STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL034-334	B. WING		C 04/03/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	•	
			YCROSS DRIVE			
NOA HUM	AN SERVICES III, INC	WINSTO	N SALEM, NC 2	7106		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	complaint was substa #NC00159747). Defice This facility is licensed	d for the following service 27G .5600A Supervised				
V 738	27G .0303(d) Pest Co	ontrol	V 738			
	10A NCAC 27G .0303 EXTERIOR REQUIRE (d) Buildings shall be rodents.					
	This Rule is not met a Based on record revie facility was not kept fr findings are:	ews and interviews, the				
	-She was aware that I Services had observe inspection in Decemb -According to the pes provided services to t longer bed bugs prese	d bed bugs during an er 2019; t control company that he facility, there were no ent; lity of the House Manager to				
		interview clients was not lity telephone had been				
	Review on 1/28/20 of	the pest control service				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED	
						2	
		MHL034-334	B. WING		04/0	03/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE			
NОА НІІМ	AN SERVICES III, INC	1847 WAY	CROSS DRIVE				
NOA HOM	AN OLIVIOLO III, INO	WINSTON	SALEM, NC 2	7106			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 738	Continued From page	e 1	V 738				
V 736	record dated 12/19/19 -"Inspected and treate with 5 beds upstairs;" -"Treated 2 bedrooms couch;" -"Treated all the base and box springs;" -"Still recommend repsprings and installing also;" -"Schedule follow up also;" -"Schedule follow up also;" -"Schedule follow up also;" -"Schedule follow up also;" -"Inspected and treate and tr	9 revealed: ed living room, 3 bedrooms s downstairs, and pullout eboards, outlets, mattresses placing mattresses and box bed bug protectors on them 2 weeks from 12/19/19." If the pest control service revealed: ed 1st room both beds;" ug in that room;"	V 736				
	probably be at least a -He planned to send occurred. Telephone interview of Health Services reveal	a couple of weeks; verification when that on 2/6/20 with Environmental					

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STATE FORM 6899 Z7ED11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL034-334	B. WING		04	C J/ 03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
NOA HUM	IAN SERVICES III, INC	1847 WA	YCROSS DRIVE			
	, at 321(1)323 iii, ii(3	WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 738	on 1/6/20; -Reinspections of the on 1/13/20 and 1/29/ -A significant bed buy included insect waste throughout the rooms Telephone interview #3's guardian represeduled. Telephone interview and been thrown away facility; -She had called the County that same day and he been bed bugs observing client #3's clothing. She had talked with since that time and he facility had been treat longer had bed bugs. Telephone interview are revealed: -He had heard the Quabout bed bugs, but 1-None of the clients with the telephone. Attempts to call the Hand 3/3/20 were not are turn telephone calls. Telephone interview and made aware that the QP was concern.	e facility had been completed 20; g problem was observed that e and live bed bugs crawling is of the facility. On 2/6/20 with clients #1 and entative revealed: her in January 2020 (exact form her that all his clothing ay and replaced by the Qualified Professional (QP) informed her that there had reved in the facility, including the QP at least monthly informed her that the ted a couple of times and no con 2/6/20 with staff #1 P and House Manager talk he hadn't seen any; wanted to be interviewed on thouse Manager on 2/24/20 successful as he did not in 3/25/20 with client #2's ive revealed: cted on 2/18/20 by the QP at the facility had bed bugs; and that client #2 had been the facility from the day	V 738			

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STATE FORM 5899 Z7ED11 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL034-334	B. WING		04	C I /03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
NOA IIIIA	IAN OFFINIOFO III INO	1847 WA	YCROSS DRIVE			
NOA HUM	IAN SERVICES III, INC	WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 738	Continued From page	÷ 3	V 738			
	-She provided consent for client #2 to stop attending the day program; -The QP had not notified the day program of his concerns so the guardian representative requested he contact them.					
	revealed: -There were no longe -The facility was being the same pest control- -She had requested to	he pest control company treatment to make sure that				
	Telephone interviews on 3/26/20 and 3/27/20 with the House Manager were not successful as he did not return telephone calls.					
		on 3/27/20 and 3/31/20 with uccessful as she did not				
	revealed: -They had inspected once since 1/20/20; -The facility had been 2/10/20 and live bed land alternative heat to	pest control company and treated the facility only inspected and treated on				
	Manager revealed: -There were no bed but the pest control of final heat treatment ju	on 4/2/20 with the House ougs currently in the facility, ompany was going to do a list to be sure; I treated by the same pest				

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DIVISION	or riealiti Service Negu	ilalion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	A. BUILDING:		COMPLETED	
		MHL034-334	B. WING		1	3/2020
		070557.45		TE 710 0005	, , ,	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
NOA HUM	AN SERVICES III, INC		CROSS DRIVE			
		WINSTON	I SALEM, NC 2	7106		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
1,10		,	,,,,,	DEFICIENCY)		
V 738	Continued From page	2.1	V 738			
V 730			V 736			
		ry 2 weeks since January				
	2020;					
		plain why the pest control				
		ey had only inspected and				
		ce a month for the months of				
	December 2019 - Fel	•				
		they (pest control company)				
	weren't coming;"	/				
		(pest control company);"				
-"As of today, I've got a call into them (pest control company);" -"I'll get in touch with them (pest control company)						
	one way or another to					
	one way or another to	oday.				
	Telephone interview of	on 4/2/20 with the Owner				
	revealed:					
	-She was not aware t	hat the pest control				
	company had not insp	pected or treated the facility				
	since 2/10/20;					
	-She had instructed tl	<u> </u>				
	_	or the entire facility to be				
	heat treated;					
	-"I guess that phone of	call wasn't made."				
	Paviou on 4/3/20 of a	a Plan of Protection signed				
	by the Owner dated 4	S .				
		diately do to correct the				
	•	in order to protect clients				
		Iditional harm? We will				
		est control company] come				
		heat remediation treatment				
		nd a chemical treatment.				
		we will weekly spot-check				
		the facility is not re-infested				
		on 1/more of the clients (we				
	presume) from their of	community interactions."				
	-"Describe your plans	s to make sure the above				
	happens.					
		contract with [pest control].				
One-time bedbug service which offers no						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-334	B. WING		C 04/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		1847 WAY	CROSS DRIVE		
NOA HUM	AN SERVICES III, INC	WINSTON	SALEM, NC 2	7106	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 738	Continued From page	5	V 738		
	problem occurs within is that we will offer on return service of the content of t	clients with diagnoses that a, Depression, Traumatic Cocaine Use Disorder, pidemia, Gastroesophageal nin D Deficiency, Marijuana I Use Disorder, Type 2 nunodeficiency Virus, Developmental Disability, a Disorder, Hepatitis C, and ase. Significant bed bug gs had been observed ne facility during the Services inspection on ons on 1/13/20 and 1/29/20. In company had inspected of on 12/19/19, 1/20/20 and and not scheduled treatment proved heat treatment of the numended by the pest control is failure to obtain bed bug ended by a licensed pest the Environmental Health acced the clients in an and was detrimental to their			

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