9/19 ↓
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required	V 367		

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V 367	Continued From page 30  report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area;	V 367		

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V 367	<p>Continued From page 31</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: 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 10/3/19 of an Incident Report dated 9/7/19 revealed: - The 9/7/19 incident report was written by staff #1. - "[Client #1] started out by cussing me out like a dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better give her one. Then I told her she's not going to make me do anything ...So later that night around 9:30 pm she came to me again and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ...I do my job and do it well. I don't know what she has against me but I've taken no money from her. She said she would get me no matter what it took she then began to hit me. And pushed me around. I had to</p>	V 367	<p>HM/Op/ licensee will ensure that an internal written investigation report on all alleged incidents must be written, filed by any Admin staff notified and <sup>who</sup> investigated allegation/incident. All Level II and III incidents must be reported to LME/IRIS within state mandated time frame</p>	<p>10/9/19</p>
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V 367	<p>Continued From page 32</p> <p>get [client #2] to get her off of me and under control. "</p> <p>Interview on 10/3/19 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- There was a physical fight on 9/7/19 between staff #1 and client #1.</li> <li>- The fight occurred because staff #1 did not pay back the money client #1 loaned to staff #1. .</li> <li>- During the physical fight between client #1 and staff #1, staff #1 hit client #1 in the head and broke her glasses.</li> <li>- "[Client #1] started swinging first and [staff #1] started swinging back.</li> </ul> <p>Interview on 10/3/19 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She loaned staff #1 twenty dollars 1-2 weeks prior to 9/7/19.</li> <li>- On 9/6/19 when she asked for the money back, staff #1 offered to pay her back "in weed." She told staff #1 she did not want the weed, she wanted the money.</li> <li>- On 9/7/19 she asked staff #1 to at least give her cigarettes (instead of payment of the loaned money) and staff #1 would not give her cigarettes. She got upset and started a physical fight with staff #1.</li> <li>- She talked to the House Manager about the 9/7/19 incident and indicated the Qualified Professional knew as well.</li> <li>- "I (client #1) started slamming dishes around because she (staff #1) would not pay me back. I think I hit her first. I pushed her and then we started fighting I said please give me money back. She (staff #1) was hitting me upside my head."</li> </ul> <p>Interview on 10/7/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- The Licensee "puts everything into IRIS."</li> </ul>	V 367		10/9/19

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V 367	Continued From page 33  Review on 10/3/19 of Incident Response Improvement System (IRIS) revealed: -There was no IRIS report submitted about the 9/7/29 incident.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367	↓	10/09/19 ↓
V 500	27D .0101(a-e) Client Rights - Policy on Rights  10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility,	V 500		

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V 500	<p>Continued From page 34</p> <p>the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure allegations of abuse were reported to the County Department of Social Services (DSS) affecting 1 of 4 current clients (client #1). The findings are:</p> <p>Review on 10/3/19 of Incident Report written by</p>	V 500	<p>Staff has been moved to a sister facility. Moving forward all alleged incidents will be investigated, written</p>	11/9/19

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V 500	<p>Continued From page 35</p> <p>staff #1 on 9/7/19 revealed: - "[Client #1] started out by cussing me out like a dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better give her one. Then I told her she's not going to make me do anything ...So later that night around 9:30 pm she came to me again and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ...I do my job and do it well. I don't know what she has against me but I've taken no money from her. She said she would get me no matter what it took she then began to hit me. And pushed me around. I had to get [client #2] to get her off of me and under control. "</p> <p>Interview on 10/8/19 with House Manager revealed: - He received the 9/7/19 incident report on 9/9/19. - He made the Qualified Professional and the Licensee aware of the 9/7/19 incident on 9/9/19. - He talked to client #1 about the 9/7/19 incident but never documented anything. - "I told them(the QP and the Licensee) there was contact made. [Client #1] went after [staff #1]. [Client #1] pushed up against [staff #1]. [Staff #1] pushed [client #1] away. " - "I told them (the Licensee and the QP) that [client #1] said that [staff #1] owed her money."</p> <p>Interview on 10/8/19 with the Licensee revealed: - She never reported the 9/7/19 incident, of allegations against staff #1, to the Department of Social Services.</p>	V 500	<p>down by Admin Staff investigating incident and filed. Incident level II and III must be reported to the appropriate agencies with the recommended time allowed by the rules and regulation. - Clients will not be restricted by any means <del>if</del> but other alternatives will be implemented to deescalate any episode from clients</p> <p>It is the <sup>rule</sup> <del>part</del> of the agency that staffs will/can not borrow, take or sale anything from clients at NOA.</p>	11/9/19

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V 512	Continued From page 36	V 512		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, 1 of 5 staff (staff #1) abused and 2 of 5 staff (the Qualified Professional (QP) and the Licensee) failed to protect 1 of 4 clients (Client #1). The findings are:</p> <p>Cross reference: G.S. 31E -256 HCPR Prior Employment Verification (V132). Based on interviews and record reviews the facility failed to protect residents from harm while an investigation was in progress.</p>	V 512	<p>Staff was removed from schedule at the facility when incident was reported to QP and licensee on a later day. Staff didn't advise on time on being advised of incident, staff was reassigned to another</p>	11/9/19

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V 512	<p>Continued From page 37</p> <p>Review on 10/3/19 of Client #1's record revealed:                      - Admission date of 7/19/19                      - 7/20/19 Goals from Person-Centered Plan (PCP):                      - "...will increase her independence by learning to manage her time in the group home, obeying the rules and regulations of the facility/or in the community each day ..."                      - "...will learn appropriate behaviors and communication skills by engaging in planned social activities with her peers ..."                      - "...will improve her hygiene by taking daily/as needed showers, cleaning up after herself and doing assigned chores ..."                      - Diagnoses: Schizoaffective Disorder, Depressive Type; Borderline Personality Disorder; Developmental Disorder; Tobacco Use Disorder; Hypoglycemia                      - Hospital records with discharge date of 7/19/19: "Per access report patient was presented to ED (Emergency Department) via EMS (Emergency Medical Services) after attempting to burn her apartment complex due to anger toward her neighbors."</p> <p>Review on 10/4/19 of the Licensee's record revealed:                      - Date of hire: 10/22/2011                      - Position: the owner/Qualified Professional                      - Based on review of the record, the Licensee has a degree and work history that qualified her as a Qualified Professional (QP).</p> <p>Review on 10/4/19 of the QP's record revealed:                      - Date of hire: 2/27/16                      - Position: Qualified Professional (QP)                      - Based on review of the record, the QP had a degree and work history that qualified him as a QP.</p>	V 512	<p>Sister facility while the investigation was in progress being investigated.</p> <p>QP / licensee has evidence of status required, to meet standard.</p>	<p>11/9/19</p> <p>11/9/19</p>

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V 512	<p>Continued From page 38</p> <p>Review on 10/3/19 of Incident Report written by staff #1 on 9/7/19 revealed:</p> <ul style="list-style-type: none"> <li>- "[Client #1] started out by cussing me out like a dog. Because I refused to give her a cigarette of mine. Started banging on staff door. Telling me I better give her one. Then I told her she's not going to make me do anything ...So later that night around 9:30 pm she came to me again and wanted to use the phone. And I told her no I wasn't going to let her. I took the use of the phone from her. How she cussed me out like a dog earlier that day. She had lost her right to use the phone until the morning ...I do my job and do it well. I don't know what she has against me but I've taken no money from her. She said she would get me no matter what it took she then began to hit me. And pushed me around. I had to get [client #2] to get her off of me and under control."</li> </ul> <p>Observation and interviews on 10/3/19 and 10/7/19 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She loaned staff #1 twenty dollars 1-2 weeks prior to 9/7/19.</li> <li>- On 9/6/19 when she asked for the money back, staff #1 offered to pay her back "in weed." She told staff #1 she did not want the weed, she wanted the money.</li> <li>- On 9/7/19 she asked staff #1 to at least give her cigarettes (instead of payment of the loaned money) and staff #1 would not give her cigarettes. She got upset and started a physical fight with staff #1.</li> <li>- "I (client #1) started slamming dishes around because she (staff #1) would not pay me back. I think I hit her first. I pushed her and then we started fighting I said please give me money back. She (staff #1) was hitting me upside my head."</li> </ul>	V 512	<p>Staff has been reminded again to implement skills of NCI learned by using other alternatives in deescalating episodes with clients without restrictions.</p> <p>It is the rule of NOA that staff <del>will</del> cannot borrow, sell, or take items from clients. It is the policy of NOA that our clients must not be exploited by our staffs.</p>	<p>11/9/19</p> <p>11/9/19</p>

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V 512	<p>Continued From page 39</p> <ul style="list-style-type: none"> <li>- "I guess she kicked me (during the fight)."</li> <li>- "[Client #2] was outside smoking and came in on the end of the fight."</li> <li>- "[Client #2] broke up the fight. I had my head down and she (staff #1) was hitting me on top of the head. [Client #2] came in and said ya'll stop. He pulled me away by my arm (right arm)."</li> <li>- The same week that the 9/7/19 incident occurred, she talked to the House Manager and the QP about the 9/7/19 incident.</li> <li>- "I told [the House Manager] and [the QP] about the money (staff #1 borrowing money from her) and the fight (with staff #1)."</li> <li>- She had a visible bruise on her upper right leg above her knee. At 2:30 pm on 10/3/19 observed a bruise on client #1's upper right leg to be round and a little bigger than half dollar size.</li> <li>- She also had bruising to her face and right wrist which were "healed up" but her therapist saw the bruising.</li> <li>- At approximately 2:30 pm on 10/3/19 observed client #1 to have arrived home with new eye glasses.</li> <li>- She had received her new glasses today (10/3/19) and her old glasses were broken in the fight with staff #1.</li> </ul> <p>Interviews on 10/3/19 and 10/7/19 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- There was a physical fight on 9/7/19 between staff #1 and client #1.</li> <li>- The fight occurred because staff #1 did not pay back the money client #1 loaned to staff #1.</li> <li>- During the physical fight between client #1 and staff #1, staff #1 hit client #1 in the head and broke her glasses.</li> <li>- "I was outside smoking and then came into the den and saw them (client #1 and staff #1) fighting."</li> <li>- "[Client #1] started swinging first and [staff #1]</li> </ul>	V 512	<p>Staff have <sup>been</sup> reminded to implement NCI part "A" skills and procedure. No restrictions find alternative ways to deescalate episodes with clients.</p> <p>NCI 8 Skills Start "A" should be use to deescalate episodes with clients. All physical contacts are prohibited.</p>	11/19/19



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V 512	<p>Continued From page 40</p> <p>started swinging back."</p> <ul style="list-style-type: none"> <li>- "I saw [staff #1] (with a closed fist) hit [client #1] on top of the head."</li> <li>- "I just came in and broke it up. I pulled [client #1] (by her)arm to break it up."</li> </ul> <p>Interview on 10/8/19 with House Manager revealed:</p> <ul style="list-style-type: none"> <li>- He received the 9/7/19 incident report on 9/9/19.</li> <li>- He made the QP and the Licensee aware of the 9/7/19 incident on 9/9/19.</li> <li>- He talked to client #1 about the 9/7/19 incident but never documented anything.</li> <li>- "I told them (the QP and the Licensee) there was contact made. [Client #1] went after [staff #1]. [Client #1] pushed up against [staff #1]. [Staff #1] pushed [client #1] away. "</li> <li>- "I told them (the Licensee and the QP) that [client #1] said that [staff #1] owed her money."</li> </ul> <p>Interview on 10/8/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- She learned about the 9/7/19 incident sometime during the week after the incident.</li> <li>- She never read the 9/7/19 incident report.</li> <li>- "The House Manager told me on the same week (of the 9/7/19 incident) but I can't remember which day exactly. I have cleared out my caller log from September (2019)."</li> <li>- "Well the House Manager told me there was an incident with [client #1] and [client #1] had said a staff (staff #1) had borrowed money from her. The House Manager said he interviewed the staff (staff #1), the staff advised she did not borrow any money from [client #1]. Then he also advised that [client #1] got agitated because she asked staff (staff #1) for some cigarettes because she had finished her cigarettes, so staff advised she did not have any cigarettes and [client #1] started knocking stuff off the kitchen counter. She (client #1) wanted to call the cops and staff (staff #1)</li> </ul>	V 512	<p>Moving forward, all Level I, II, and III incidents must be documented by staff investigating alleged report/ incident. All Level II and III must be reported to IRLS within required time frame.</p> <p>Moving forward, all incident reported must be documented by the reporter and filled. The House Manager will document hence forth all incident to QP and licensee, and ensure clients protected from all</p>	11/9/19
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abuse, neglect, neglect or exploitation

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V 512	<p>Continued From page 41</p> <p>withheld the phone from her."</p> <p>- "Per the House Manager the client (client #1) was trying to put hands on staff (staff #1) and the staff tried put up her hands to de-escalate the situation or stop the client from hitting her. She put her hands up to say please move back to get her calm down and let her finish what she was doing and then she would get her cigarette."</p> <p>- "[The QP] should have read the level 1 incident report. The House Manager called me and told me about the incident with [client #1] and [staff #1]."</p> <p>Interview on 10/8/19 with staff #1 revealed:</p> <p>- On 9/7/19, Client #1 asked her for a cigarette.</p> <p>- When she told client #1 she did not have any cigarettes, client #1 cussed her out.</p> <p>- She then took away client #1's phone privileges.</p> <p>- Client #1 then physically assaulted her. She denied that she hit client #1.</p> <p>- "I said (to) [client #1] we get things taken away when we do things we shouldn't do. I said so I am taking the telephone away because of the actions she (client #1) did earlier of cussing me out. I told her (client #1) she could have the phone the next morning."</p> <p>- "She (client #1) went into rage. She knocked the dishes off the counter, and I asked her to pick the dishes up. She said she was tired of the group home. If you are not going pick up the dishes, I will take pictures of what you done. I was in the kitchen. She walked over to me and standing in my face hollering. She knocked the phone out of my hand. She kept trying to grab the phone out of my hand ... I was then walking off. I said if you don't calm down, I will have to call somebody. That's when she charged at me. I was pinned up against a desk in the foyer. She was trying to swing at me. I was blocking her swing. When [client #2] came in, I said please get her.</p>	V 512	<p>Moving forward, NCI 'A', alternative skills must be implemented by staff to deescalate angry episodes from clients. NO physical restraints allowed with our clients.</p>	11/9/19
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V 512	<p>Continued From page 42</p> <p>He (client #2) talked her down from attacking me. He talked to her. He might have grabbed her shoulder and told her to come on." - "When she (client #1) was trying to swing at me I was trying to hold her back from hitting me. I never struck [client #1], [client #1] attacked me. I was holding my hands out. I was blocking her from hitting me. I might have touched her."</p> <p>Interview on 10/4/19 with the Qualified Professional (QP) revealed: - He only investigated whether staff #1 borrowed money from client #1 and not the physical fight between staff #1 and client #1. - He was told by client #1's therapist that staff #1 borrowed money from client #1. - He denied having any knowledge of a physical altercation between client #1 and staff #1.</p> <p>Review on 10/9/19 of letter written by the Licensee dated 10/9/19 revealed: - She wrote a letter to the Facility Compliance Consultant that stated "The QP carried out an investigation into this matter with the staff &amp; client separately &amp; found it unsubstantiated he then reported the same to [client #1's therapist] ...you are making me write and sign a Plan of Protection under duress especially since we investigated this matter fully and reported same to her (client #1's) ACTT team (Client #1's therapist)."</p> <p>Interviews on 10/7/19 and 10/9/19 with client #1's therapist revealed: - She had a therapy session with client #1 on 9/9/19 (two days after the 9/7/19 incident). - Client #1 never reported to her that staff #1 assaulted her. She never observed bruising to client #1. - Client #1 gave conflicting stories during the</p>	V 512	<p><i>QP was never advised of any physical fight between staff and client. QP was advised of client alleging that staff borrow money from her which is not allowed at NOA. QP only investigated this allegation</i></p>	<p><i>11/9/19</i></p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</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
V 512	<p>Continued From page 43</p> <p>9/9/19 therapy session as to how her glasses got broken.</p> <p>- The group home staff had never provided her with any information about an investigation.</p> <p>- "I had a really weird conversation with (the QP) today (10/9/19). I called back (to the QP) around 11 am - 11:30 today (10/9/19). He seemed fishy. He started the conversation asking me is this [client #1's] therapist and I checked for a consent (with him). Then he said, so you are the one that [client #1] told that she had loaned money to a staff member. I responded with I don't know what you are talking about. It took me back because it was very blunt. I thought I did not hear it correctly and asked him to repeat it and he said the same thing. I said I really don't know what you are asking me now."</p> <p>Review on 10/8/19 of the Plan of Protection dated 10/8/19 written by the Licensee revealed: "1. ALL STAFF will be retrained today on guidelines for the above stated violation (V512) as it relates to the population served. ALL STAFF will today be retrained to focus on de escalation in every incident involving client.; put a distance between self &amp; client, walk away from the client, call the QP (Qualified Professional) to speak to client if he is not where he can get to the house quickly as it may take just another face/voice to de-escalate the ongoing situation. Or if what client is requesting for is within reason and can be provided a the time (only), then we may provide that and have a discussion afterwards when client is calm. If staff finds him/herself trapped by the client, staff is advised to put their hands up mainly in front of their face/s as a shield while trying to give calm command to the client to please move back when/where they can &amp; if they cant because their talking may further trigger the client to just put their hands up</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/09/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101</b>
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V 512	<p>Continued From page 44</p> <p>and plan a way to get out from the client's space at that moment but never to engage a client physically.</p> <p>ALL STAFF will be retrained today, that at no time should another client be involved in de escalating any situation between staff/client or client/client. Staff will follow the guidelines for de escalation, if those do not work, then staff will be instructed to call the police with the precise information that incident involves a resident in a facility who may be having a mild crisis, this is to alert the police of the nature of incident being reported so they will know how to handle when they arrive. A Level II/III incident will be immediately sent through IRIS.</p> <p>II. We will immediately conduct a training today for the above in addition to the yearly trainings. ALL staff in addition to the knowledge they have about writing Incident Reports will be reminded to call the QP immediately as soon as they can. The AP will in turn advise (Admin) to review incident, if it is a Level I, the QP will handle if its above that the incident will be immediately turned over to the appropriate office (Admin) to handle. Time frame for retraining today; 10/8/2019.</p> <p>(V132) I. ALL STAFF will again follow the afore mentioned guidelines in re; V512, but when/if there is an allegation by client on staff as concerning exploitation/abuse or any harm, staff will be immediately removed from the schedule until a thorough investigation into the said allegation is carried out by Admin. If the allegation is substantiated the staff will be relieved of his/her duties with the company and if it is not the staff will be placed back on schedule.</p> <p>II. Once an allegation of any sort is received, the House Manager will immediately follow parts of the above procedure in taking the staff involved off schedule until the investigation is completed and he will (Admin). "</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL034-381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/09/2019</b>
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V 512	<p>Continued From page 45</p> <p>The group home served a client with diagnoses which included Schizoaffective Disorder, Depressive Type; Borderline Personality Disorder; Developmental Disorder; Tobacco Use Disorder and Hypoglycemia. When staff #1 did not pay back money that she borrowed from client #1, client #1 started a fight with staff #1 which resulted in staff #1 hitting client #1 in the head. During the fight, staff #1 asked client #2 to intervene and get client #1 off of her. Client #1 reported as a result of the physical fight with staff #1, she had bruising to her face, upper right leg, and right wrist. The Qualified Professional and the Licensee were made aware of the allegations against staff #1 and reported that an internal investigation was completed. While an internal investigation was in progress (which was never documented), the QP and Licensee did not make efforts to protect the client from further abuse as they continued to allow staff #1 to work at the group home. This deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected within 23 days. An administrative penalty of \$5,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 512	<p>The QP or the licensee were never advised of staff and client getting into a physical fight rather an allegation of staff borrowing money from client which was never substantiated. Internal investigation <sup>was</sup> done, although not documented, but moving forward all allegation to QP, HM or the licensee must be documented. Staff was removed and resigned to another sister home immediately by Admin received the information.</p>	11/9/19
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