Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL034-381	B. WING		02	R / 16/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD		STATE, ZIP CODE		
		4328 STOK	ESDALE A	VENUE		
NOA HUI	MAN SERVICES, INC	WINSTON :	SALEM. NC	27101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 2/16/2022. A defici					
		for the following service 27G .5600A Supervised Mental Illness.				,
	The survey sample consisted of audits of 3 current clients.					
V 736	27G .0303(c) Facility a	nd Grounds Maintenance	V 736	7:		
	10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and its maintained in a safe, c manner and shall be ke odor.	MENTS grounds shall be lean, attractive and orderly				

+	This Rule is not met as Based on observation a was not maintained in a and orderly manner. Th	and interviews, the facility a safe, clean, attractive		House Manager has tur	neel	3/1/22
	Observation of the facili approximately 2:25PM of The wood floor boards entrance foyer felt "spor	on 2/15/2022 revealed:		House Manager has tur Maintance - Schedule repair - 3/1/22	el	
	stepped on; - One floor slat was approximately 2"(inches	vas broken with section		Work order turned in House Meineger-Sched repenr-3/11/2	neled	3/1/2
	2" square missing; The pillow on Client #3's	s bed was heavily stained; es on the refrigerator were		House menster hers replaced Pillow	3	2/17/12
				· ·		

Hehmonel Okars, MS, QMH, 3/15/2022.

PRINTED: 02/21/2022 FORM APPROVED

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

TITLE

(X6) DATE

STATE FORM			6839 F	Y4G11	3	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			1		R	
		MHL034-381	B. WING		02/16/2022	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STAT	E, ZIP CODE		
		4328 STOK	ESDALE AVEN	IUE		
NOA HUM	IAN SERVICES, INC	WINSTON S	SALEM, NC 27	101		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	D BE COMPLETE	

Work order turned in 3/1/22
Scheelute repoir 3/1/22
House manager has correcte
- all clean end back in
Complaine - 3/1/22 Division of Health Service Regulation V 736 V 736 Continued From page 1 missing: There was a light brown stain on the kitchen ceiling above stove that was approximately 8" round: In the master bathroom, there were green stains on the shower head arm, light brown stains in the clear water control handle, and hard waterlike stains on the wall of the shower enclosure; - In the hallway bathroom, the ceiling above the shower Corrected by MeLenterance 3/1/32 area had peeling paint hanging down; - In the bedroom of the client whose record was not audited, there were broken slats on the window work order turned in by Housemanager Schudeling to be Completed 8/1/2 The hallway door leading to the back porch blind; had a broken side trim board; The back porch accessible from the hallway had two boards that were damaged with chunks of the wood missing; and worn and peeling paint; - A second back porch accessible from the dining room worn and peeling paint. Interview on 2/14/2022 with client #1 revealed: -He abruptly left the interview prior to answering any questions about the condition or cleanliness 3/1/20 of the facility. Damage has been Corrected/repeuped Interview on 2/14/2022 with client #2 revealed: Facility staff cleaned the facility. Facility staff were aware of the damaged floor near the front door. Some people from a construction company Mold has been removed 2/17+ mold has been removed 2/17+ had been to the facility approximately one month ago to look at the floor. Interview on 2/14/2022 with client #3 revealed: -The floor at the front door was "down about two inches." The shower in the hallway bathroom had "black mold." The facility used to be in worse condition, but Division of Health Service Regulation 0/1044

but		-::044	If continuation sheet
Division of Fleath Co. 11		6899 FY4G11	(X3) DATE SURVEY
		(X2) MULTIPLE CONSTRUCTION	COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	
AND PLAN OF CONTESTION			02/16/2022
	MHL034-381	B. WING	
OR CUIDDUER	STREET ADD	ORESS, CITY, STATE, ZIP CODE	

NAME OF PROVIDER OR SUPPLIER

NOA HUMAN SERVICES, INC

4328 STOKESDALE AVENUE

WINSTON SALEM, NC 27101

Division of Health Service Regulation

(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) COMPLET DATE
	Continued From page 2 facility staff had been working on making improvements. Interview on 2/14/2022 with staff #1 revealed: - A repair person had been to the facility within the past "couple" of days to look at the damaged floor in the living room Facility staff cleaned in the facility every day When repairs were needed, the House Manager (HM), called for maintenance staff to address the issues. Interview on 2/16/2022 with the HM revealed: - He had been in contact with the rental agency that owned the building to discuss the damaged floor Someone from the rental agency had been to the facility on 2/15/2022 to look at the damage Some repairs had been made at the facility, but other repairs had been made at the facility, but other repairs had been postponed due to the Covid-19 pandemic Some of the stains in the bathroom may have been related to having copper pipes No painting had been scheduled yet to address the peeling and worn paint at the facility. Interview on 2/16/2022 with the Qualified Professional revealed: - When repairs were needed in the facility, the HM completed a work order request and sent it to the building owner The Licensee had access to a handyman	V 736	Work Completed by meinteurin	7/1/2
1	who could complete some of the work in the facility. The stain on the kitchen ceiling was caused by a facility staff who had splashed something while cooking. Painting at the facility was usually completed as needed.		C. Steun Corrected by maintained -	4/11/