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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-C 10/09/2020</b>
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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**

(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 000	<b>INITIAL COMMENTS</b>  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.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 131	<b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b>  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.  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:  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.	V 131	<b>DHSR-Mental Health</b>  <b>NOV 16 2020</b>  <b>Lic. &amp; Cert. Section</b>  <i>SIC and CEO will ensure all background checks are completed and filed in all new staff file prior to employment.</i>	<i>10/13/20</i>

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

*Richard Offens, MS, QIP*

TITLE

(X6) DATE

*10/13/20*

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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><b>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</b></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><b>Continued From page 3</b></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"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <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	<p>SIC and HM will ensure that all incidents are reported to the CEO and continue to remind/ensure the CEO enters all level II and III incidents are reported to LME within 72 hours as required.</p>	10/13/20
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V 367	<p><b>Continued From page 4</b></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		





October 12, 2020

Nena Ikwechegh, Owner  
NOA Human Services IV, Inc.  
PO Box 17220  
Winston Salem, NC 27116

Re: Complaint and Follow Up Survey completed October 9, 2020  
NOA Human Services, Inc., 4328 Stokesdale Avenue, Winston Salem, NC 27101  
MHL # 034-381  
E-mail Address: eisele75@yahoo.com  
Intakes # NC00161985, NC00161980, NC00164972, NC00165866,  
NC00168139

Dear Ms. Ikwechegh:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed October 9, 2020. The complaints were unsubstantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Re-cited standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is November 8, 2020.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919.855.3795 • FAX: 919.715.8078

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Sheri Spicer  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc:  
Pam Pridgen, Administrative Assistant