

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>02/16/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE</b> <b>WINSTON SALEM, NC 27101</b>
--	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 2/16/2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation of the facility and its grounds at approximately 2:25PM on 2/15/2022 revealed:</p> <ul style="list-style-type: none"> <li>- The wood floor boards near the front door entrance foyer felt "spongy" and dipped when stepped on;</li> <li>- One floor slat was broken with section approximately 2"(inches)x14" missing;</li> <li>- Another floor slat had a section approximately 2" square missing;</li> </ul> <p>The pillow on Client #3's bed was heavily stained;</p> <ul style="list-style-type: none"> <li>- The door handles on the refrigerator were</li> </ul>	V 736		

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

TITLE

(X6) DATE

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>02/16/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE</b> <b>WINSTON SALEM, NC 27101</b>
--	--

(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 736	<p>Continued From page 1</p> <p>missing;</p> <ul style="list-style-type: none"> <li>- There was a light brown stain on the kitchen ceiling above stove that was approximately 8" round;</li> <li>- In the master bathroom, there were green stains on the shower head arm, light brown stains in the clear water control handle, and hard water-like stains on the wall of the shower enclosure;</li> <li>- In the hallway bathroom, the ceiling above the shower area had peeling paint hanging down;</li> <li>- In the bedroom of the client whose record was not audited, there were broken slats on the window blind;</li> <li>- The hallway door leading to the back porch had a broken side trim board;</li> <li>- The back porch accessible from the hallway had two boards that were damaged with chunks of the wood missing; and worn and peeling paint;</li> <li>- A second back porch accessible from the dining room worn and peeling paint.</li> </ul> <p>Interview on 2/14/2022 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He abruptly left the interview prior to answering any questions about the condition or cleanliness of the facility.</li> </ul> <p>Interview on 2/14/2022 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Facility staff cleaned the facility.</li> <li>- Facility staff were aware of the damaged floor near the front door.</li> <li>- Some people from a construction company had been to the facility approximately one month ago to look at the floor.</li> </ul> <p>Interview on 2/14/2022 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- The floor at the front door was "down about two inches."</li> <li>- The shower in the hallway bathroom had "black mold."</li> <li>- The facility used to be in worse condition, but</li> </ul>	V 736		

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>02/16/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NOA HUMAN SERVICES, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4328 STOKESDALE AVENUE</b> <b>WINSTON SALEM, NC 27101</b>
--	--

(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 736	<p>Continued From page 2</p> <p>facility staff had been working on making improvements.</p> <p>Interview on 2/14/2022 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- A repair person had been to the facility within the past "couple" of days to look at the damaged floor in the living room.</li> <li>- Facility staff cleaned in the facility every day.</li> <li>- When repairs were needed, the House Manager (HM), called for maintenance staff to address the issues.</li> </ul> <p>Interview on 2/16/2022 with the HM revealed:</p> <ul style="list-style-type: none"> <li>- He had been in contact with the rental agency that owned the building to discuss the damaged floor.</li> <li>- Someone from the rental agency had been to the facility on 2/15/2022 to look at the damage.</li> <li>- Some repairs had been made at the facility, but other repairs had been postponed due to the Covid-19 pandemic.</li> <li>- Some of the stains in the bathroom may have been related to having copper pipes.</li> <li>- No painting had been scheduled yet to address the peeling and worn paint at the facility.</li> </ul> <p>Interview on 2/16/2022 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- When repairs were needed in the facility, the HM completed a work order request and sent it to the building owner.</li> <li>- The Licensee had access to a handyman who could complete some of the work in the facility.</li> <li>- The stain on the kitchen ceiling was caused by a facility staff who had splashed something while cooking.</li> <li>- Painting at the facility was usually completed as needed.</li> </ul>	V 736		