

Division of Health Service Regulation

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| 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 04/10/2025 |
| 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 | INITIAL COMMENTS An annual and follow up survey was completed on 4/10/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients. | V 000 | | |
| V 108 | 27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. | V 108 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| V 108 | <p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 paraprofessional (staff #3) were currently trained in basic first aid including seizure management, Cardiopulmonary Resuscitation (CPR) and the Heimlich maneuver. The findings are:</p> <p>Review on 4/3/25 of staff #3's personnel record revealed: -Hire date of 4/13/18 but was rehired in August or September 2024. -No documentation of completion of training in basic first aid or CPR.</p> <p>Interview on 4/8/25 with staff #3 revealed: - He worked for the facility previously and was rehired in August or September 2024. - He worked alone "all the time." - He had sent a copy of his CPR and First Aid certificate to the House Manager. - "I think I did it (CPR and basic first aid training) last year."</p> <p>Attempted interviews on 4/2/25, 4/8/25 and 4/9/25 with the House Manager: - Did not respond to phone calls, text nor email.</p> <p>Interview on 4/8/25 with the Licensee revealed:</p> | V 108 | | |

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| V 108 | Continued From page 2 - Staff #3 was scheduled "sometime in April (2025)" to complete his CPR and basic first aid training. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 108 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a fire and disaster drill was held at least quarterly for each shift. The findings are: | V 114 | | |

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| V 114 | Continued From page 3 Review on 4/7/25 of the facility's fire drill log from April 2024 - April 2025 revealed: - There were no fire drills nor disaster drills conducted during the second quarter (April 2024-June 2024). - There were no fire drills nor disaster drills conducted during the third quarter (July 2024 - September 2024). Interview on 4/7/25 with client #3 revealed: - The clients in the facility practiced fire and disaster drills. - "I don't know how often we do (practice fire and disaster drills)." Interview on 4/8/25 with the Qualified Professional revealed: - The House Manager would have to provide the information about the fire and disaster drills. Attempted interviews on 4/2/25, 4/8/25 and 4/9/25 with the House Manager: - Did not respond to phone calls, text nor email. Interview on 4/8/25 with the Licensee revealed: - She did not know why the facility had not practiced fire and disaster drills during the 2nd and 3rd quarters. - "They are supposed to do them monthly." | V 114 | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility staff failed to ensure medications were administered to clients on a written order for 1 of 3 audited clients (client #3). The findings are:</p> <p> </p> <p>Review on 4/3/25 of client #3's record revealed: -Admission date: 8/8/11 -Diagnosis: Schizoaffective Disorder, Bipolar</p> | V 118 | | |

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| V 118 | Continued From page 5 Type - Signed order dated 3/31/25 for Levothyroxine (thyroid) 50 mcg (micrograms), 1 tablet before breakfast on an empty stomach. - Levothyroxine 50 mcg was administered in the months of February 2025 and April 2025, but in March 2025 the MAR was blank for the entire month. - There was not a discontinued order in the record for Levothyroxine 50 mcg from the doctor. Interviews on 4/3/25 and 4/4/25 with the Qualified Professional revealed: - He did not know why client #3's March MAR was blank for the Levothyroxine (thyroid) 50 mcg. "I will find out." - The pharmacy called client #3's medical doctor for a refill of the Levothyroxine (thyroid) 50 mcg but client #3's medical doctor did not respond. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. | V 131 | | | |

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| V 131 | Continued From page 6 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 audited staff (staff #3). The findings are: Review on 4/3/25 of staff #3's personnel record revealed: - Hire date of 4/13/18 but was rehired in August or September 2024. - Employed as Direct Care - No HCPR check completed. Interview on 4/8/25 with staff #3 revealed: - He worked for the facility previously and was rehired in August or September 2024. Interview on 4/8/25 with the Licensee revealed: - "It (HCPR check) should be in his (staff #3's) file. I will check on that. " | V 131 | | | |
| V 133 | G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If | V 133 | | | |

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| V 133 | Continued From page 7 the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to | V 133 | | |

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| V 133 | Continued From page 8 the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. | V 133 | | |

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| V 133 | <p>Continued From page 9</p> <p>If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,</p> | V 133 | | |

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| V 133 | Continued From page 10 False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a | V 133 | | |

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| V 133 | Continued From page 11 criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure criminal background checks were requested and the results documented affecting 1 of 3 audited staff (staff #3). The findings are: Review on 4/3/25 of staff #3's personnel record revealed: - Hire date of 4/13/18 but was rehired in August or September 2024. - Employed as Direct Care - No criminal background check completed. Interview on 4/8/25 with staff #3 revealed: - He worked for the facility previously and was rehired in August or September 2024. Interview on 4/8/25 with the Licensee revealed: - "It (criminal background check) should be in his (staff #3's) file. I will check on that." | V 133 | | |
| V 289 | 27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or | V 289 | | |

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| V 289 | Continued From page 12 rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have | V 289 | | |

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| 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 04/10/2025 |
| 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 289 | <p>Continued From page 13</p> <p>other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide supervised living in a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 4/4/25 of the facility's internal report dated 2/12/25 revealed: - Incident date: 2/12/25 - "Staff checked the clients rooms at 8:00 am, clients were still in bed while cooking breakfast, [client #2] was calling staff to help him up off the floor, staff asked was he ok and he wanted the</p> | V 289 | | |

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| V 289 | <p>Continued From page 14</p> <p>EMS to come so he left in the ambulance." - "Witness to the incident [staff #3]" - Signed by staff #3 on 2/12/25</p> <p>Review on 4/10/25 of client #2's hospital records revealed: - "Adm (admitted): 2/12/25; D/C (Discharged) 2/18/25" - "Fall (BIBM) (brought in by medical) from group home, last seen last night at 8:30 pm, found this morning on hardwood floor, pt (patient) states rolled out of bed and found on hardwood floor this morning. - Visit Diagnoses: Fall, initial encounter (primary); non-traumatic rhabdomyolysis; Pneumonia due infectious organism...Traumatic rhabdomyolysis, initial encounter; Influenza A"</p> <p>Interview on 4/8/25 with the Qualified Professional revealed: - He was out of the country when client #2 fell on 2/12/25. - He learned about the fall from the House Manager and client #2's legal guardian.</p> <p>Attempted interviews on 4/2/25, 4/8/25 and 4/9/25 with the House Manager: - Did not respond to phone calls, text nor email.</p> <p>Interview on 4/9/25 with client #2 revealed: - He was admitted to assisted living after his 2/11/25 fall. - On 2/11/25, "I looked at the clock it was 10 minutes after 8 and I fell right after that. I fell out of a really tall bed." - "Then I lay on the floor until the next morning at 8:30 am. I knocked on the wall and yelled out but nobody came." - He could not recall the name of the staff member who found him the next morning.</p> | V 289 | | | |

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| V 289 | <p>Continued From page 15</p> <ul style="list-style-type: none"> - The staff member could not hear him when he knocked on the wall and yelled out because "the walls were too solid" and his bedroom door was closed. <p>Attempted review on 4/8/25 of 3rd shift staff sleeping policy:</p> <ul style="list-style-type: none"> - Licensee was unable provide policy. <p>Interview on 4/8/25 with staff #3 revealed:</p> <ul style="list-style-type: none"> - On the evening of 2/11/25 he was the only staff member who worked. - Client #2 fell just as the clients woke up on 2/12/25 and breakfast was being prepared. - "[Client #2] was calling out my name and I went to his room to see what was happening. He was on the ground and he said he fell out of the bed. [Client #2] said he couldn't get up. - He called the Supervisor in Charge and then the Licensee called him. - The last time he checked on client #2 was "around midnight" and client #2 was asleep. - He found him on the floor "around 8:10 am." - "I guess from midnight to 8 o'clock would be a while (for client #2 to be left on the floor)." - He called Emergency Medical Services and they took client #2 to the hospital. - Client #2 never returned to the facility. <p>Interview on 4/8/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> - She was not present when client #2 fell on 2/12/25. - On 2/12/25 she talked to staff #3 about the fall. - On 2/12/25 staff #3 went to check on all the clients in the morning before staff #3 made breakfast. <p>Client #2 was asleep.</p> <ul style="list-style-type: none"> - Staff #3 was in the kitchen preparing breakfast when he heard client #2 ask for help. - When he went to client #2's bedroom, client #2 | V 289 | | |

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| V 289 | Continued From page 16 was on the floor with a jacket folded underneath his head. Client #2 told staff #3 he fell. - "[Staff #3] went in the room (client #3's bedroom) past 7 am and started getting breakfast ready a few minutes before 8 am and that's when he heard [client #2] calling for help." - "I allow staff to sleep from 12 midnight to 8 pm." | V 289 | | |
| V 290 | 27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients | V 290 | | |

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| V 290 | <p>Continued From page 17</p> <p>present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document that the client is capable of remaining in the home or community without supervision affecting 2 of 3 audited clients (#3 and #4). The findings are:</p> <p>Review on 4/3/25 of client #4's record revealed: -Admission date: 11/17/23 -Diagnosis: Schizoaffective Disorder, Bipolar Type - Review of client #4's Unsupervised time Assessment dated 1/30/24 was signed by the Qualified Professional: "[Client #4] is capable of having independent unsupervised time in the community for 3 hrs (hours)" - Further review of client #4's "Unsupervised Time in the Community" dated 1/30/24: "The unsupervised time assessment must be reviewed and re-approved on an annual basis or as</p> | V 290 | | |

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| V 290 | Continued From page 18 circumstances change." Review on 4/3/25 of client #3's record revealed: -Admission date: 8/8/11 -Diagnosis: Schizoaffective Disorder, Bipolar Type - Review of client #3's Unsupervised time Assessment dated 1/3/20 was signed by the Qualified Professional: "3 hours has been approved." - Further review of client #3's "Unsupervised Time in the Community" dated 1/3/20: "The unsupervised time assessment must be reviewed and re-approved on an annual basis or as circumstances change." Interview on 4/8/25 with the Qualified Professional revealed: - He did the unsupervised time assessments. - He did not update unsupervised time assessments yearly. - "I don't update that (unsupervised time assessments) every year unless we have any concerns." | V 290 | | |
| V 366 | 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified | V 366 | | |

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| V 366 | Continued From page 19 timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's | V 366 | | |

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| V 366 | Continued From page 20 services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; | V 366 | | | |

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| V 366 | <p>Continued From page 21</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 4/4/25 of the facility's internal report dated 1/4/25 revealed:</p> <ul style="list-style-type: none"> - Incident date: 1/4/25 - "[Client #2] fell in the dining room. As he stood up from the table, and he hit his head, he asked to go to the hospital because he hit it hard. Staff called EMS (Emergency Medical Services). They took him to the hospital." - "Witness to the incident [staff #3]" - Signed by staff #3 on 1/4/25. <p>Review on 4/4/25 of the facility's internal report dated 2/12/25 revealed:</p> <ul style="list-style-type: none"> - Incident date: 2/12/25 - "Staff checked the clients rooms at 8:00 am, clients were still in bed while cooking breakfast, [client #2] was calling staff to help him up off the floor, staff asked was he ok and he wanted the EMS to come so he left in the ambulance." - "Witness to the incident [staff #3]" - Signed by staff #3 on 2/12/25. <p>Interview on 4/3/24 with client #2's legal guardian revealed:</p> | V 366 | | |

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| V 366 | Continued From page 22 - He did not know about the 1/4/25 incident until today (4/3/25). - He had not been told about the 2/12/25 incident until after the incident. He learned that client #2 had been hospitalized 2/12/25, after he called the facility phone and learned from possibly the House Manager or client that client #2 had been found on the floor. Attempted interviews on 4/2/25, 4/8/25 and 4/9/25 with the House Manager: - Did not respond to phone calls, text nor email. Interview on 4/8/25 with the Licensee revealed: - After the 1/4/25 and 2/12/25 incidents, she did not have documentation regarding attending to the health and safety needs of the clients involved; did not determine the cause of the incident; did not develop and implement corrective measures to prevent similar incidents; and did not assign person(s) to be responsible for implementation of the corrective and preventive measures. - She had not notified client #2's legal guardian about the 1/4/25 incident nor the 2/12/25 incident. - "1/4/25 (incident) it was not brought to my attention or I would have called the legal guardian. The [Qualified Professional] should have called [client #2's legal guardian] about the fall on 2/12/25." | V 366 | | |
| V 367 | 27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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 | V 367 | | |

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| V 367 | <p>Continued From page 23</p> <p>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> <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> | V 367 | | |

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| V 367 | Continued From page 24 (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). (e) Category A and B providers shall send a report quarterly to the LME responsible for the 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: (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. | V 367 | | |

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| 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 04/10/2025 |
| 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 367 | <p>Continued From page 25</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level II incident report to the Local Management Entity (LME)/ Managed Care Organizations (MCO) within 72 hours as required. The findings are:</p> <p>Review on 4/10/25 of the Incident Response Improvement System (IRIS) revealed: - There was not a report in IRIS regarding the 2/12/25 incident of client #2 taken to the hospital and provided treatment.</p> <p>Review on 4/4/25 of the facility's internal report dated 2/12/25 revealed: - Incident date: 2/12/25 - "Staff checked the clients rooms at 8:00 am, clients were still in bed while cooking breakfast, [client #2] was calling staff to help him up off the floor, staff asked was he ok and he wanted the EMS to come so he left in the ambulance." - "Witness to the incident [staff #3]" - Signed by staff #3 on 2/12/25.</p> <p>Review on 4/10/25 of client #2's hospital records revealed: - "Adm (admitted): 2/12/25; D/C (Discharged) 2/18/25" - "Fall (BIBM) (brought in by medical) from group home, last seen last night at 8:30 pm, found this morning on hardwood floor, pt (patient) states rolled out of bed and found on hardwood floor this morning. - Visit Diagnoses: Fall, initial encounter (primary); non-traumatic rhabdomyolysis; Pneumonia due infectious organism...Traumatic rhabdomyolysis, initial encounter; Influenza A</p> | V 367 | | | |

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| V 367 | Continued From page 26 - "Received IV fluid bolus..." - "He has been found to have influenza A but his white blood cell count was also elevated and procalcitonin also slightly elevated indicating that he may also have a bacterial component to his infection. In addition patient has rhabdomyolysis which is likely due to his recent fall although influenza can also sometimes cause nontraumatic rhabdomyolysis. Patient's rhabdomyolysis has not yet begun resolving with IV fluids which does make me a little bit more concerned about the possibility of an influenza related rhabdomyolysis. We will continue IV fluids for now along with antibiotics and supportive care and hopefully this will improve over the next several days." Interview on 4/8/25 with the Licensee revealed: - "I did do one (2/12/25 IRIS report) and maybe it did not go through." | V 367 | | |
| V 738 | 27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on record review and interviews, the facility was not kept free from insects. The findings are: Interview on 4/2/25 with the facility exterminator revealed: | V 738 | | |

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| V 738 | <p>Continued From page 27</p> <ul style="list-style-type: none"> - She worked in the office for the exterminator that serviced the facility. - The exterminator had completed a chemical bed bug treatment on 3/24/25. - The facility had a warranty that covered any treatment within 6 months of the 3/24/25 treatment. - The facility would be called in 3 weeks after the 3/24/25 treatment to find out if the facility still had bed bugs. <p>Review on 4/8/25 of Documentation from Exterminator revealed:</p> <ul style="list-style-type: none"> - There was no documentation that the facility had been treated or that the facility was clear of bed bugs. <p>Interview on 4/2/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - Since the last survey (1/16/25) he saw bed bugs on the carpet in his bedroom. - "Three to four days ago we had someone treat it (bed bugs). They sprayed." <p>Interview on 4/2/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - The facility was recently treated for bed bugs. - "The insect people sprayed on everything last week." - He saw bed bugs before and after the bed bug treatment. <p>Interview on 4/2/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The House Manager would have to answer any questions about the bed bug treatment. <p>Attempted interviews on 4/2/25, 4/8/25 and 4/9/25 with the House Manager:</p> <ul style="list-style-type: none"> - Did not respond to phone calls, text nor email. <p>Interview on 4/8/25 with the Licensee revealed:</p> | V 738 | | |

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| V 738 | <p>Continued From page 28</p> <ul style="list-style-type: none"> - "We didn't have any bed bugs." - The only reason she had the exterminator do a bed bug treatment was to "secure the plan of correction." - She does not have any documentation from the exterminator that indicates there are no bed bugs in the facility. - "We just asked them to come in and do the treatment. They did not check to see if we had bed bugs or not." <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p> | V 738 | | |