PRINTED: 04/09/2020 FORM APPROVED

Division (of Health Service Regu	lation				FOF	RM APPROV
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUI A. BUILDING:		стюм		SURVEY
		MHL034-334				04	C /03/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP COL	E	- 04	703/2020
NOA HUM	AN SERVICES III, INC		YCROSS DRIV			Principles of Parish	
			N SALEM, NC	27106			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	CF	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD OSS-REFERENCED TO THE APPROPR DEFICIENCY)	BF	(X5) COMPLETI DATE
V 000	INITIAL COMMENTS		V 000	•			
	A complaint survey wa complaint was substan #NC00159747). Deficio	s completed on 4/3/20. The attacked (intake encies were cited.				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.				DHSR-Mental Heal	th	
V 738	27G .0303(d) Pest Control		V 738		The state of the s	CII	
					APR 2 4 2020	and the same of th	
	10A NCAC 27G .0303 EXTERIOR REQUIREN			-			
		Pept free from insects and			Lic. & Cert. Section	,	
ľ	rodents.						
E	This Rule is not met as Based on record review acility was not kept free Indings are:	s and interviews, the		A 6	RESIDENTIAL BUCT HEROT		
Ir	nterview on 1/24/20 with the Owner revealed: She was aware that Environmental Health Services had observed bed bugs during an aspection in December 2019;			BEDY	BUCT HERO		11
-5					- \ 0		16/7
				REM	EDIATION SER	MICE.	4111
	According to the pest co						
pı	rovided services to the	facility, there were no		-Hous	BEEN CONDU	टाइ	
lo	nger bed bugs present	•					
ta	t was the responsibility ke care of all maintena	of the House Manager to nce issues.		DW 7	BEEN CONDU	-	
su	ttempt on 1/24/20 to int accessful as the facility sconnected.	erview clients was not telephone had been		BLI	04-		
Re	eview on 1/28/20 of the Service Regulation	pest control service		-			
ATORY DIRE	Service Regulation CTOR'S OR PIROVIDER/SUPP	LIER REPRESENTATIVE'S SIGNATURE			TITLE		
Jek.	mach	ROH.	7 ~		TITLE) (Xe	S) DATE
FORM	AMO		200	MANA	3 MAROL	4/15	1202

Division of Health Service Regulation						FORM APPROV	E	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING		UCTION	(X3) DATE SURVEY COMPLETED	_
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ŀ		MHL034-334		B. WING			C 04/03/2020	
l	NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP COD		DE		
l	NOA HUN	IAN SERVICES III, INC		YCROSS DRIVI				
ŀ	O/ O ID	81999999		N SALEM, NC	27106		Marie Constitution of the	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	cı	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	:
	V 738	Continued From page	1	V 738				
		record dated 12/19/19	revealed:		AL	MATTRESSES	AND	
		-"Inspected and treate with 5 beds upstairs;"	d living room, 3 bedrooms					
			downstairs, and pullout		Box	SPRING HA	re	
		couch;"						
		-"Treated all the baseb	oards, outlets, mattresses		HA-D	BEEN REPLACE	CED	
		and box springs;"			1147			
		springs and installing b also;"	acing mattresses and box ed bug protectors on them			BEEN REPLATE ADVISED BY C		
	1	-"Schedule follow up 2	weeks from 12/19/19 "			BUG PROTEC		
					BED	BUG PROIEC	1000	
		Review on 1/28/20 of the record dated 1/20/20 re	e pest control service			((50, 180		1
		-"Inspected and treated			W EA	E METALLED	on	
		-"Found 1 live bed bug	n that room;"			1. 1	00	1
	-	-"Inspected and treated	back bedroom;"		THE	NEW WAY	CE 28 E J	1
	1.	-"Treated only 1 bed an	d found 1 live bed bug."	1 1	,	7-		1
	-	Telephone interview on Manager revealed:	1/29/20 with the House		-8, B	NEW MAST		
			lity was currently bed bug					1
	f	ree;	980 In the service of			WILL CONTIN	sus	I
	i i	Pest control was sched n 1 week.	uled to inspect the facility		WE	WILL CONT.		
	٨	elephone interview on 2		e	TO .	SPOT CHK EN SOOM AND ACC STED TO CLE FUNTHER TRE	CH WEEK	ľ
	-	There was some confus	ion regarding scheduling	4	26 000	som two to	FIVIT	l
	a tr	nd the pest control com eat the facility;	pany didn't inspect and		SON	00.00	1,0	
	-1	le was not sure when t	ne facility was going to			TED TO CLE	GC 5 VD	l
	b	e inspected and treated	again but it would	1	Kehol	aco 10 oce	44 7 .	
	p	robably be at least a co	uple of weeks;					l
		te planned to send verificurred.	ication when that	ŧ	-w	thurster ire	A	
	Te	elephone interview on 2	/6/20 with Environmental			3°	sport and control of the control of	
	H	ealth Services revealed	:	r	nen		All and the second seco	
_			ity had been completed				d-stylenman	
Si	on of Health	Service Regulation					1	í.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C MHL034-334 04/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1847 WAYCROSS DRIVE** NOA HUMAN SERVICES III, INC WINSTON SALEM, NC 27106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 738 Continued From page 2 V 738 THE FRUITY HAS on 1/6/20: BEEN UNDER TREAT 4/9/20. -Reinspections of the facility had been completed on 1/13/20 and 1/29/20; -A significant bed bug problem was observed that included insect waste and live bed bugs crawling CONTRACT throughout the rooms of the facility. Telephone interview on 2/6/20 with clients #1 and #3's quardian representative revealed: -Client #3 had called her in January 2020 (exact date not known) to inform her that all his clothing had been thrown away and replaced by the ERED (BED BUCKS -She had called the Qualified Professional (QP) that same day and he informed her that there had been bed bugs observed in the facility, including in client #3's clothing: CITEMICAL TREATE -She had talked with the QP at least monthly since that time and he informed her that the facility had been treated a couple of times and no longer had bed bugs. Telephone interview on 2/6/20 with staff #1 revealed: -He had heard the QP and House Manager talk about bed bugs, but he hadn't seen any; -None of the clients wanted to be interviewed on the telephone. BEDBUG HEAT Attempts to call the House Manager on 2/24/20 and 3/3/20 were not successful as he did not REMEDIATION SERVICE return telephone calls. Telephone interview on 3/25/20 with client #2's guardian representative revealed: -She had been contacted on 2/18/20 by the QP THE PRIPERTY and made aware that the facility had bed bugs: -The QP was concerned that client #2 had been transporting them to the facility from the day program he was attending:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C MHL034-334 B. WING 04/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1847 WAYCROSS DRIVE NOA HUMAN SERVICES III, INC WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 738 Continued From page 3 V 738 RESIDENTIAL -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 BEOBUG ITE requested he contact them. Telephone interview on 3/26/20 with the Owner revealed: -There were no longer bed bugs in the facility; -The facility was being treated "every 2 weeks" by the same pest control company; -She had requested the pest control company complete 1 final heat treatment to make sure that all the bed bugs were gone. Telephone interviews on 3/26/20 and 3/27/20 with the House Manager were not successful as he did not return telephone calls. Telephone interviews on 3/27/20 and 3/31/20 with the Owner were not successful as she did not return telephone calls. Telephone interview on 4/2/20 with a representative of the pest control company revealed: -They had inspected and treated the facility only once since 1/20/20: -The facility had been inspected and treated on 2/10/20 and live bed bugs were observed; -An alternative heat treatment was recommended but the facility had not scheduled additional treatment. Telephone interview on 4/2/20 with the House Manager revealed: -There were no bed bugs currently in the facility, but the pest control company was going to do a ACTIVITIES (BED BUE) final heat treatment just to be sure: -The facility had been treated by the same pest

Division of Health Service Regulation

Division of Health Service Regulation					TORWATTROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL034~334	B. WING		C 04/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E ZIP CODE	
NOA HUMAN SERVICES III, INC 1847 WAY			CROSS DRIVE I SALEM, NC 271	106	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROPRIED TO THE APPROPRIED (CROSS-REFERENCE))	DBE COMPLETE
	control company every 2020; -He was unable to expression and the treated the facility one December 2019 - Feb -"I wasn't aware that the weren't coming;" -"I'll have to call them end of the way of another to control company);" -"I'll get in touch with the one way or another to the way or another to the way of another the way of a way of a way of the way of a way of a way of the whole facility and way of the whole facility and as those bugs travel of the way o	olain why the pest control y had only inspected and e a month for the months of ruary 2020; ney (pest control company); a call into them (pest mem (pest control company) day." 1 4/2/20 with the Owner at the pest control ected or treated the facility e House Manager in or the entire facility to be all wasn't made." Plan of Protection signed 3/20 revealed: ately do to correct the order to protect clients itional harm? We will ocontrol company] come eat remediation treatment d a chemical treatment. e will weekly spot-check e facility is not re-infested or 1/more of the clients (we	V738	A RESIDENTIAL BEOBUG HEAT REMEDIATION BEEN CONDUCT QUITE PROPERT WE WILL CONTI TO DO SPOT CHI NO THE FACILIT TO ENSURS THE RUE NO WORE A TUITIES.	MAS A/9/20 SUE NEEXY SENE J/8
-	presume) from their con "Describe your plans to happens.	mmunity interactions." o make sure the above	p	Eportes To CLEC	द्भव <u>र</u>
1	Please see attached co One-time bedbug servi	entract with [pest control]. ce which offers no	F	in Funt ven chen	next

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL034-334 B. WING 04/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1847 WAYCROSS DRIVE** NOA HUMAN SERVICES III. INC WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE OMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 738 Continued From page 5 V 738 guarantee after 30 days of the initial service. If a problem occurs within that period, our guarantee JEEKI is that we will offer one free liquid retreatment return service of the original service area." This facility serves 6 clients with diagnoses that include Schizophrenia, Depression, Traumatic Brain Injury, Asthma, Cocaine Use Disorder, Hypertension, Hyperlipidemia, Gastroesophageal Reflux Disease, Vitamin D Deficiency, Marijuana Use Disorder, Alcohol Use Disorder, Type 2 Diabetes, Human Immunodeficiency Virus, Moderate Intellectual Developmental Disability, Persistent Depressive Disorder, Hepatitis C, and Coronary Artery Disease. Significant bed bug waste and live bedbugs had been observed crawling throughout the facility during the Environmental Health Services inspection on RESIDENTIAL 1/6/20 and reinspections on 1/13/20 and 1/29/20. A licensed pest control company had inspected and treated the facility on 12/19/19, 1/20/20 and 2/10/20. The facility had not scheduled treatment every 2 weeks nor approved heat treatment of the entire facility as recommended by the pest control company. The facility's failure to obtain bed bug treatment as recommended by a licensed pest control company and the Environmental Health Services Inspector, placed the clients in an unsafe environment and was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.