

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/09/2020
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NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/9/20. The complaints were unsubstantiated (intakes # NC00161985, NC00161980, NC00164972, NC00165866, NC00168139). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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 employment for one of three audited staff (#3). The findings are:</p> <p>Review on 9/24/20 of staff #3's personnel record revealed: -A hire date of 8/24/20; -A job description of a Direct Care Staff; -The HCPR was accessed on 9/24/20.</p>	V 131		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 131	<p>Continued From page 1</p> <p>Interview on 9/24/20 with the Qualified Professional revealed it was the responsibility of the Owner to access HCPR prior to hiring staff.</p> <p>Interview on 10/8/20 with the Owner revealed: -"We have a trainer, well, we have a staff that does it" (access the HCPR prior to hiring staff); -The HCPR had been accessed prior to staff #3 being hired and she was provided with the documentation; -She had misplaced the documentation and accessed the HCPR again for staff #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>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:</p> <ol style="list-style-type: none"> (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; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a level II incident was reported to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 9/24/20 of an incident report at the facility revealed: -Date of incident was 6/2/20; -Staff #2 completed the incident form; -"Staff (#2) was taking a shower, and client (#4) got up at 6:00 am exited the facility...client (#4) placed a chair in the neighbors driveway,</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>neighbor alleges she didn't see the chair, and hit the chair with her car...neighbor called the police."</p> <p>Review on 10/8/20 of the Incident Response Improvement System (IRIS) revealed no documentation of the incident that involved client #4 on 6/2/20.</p> <p>Interview on 9/24/20 with the Qualified Professional revealed it was the responsibility of the Owner to report level II and III incidents to the LME.</p> <p>Interview on 10/8/20 with the Owner revealed: -She was aware that the incident that involved client #4 on 6/2/20 should have been reported to the LME; -She thought the incident had been reported; -"I promise you, every time there's a report, I enter it."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 367		