	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
7412 1 2741	or correction.	BERTH 10/ THE THE MBERT	A. BUILDING:			
		MHL034-334	B. WING		R- 05/2	C 8/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NOA HUI	MAN SERVICES III, IN	C	CROSS DRI			
		WINSTON	SALEM, NO	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	on 5/28/25. The co	low up survey was completed implaints were substantiated 07 and intake #NC00229408). ited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.					
		ed for 6 and has a current urvey sample consisted of clients.				
V 115	27G .0208 Client S	ervices	V 115			
	10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that:					
	the safety and welfa (2) activities are sui	rvision is provided to ensure are of the clients; table for the ages, interests, itation needs of the clients				
	activities.	te in planning or determining				
	in these Rules as "2 available 24 hours a unless otherwise sp					
	clients shall ensure (d) When clients wh	trve or prepare meals for that the meals are nutritious. The have a physical handicap we vehicle shall be equipped				
	with secure adaptiv (e) When two or mo					
	in a vehicle are tran	sported in the same vehicle, adult, other than the driver, to				

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

TITLE (X6) DATE

	of Fleatiff Service IN		1		т	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	l ` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND LIN	OF CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	1-0
					R-	·C
		MHL034-334	B. WING		05/2	8/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		1847 WΔ\	CROSS DRI			
NOA HU	MAN SERVICES III, IN	C	I SALEM, NO			
040.15	CUMMADY CTA				ON!	()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 115	Continued From pa	ne 1	V 115			
V 110	Continued From pa	ge i	V 110			
	This Rule is not me					
	Based on observati	on, review and interview, the				
		ure that meals that were				
	served and/or prepa	ared for the clients were				
	nutritious. The find	ings are:				
	Observation on 5/1	4/25 of the facility's kitchen				
	area at 9:15 am rev	realed:				
	- Six male and o	ne staff (staff #1) present in				
	the facility	, , ,				
	- Staff #1 was fry	ring a pot of diced potatoes				
		ited a bowl of potatoes to each				
	client with no other	food offered/provided				
		·				
	Observation of the	facility's refrigerator and pantry				
	between 9:47 am a	nd 10:05 am revealed:				
	 A head of lettuce 	ce and an opened package of				
	bologna					
	- Condiments (ke	etchup, mustard, salad				
	dressing, barbeque	sauce etc) on the shelves in				
	the refrigerator					
	- The freezer sec	ction of the refrigerator held				
		included the following: opened				
	bags of crinkle fren	ch fries; chicken nuggets;				
		; a frozen chicken patty;				
		o packages of bologna; five				
		en pizzas; three or four frozen				
		undetermined number of				
		ed in freezer burn in an				
	undated zippered p					
	- The pantry held	d an opened jar of peanut				
		ed jar of grape jelly; one				

Division of Health Service Regulation

STATE FORM BXFS11 If continuation sheet 2 of 21

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
					R-	
		MHL034-334	B. WING		1	8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		1847 WAY	CROSS DRI			
NOA HU	MAN SERVICES III, IN	C	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 2	V 115			
	quarter of a box (13 Loops); a 33 oz box than one half of a b cereal; one packagedrink mix; one quartwo unopened bags container of oatmes servings); two cans one can (15.25 oz.) of green beans; two beans; one can (10 packages of ramen Review on 5/14/25 Daily Menu" menu prevealed:	8.2 ounce (oz.)) of cereal (Fruit of tutti fruitti cereal and less ag (39.5 oz.) of frosted flake e of strawberry single serve ter of a bag of potato chips; of potato chips; one sixth of a al (approximately two (15.50 oz.) of pinto beans; of corn; one can (14.50 oz.) ocans (15 oz.) of pork and .5 oz.) hot dog chili; and six noodles				
	 Meals were listed for each day of the week 5/14/25 was a Wednesday Breakfast on Wednesdays was was to be "Oatmeal, Applesauce, Toast and Coffee; Lunch was to be "2 Grilled CH (Cheese) Sand (Sandwich), Chips, Kool Aid and Dinner was to be "Chicken Nuggets (8), FF (French Fries), Veg (Vegetable), SL (Sliced) Bread (optional) Kool Aid." 					
	- Was provided t - "We are lacking used to not be that awhile now, like one - Potato chips an snacks when availa - "I ain't had the r [client#3] does. I thi pizza because we r	nd cookies were provided as able money to buy food, but nk last week he bought us all an low on food."				
	- "Sometimes the	5 with client #2 revealed: e food (groceries) are a week at happens we get pizza and				

Division of Health Service Regulation

STATE FORM BXFS11 If continuation sheet 3 of 21

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					R-	С
		MHL034-334	B. WING		05/2	8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOA HU	MAN SERVICES III, IN	C	CROSS DRI			
	OLIMANA DV. OTA		SALEM, NO		ON	4.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 3	V 115			
	reimbursed." - Had eaten only "nothing else." - When asked if replied, "I could have was still hungry) "I don't usually trying to lose weigh - "Sometimes I hone or two cookies. - There was no ficlients, "but we do If we don't have app - Thought he had but was not sure	ave potato chips for snack or " resh fruit available to the nave applesauce sometimes, plesauce, I go without." d soup for dinner on 5/13/25				
	- He had hot dog potatoes for breakfa - Had purchased himself and his hou - "Not too many to - "We should all my friends to eat." - Had not purcha housemates in Mar - Gave the receip him for the food pur Interview on 5/14/25 - Six adult male of - Groceries were "[big box/supercent - "They (the groce weeks, the fifteenth day of the month."	times, maybe three." eat something. If I eat, I want used any food for himself or his ech or April of 2025 ots to the HS who reimbursed rchases 5 with staff #1 revealed: clients resided at the facility delivered to the facility from a er store]." erries) were delivered every 2 of each month and the last menu which was posted on				

Division of Health Service Regulation

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COME TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ion of Health Service Re	egulation				
NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES III, INC STREET ADDRESS, CITY, STATE, ZIP CODE 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING O 5/28/202 O 5/28/202							
NOA HUMAN SERVICES III, INC 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPANY OF LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			MHL034-334	B. WING		1	-
NOA HUMAN SERVICES III, INC 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPANY OF LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NAME OF F	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) WINSTON SALEM, NC 27106 ID PROVIDER'S PLAN OF CORRECTION (X COME TO THE APPROPRIATE DEFICIENCY) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			1847 WAY				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMIT TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NOA HUN	HUMAN SERVICES III, IN	WINSTON	SALEM, NO	27106		
V 115 Continued From page 4	PREFIX	EIX (EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
V 110 Continued From page 4	V 115	115 Continued From pa	 age 4	V 115			
- It's been the same menu for months and they need to change it up a bit." - When the facility ran low on groceries, "We (staff) usually call [the Group Home Manager (GHM)] but he is out of work now. Now we call the [House Supervisor (HS)], they will buy a little bit of groceries or they will call in a pizza for the group." - When he had spoken with the GHM about the lack of food in the facility, "He usually gets stressed out over the food and orders a little bit of food and says we have to wait until the next delivery (grocery) or he will order us pizza." - He had purchased food "approximately ten times over the past year and a half" for the clients's meals; however, he had not saved the receipts for those purchases - One some occasions, client #1 had purchased food for himself and the other clients in the facility - "Neither one of us has ever been repaid, they should at least pay him his money back. I don't care about mine (money)." - Had submitted a grocery list to "[staff at a sister facility" on 5/14/25 - "We may get groceries by tomorrow night (5/15/25), when groceries to be delivered if we are running low, so I will use several things (different items of food) to make meals." - Planned to prepare packages of ramen noodles for the clients for their lunch - "That's all we really got right now." - Clients were provided cookies, or chips or applesauce for snacks - No fresh fruits were provided to the clients - Has spoken to upper management about the	V 115	- It's been the saneed to change it used to change it used. When the facilit (staff) usually call [if (GHM)] but he is outhe [House Supervibit of groceries or try group." - When he had salack of food in the factor of stressed out over the food and says were delivery (grocery) or He had purchatimes over the past clients's meals; however the pas	ame menu for months and they up a bit." ity ran low on groceries, "We the Group Home Manager ut of work now. Now we call risor (HS)], they will buy a little they will call in a pizza for the spoken with the GHM about the facility, "He usually gets he food and orders a little bit of have to wait until the next or he will order us pizza." used food "approximately ten tyear and a half" for the wever, he had not saved the burchases asions, client #1 had r himself and the other clients of us has ever been repaid, they we him his money back. I don't money)." If a grocery list to "[staff at a will will have been repaid, they we have been repaid to money)." If a grocery list to "[staff at a will will use several things food) to make meals." It is groceries to be delivered if we so I will use several things food) to make meals." It is pare packages of ramen and the fortheir lunch really got right now." It is rovided cookies, or chips or acks were provided to the clients	V 115			

"It is the bare minimum here when it comes

STATE FORM 6899 If continuation sheet 5 of 21 BXFS11

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
		MHL034-334	B. WING		R- 05/2	C 8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DESS CITY S	STATE, ZIP CODE		
IVAIVIL OF I	NOVIDEN ON GOLF EIEN		CROSS DRI			
NOA HUI	MAN SERVICES III, IN	C	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 5	V 115			
	staff for taking food	management) tries to blame out of the house, they don't d there are six men here."				
	- Staff #1 prepare	4/25 at 12:04 pm revealed: ed packages of ramen clients present in the facility				
	- Whoever was of list to the GHM or to when it was due - Groceries were first and fifteenth of - If a facility begaitems, staff were to sister facility - The client at the had regular healthy which make them h - There had beer staff at the sister fa	on to run low on some food contact the same staff at the e facility "were good eaters, appetites, all take medicines				
	- "The groceries (5/15/25)." - Groceries were "[local big box/supe - "Staff gives me how many items are amount of food for the number of clien - Groceries were of every month - Staff had a men however, they could	a list of the needed items and e remaining. There is a certain each facility and it is based on				
	chose to - If a facility ran lestaff) call and let the	ow on groceries, "they (the eadministration				

STATE FORM 6899 If continuation sheet 6 of 21 BXFS11

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-334	B. WING		R-C 05/28/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		1847 WAY	CROSS DRI			
NOA HU	MAN SERVICES III, IN	C	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 6	V 115			
	(management) known - Administration out of food complet - "That would just - "The list of groupoint. Some staff rewe buy a little bit of until the groceries of orders pizza." - No staff or clier to her they had to be pockets - Her current role the GHM gets "bett Interview on 5/28/22 Professional reveal - The GHM was grocery orders on be following up on the - The GHM had a complete the orderi box/supercenter]." - When the GHM recently, no one had hospitalization and GHM used - Not sure if no ocomputer had impart when the GHM was - "When the head it trickles down." - It is the respons to ensure the GHM needed - "We have men	w." would never let the facility run ely t be cruel." teries must be sent right on equest food two days early, so food then to hold them over can be delivered or the staff at had ever made statements by food out of their own was "just to help out" while er." with the Qualified ed: responsible for submitting the ehalf of each facility and status of the orders a laptop computer he used to no from "[big I went into the hospital d advised him of the where the laptop was that the me having access to this countered the ordering of the food in the hospital d is not there, to get this done, sibility of the staff in the facility was aware of what food was that eat, they really eat, want hird portions and they				

6899

Division of Health Service Regulation STATE FORM

If continuation sheet 7 of 21 BXFS11

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-	C
		MHL034-334	B. WING		1	8/2025
			ı		1 00/2	0,2020
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NOA HUI	MAN SERVICES III, IN	C	CROSS DRI			
		WINSTON	SALEM, NO	27106		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAO		,	IAG	DEFICIENCY)		
V 440	0 15 15	7	1/440			
V 118	Continued From pa	ge /	V 118			
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	10A NCAC 27G .02	09 MEDICATION				
	REQUIREMENTS					
	(c) Medication adm					
		non-prescription drugs shall				
	,	ed to a client on the written				
	•	uthorized by law to prescribe				
	drugs. (2) Medications sha	all be self-administered by				
		uthorized in writing by the				
	client's physician.	dation254 in writing by the				
		luding injections, shall be				
		y licensed persons, or by				
	unlicensed persons	trained by a registered nurse,				
		legally qualified person and				
		e and administer medications.				
		lministration Record (MAR) of				
		red to each client must be kept				
		s administered shall be				
		ely after administration. The				
	MAR is to include the	ne following:				
	(A) client's name;	and quantity of the drug;				
		and quantity of the drug; administering the drug;				
	` '	ne drug is administered; and				
		of person administering the				
	drug.	or person dammistering and				
		for medication changes or				
		orded and kept with the MAR				
	file followed up by a	ppointment or consultation				
	with a physician.					

Division of Health Service Regulation

This Rule is not met as evidenced by:

STATE FORM BXFS11 If continuation sheet 8 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-334	B. WING		R- 05/2	-C 2 8/2025
	PROVIDER OR SUPPLIER MAN SERVICES III, IN	1847 WAY	ODRESS, CITY, S CROSS DRI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 118	interview, the facility Medication Administ drugs administered current with medical immediately after a audited clients (#cliare: Review on 5/14/25 - An admission of Diagnoses of Structure of Structure of Diagnoses of Structu	view, observation and y failed to ensure the tration Record (MAR) of all to each client was kept ations administered recorded dministration affecting 2 of 3 ent #2 and #3). The findings of client #2's record revealed: late of 6/7/23 chizophrenia, Paranoid Type 4/25 at 10:46 am of client #2's ed: ng (treat hypertension) 1 tab orvastatin 40 mg (treat high to daily (8 am); Lisinopril 5 mg tab PO daily (8 am); It high blood sugar) 1 tab PO and 8 pm); Benztropine 1 mg sorders) 1 tab PO twice a day; to mg (treat Type II diabetes) 1 8 am and 8 pm); of client #2's MAR from 5/6/25 dion that client #2 had received ations on the following dates: tab PO daily (8 am) 5/11/25-n 40 mg 1 tab PO daily (8 am) sinopril 5 mg 1 tab PO daily (8 am) sinopril 5 mg 1 tab PO daily (8 am) (8 am) 1 tab PO daily (8 am) 5/11/25-5/14/25; tab PO twice a day (8 am and 8/25 (8 am) and 5/6/25-5/13/25 dCL 1000 mg 1 tab PO twice m) 5/11/25-5/14/25 (8 am) and				

6899

	of Fleatiff Service IN		1		T	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-	.c
		MHL034-334	B. WING		1	8/2025
		WITE004-004			03/2	0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOA IIII	MAN 050\//050 N	1847 WAY	CROSS DRI	VE		
NOA HU	MAN SERVICES III, IN	WINSTON	SALEM, NO	27106		
(V4) ID	QUIMMADV QTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 118	Continued From pa	ge 9	V 118			
	•					
		of client #3's record revealed:				
	 An admission d 					
		aranoid Schizophrenia;				
	Diabetes Mellitus, T	• •				
		(Human Immunodeficiency				
	Virus) and Hyperlip	idemia				
		4/05 4 44 00 5 11 4 4/01				
		4/25 at 11:08 of client #3's				
	medications revealed					
		port cell growth) 800 mg 1 tab				
		y mouth) daily (8 am); Vitamin				
		absorption of calcium) 500 mg				
		n); Jardiance (Type II				
		ab PO daily (8 am); Metformin				
		es) 500 mg 1 tab PO twice a				
		m and 8 pm); Divalproex				
		res) 500 mg 3 tab PO at				
		orvastatin (treat high				
		O at bedtime (8 pm);				
		sion and/or sleep aid) 100 mg				
		e (8 pm); and Biktarvy (treat				
	HIV) 25 1 tab PO da	ally (8 am)				
	Daview en E/44/0E	of alignet #215 MAD from E/C/2E				
	- 5/14/25 revealed:	of client #3's MAR from 5/6/25				
		tion that client #1 had been				
		llowing medications on the				
		· ·				
		ic Acid 800 mg 1 tab PO daily Vitamin C 500 mg 1 tab PO				
		1/25; Jardiance 10 mg 1 tab				
		5/14/25; Metformin 500 mg 1				
		(8 am and 8 pm) at 8 am on				
	on 5/14/25 and Biktary	ry 25 mg 1 tab PO daily (8 am)				
	011 3/ 14/23					
	Interviews on 5/1//	25 with clients (#2 and #3)				
	revealed:	20 Will Ollotto (#2 alla #0)				
		red their medications to them				
		nissed any doses of their				
	medications	need any deced of them				

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			,		R-	-c
		MHL034-334	B. WING		05/2	8/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NOA HU	MAN SERVICES III, IN	IC.	CROSS DRI I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 10	V 118			
V 536	- When shown b stated "I was in a hi initialed some of the Observation on 5/1 revealed: - While sitting at his initials in the bla #2's) May 2025 MA Interview on 5/14/2 revealed: - When shown the Home Supervisor swe have. I can't bel This deficiency con and must be correct	5 with the Home Supervisor ne blanks on the MARs, the tated, "He's (staff #1] the best ieve it (blanks on the MARs)." stitutes a re-cited deficiency	V 536			
	practices that emph to restrictive interve (b) Prior to providir disabilities, staff inc employees, student demonstrate compe completing training other strategies for which the likelihood	mplement policies and nasize the use of alternatives entions. In gervices to people with eluding service providers, its or volunteers, shall etence by successfully in communication skills and creating an environment in the of imminent danger of abuse in with disabilities or others or				

DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R-	C
		MHL034-334	B. WING		1	8/2025
		WITE004-004			03/2	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOA UU	MAN CEDVICES III IN	1847 WAY	CROSS DRI	VE		
NOA HUI	MAN SERVICES III, IN	WINSTON	I SALEM, NO	27106		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI IOIEIVOT)		
V 536	Continued From pa	ge 11	V 536			
	(c) Provider agenci	ies shall establish training				
	(c) Provider agencies shall establish training based on state competencies, monitor for internal					
		monstrate they acted on data				
	gathered.	monstrate they acted on data				
	0	ıll be competency-based,				
		e learning objectives,				
		(written and by observation of				
		objectives and measurable				
	,	ne passing or failing the				
	course.					
	(e) Formal refreshe	er training must be completed				
	by each service pro	vider periodically (minimum				
	annually).					
		raining that the service				
		employ must be approved by				
		DD/SAS pursuant to				
	Paragraph (g) of thi					
		onstrate competence in the				
	following core areas					
		e and understanding of the				
	people being served					
	(2) recognizir behavior;	ng and interpreting human				
		ng the effect of internal and				
		hat may affect people with				
	disabilities;	nat may ancet people with				
		for building positive				
		ersons with disabilities;				
		ng cultural, environmental and				
		ors that may affect people with				
	disabilities;	7 1 1 2000				
		ng the importance of and				
		son's involvement in making				
	decisions about the	ir life;				
		ssessing individual risk for				
	escalating behavior					
		cation strategies for defusing				
	and de-escalating p	otentially dangerous behavior;				
	and	·				

Division of Health Service Regulation STATE FORM

BXFS11 If continuation sheet 12 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION MHL034-334 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 PREFIX FROM ENCHONORY MUST BE PRECEDED BY PLLL PREFIX FROM ENCHONORY WINSTON SALEM, NC 27106 PREFIX FROM ENCHONORY WINSTON SALEM, NC 27106 TANG V 536 Continued From page 12 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor same; (2) The Division of MH/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (1)(6) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of (A) understanding the adult learner;	DIVISION	of Health Service Re	guiation				
NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES III, INC 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES OF THE PREFIX PROVIDERS PLAN OF CORRECTION (PARTY TYPE) (CAL) ID PREFIX PROVIDER OF DEFICIENCY IN STATE EXPRENDING A CORRECTION (PARTY TYPE) (PARTY TYPE) (PARTY OF THE APPROPRIATE OF DEFICIENCY) V 536 Continued From page 12 V 536 Continued From page 12 V 536 V 536 Continued From page 12 V 536 V 536 Continued From page 11 (I) Decumentation of initial and refresher training for at least three years. (I) Decumentation of initial and refresher training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence by scoring a passing grade on testing in an instructor training beautiful objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (1)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:				(X2) MULTIPL	E CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 SUMMARY STATEMENT OF DEFICIENCIES DEADLE OF STREET ADDRESS, CITY, STATE, ZIP CODE PREFIX CRACH DEFICIENCY MUST BE PRECEDED BY FULL FREGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1847 WAYCROSS DRIVE WINSTON SALEM, NC 27106 SUMMARY STATELENT OF DEFICIENCIES (PACH DEFICIENCY) WINST SEPECEDED BY FULL (REQUILATORY OR I.S.C IDENTIFYING INFORMATION) V 536 Continued From page 12 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation of initial and refresher training and the outcomes (pass/fall); (8) when and where they attended; and (C) instructor's name; (2) The Division of MH/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence by scoring a passing grade on testing in an instructor training the need for restrictive interventions. (4) The content of the instructor training the service provider plans to emptoy shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (1)(5) of this Rule. (5) Acceptable instructor training programs, shall include but a not limited to presentation of:							C
NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES III, INC (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG.) (X5) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG.) (X6) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG.) (X6) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG.) (X7) Describe the securation of the precedency of the pre			MUI 034 224	B. WING		1	
NOA HUMAN SERVICES III, INC (A) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) TAG (EACH DORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY) V 536 Continued From page 12 V 536 V 536 V 536 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe), (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (I)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			IVIПLU34-334			1 05/2	0/2025
CALL	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 536 Continued From page 12 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe), (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	NO 4 1 11 11		1847 WA	CROSS DRI	VE		
CAUTID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (REAH DEFICIENCY) WILST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (REAH DEFICIENCY) WILST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (REAH DEFICIENCY) V 536 Continued From page 12 V 536 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	NOA HUI	VIAN SERVICES III, IN	WINSTON	SALEM, NO	27106		
PRÉFIX TAG REGULATORY OR LOS CIDENTIFYING INFORMATION) V 536 Continued From page 12 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (passifall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-by-sassing grade on testing in an instructor training program. (3) The training shall be competency-beased, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph ()(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	(V4) ID	SLIMMARV STA				ON.	(YE)
V 536 Continued From page 12 (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							COMPLETE
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail): (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)			PRIATE	DATE
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:					DEFICIENCY)		
(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:	V 536	Continued From pa	ge 12	V 536			
means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failling the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		·					
activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/IDD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/IDD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			,				
at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		•					
outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		. ,					
(C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			ications and Training				
by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		•					
aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		` '					
need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		` '	· ·				
observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:		. ,	•				
measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			,				
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			us to determine passing or				
service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:			ant of the instructor training the				
approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of:							
(5) Acceptable instructor training programs shall include but are not limited to presentation of:							
shall include but are not limited to presentation of:							
· · · · · · · · · · · · · · · · · · ·							
(B) methods for teaching content of the			ior teaching content or the				
course; (C) methods for evaluating trainee			for evaluating trainee				

Division of Health Service Regulation

STATE FORM BXFS11 If continuation sheet 13 of 21

AND DUAN OF CORRECTION . IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		R-C 05/28/2025		
		MHL034-334	D. WINO		05/2	8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NOA HU	MAN SERVICES III, IN	C	CROSS DRI			
		WINSTON	SALEM, NO	27106		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 13	V 536			
	performance; and (D) document (6) Trainers s teaching a training reducing and elimin interventions at least review by the coach (7) Trainers s aimed at preventing need for restrictive annually. (8) Trainers s instructor training a (j) Service provider documentation of in training for at least (1) Docur (A) who partic outcomes (pass/fail (B) when and (C) instructor (2) The Divisi request and review (k) Qualifications o (1) Coaches requirements as a t (2) Coaches the course which is (3) Coaches competence by con train-the-trainer inst	ation procedures. hall have coached experience or orgram aimed at preventing, ating the need for restrictive st one time, with positive in the latent a training program in reducing and eliminating the interventions at least once the least every two years. It is shall maintain in the interventions at least once the least every two years. It is shall maintain in the interventions at least once the least every two years. It is shall maintain in it is and refresher instructor three years. In the least every two years in the least every two years. In the least every two years in the least every two years. In the least every two years is shall maintain in the least every two years. In the least every two years is shall include: It is a training and the least every				

6899

NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES III, INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREFIX TAG PROVIDER OR INC. PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY) V 536 Continued From page 14 V 536 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff (staff #1, staff #2 and the Qualified Professional (QP)) completed annual training on alternatives to restrictive interventions. The findings are: Review on 5/16/25 of staff #1's record revealed: A pice description of Paraprofessional		TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
MHL034-334 B. WING	71101211	DENTILION OF THE STATE OF THE S		A. BUILDING:				
NOA HUMAN SERVICES III, INC SUMMARY STATEMENT OF DEFICIENCIES WINSTON SALEM, NC 27106	MHL034-334		B. WING					
(XA) ID PREFIX TAG (XA) ID PREFIX TAG (SEQAL DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff (staff #1, staff #2 and the Qualified Professional (QP)) completed annual training on alternatives to restrictive interventions. The findings are: Review on 5/16/25 of staff #1's record revealed: A pib description of Paraprofessional A certificate which reflected staff #1 had received training in "NCI Plus, Prevention and Crisis Training" on 10/22/25 The certificate was signed by the "Presenter" and listed their title as "PharmD. (Pharmacist)." Review on 5/16/25 of staff #2's record revealed: A hire date of 3/8/25 A job description of Paraprofessional	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 14 V 536 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff (staff #1, staff #2 and the Qualified Professional (QP)) completed annual training on alternatives to restrictive interventions. The findings are: Review on 5/16/25 of staff #1's record revealed: - A hire date of 10/24/24 - A job description of Paraprofessional - A certificate which reflected staff #1 had received training in "NCI Plus, Prevention and Crisis Training" on 10/22/25 - The certificate was signed by the "Presenter" and listed their title as "PharmD. (Pharmacist)." Review on 5/16/25 of staff #2's record revealed: - A hire date of 3/8/25 - A job description of Paraprofessional	NOA HU	MAN SERVICES III, IN	IC					
This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff (staff #1, staff #2 and the Qualified Professional (QP)) completed annual training on alternatives to restrictive interventions. The findings are: Review on 5/16/25 of staff #1's record revealed: - A hire date of 10/24/24 - A job description of Paraprofessional - A certificate which reflected staff #1 had received training in "NCI Plus, Prevention and Crisis Training" on 10/22/25 - The certificate was signed by the "Presenter" and listed their title as "PharmD. (Pharmacist)." Review on 5/16/25 of staff #2's record revealed: - A hire date of 3/8/25 - A job description of Paraprofessional	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE	
Based on record review and interview, the facility failed to ensure 3 of 3 staff (staff #1, staff #2 and the Qualified Professional (QP)) completed annual training on alternatives to restrictive interventions. The findings are: Review on 5/16/25 of staff #1's record revealed: A hire date of 10/24/24 A job description of Paraprofessional A certificate which reflected staff #1 had received training in "NCI Plus, Prevention and Crisis Training" on 10/22/25 The certificate was signed by the "Presenter" and listed their title as "PharmD. (Pharmacist)." Review on 5/16/25 of staff #2's record revealed: A hire date of 3/8/25 A job description of Paraprofessional	V 536	Continued From pa	nge 14	V 536				
received training in "NCI Plus, Prevention and Crisis Training" on 3/3/25 The certificate was signed by the "Presenter" and listed their title as "PharmD." Review on 5/16/25 of the QP's record revealed: A hire date of 2/27/16 A job description of QP A certificate which reflected the QP had received training in "NCI Plus, Prevention and Crisis Training" on 3/3/25 The certificate was signed by the "Presenter" and listed their title as "PharmD." Review on 5/16/25 on a North Carolina Department of Health and Human Services (NC		Based on record refailed to ensure 3 of the Qualified Profes annual training on a interventions. The factor of the Review on 5/16/25 - A hire date of 1 - A job description - A certificate where every description - The certificate and listed their title received training in Crisis Training" on - A job description - A certificate where every description - The certificate and listed their title received training in Crisis Training" on - The certificate and listed their title received training in Crisis Training" on - The certificate where every description - A certificate where every description - The certificate and listed their title review on 5/16/25 and listed their title review on 5/16/25.	eview and interview, the facility of 3 staff (staff #1, staff #2 and sesional (QP)) completed calternatives to restrictive findings are: of staff #1's record revealed: 0/24/24 on of Paraprofessional chich reflected staff #1 had "NCI Plus, Prevention and 10/22/25 was signed by the "Presenter" as "PharmD. (Pharmacist)." of staff #2's record revealed: 6/8/25 on of Paraprofessional chich reflected staff #2 had "NCI Plus, Prevention and 3/3/25 was signed by the "Presenter" as "PharmD." of the QP's record revealed: 6/27/16 on of QP chich reflected the QP had "NCI Plus, Prevention and 3/3/25 was signed by the "Presenter" as "PharmD." on a North Carolina					

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-334	B. WING		R-C 05/28/2025	
	PROVIDER OR SUPPLIER	C 1847 WAY	CROSS DRI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 536	approved to instruct the state of NC reverse No evidence the (#1, #2 or the QP's) instructor An email sent on 5/ individual with the Note of the NCI instructor at 1:45 pm via emashowing [name of the Instructor." Interview on 5/15/29 - She had been to the Interviews on 5/16/29 - There was no reside in the NCI instructor. The facility was not on a list of (5/16/25) - The facility staff techniques and did physical restraints (10 - He would request facility used to train of his instructor's continuous provide a copy of the NCI instructor of the NCI instructor. The QP was not in his office.	tothers in NCI techniques in ealed: e "Presenter" listed on staff of certificates was a trained NCI 16/25 at 10:14 am to an ICI Plus program requested e "Presenter" listed on the ea QP's) certificates was a stor. The individual responded ill with the following: "I'm not the "Presenter"] an NCI Plus 5 with staff #1 revealed: rained in NCI 25 and on 5/20/25 with the QP esponse when told the y used to train their staff in NCI state approved NCI instructors f only used de-escalation not engage in the use of 5/16/25) est the individual that the their staff in NCI send a copy ertificate certificate to the service Regulation's (DHSR's)	V 536			

6899

Division of Health Service Regulation STATE FORM

BXFS11 If continuation sheet 16 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
MHL034-334		B. WING			R-C 28/2025	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	STATE, ZIP CODE		
ΝΟΔ ΗΙΙ	MAN SERVICES III, IN	1847 WA	YCROSS DRI	VE		
HOATIO	T	WINSTO	N SALEM, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 536	Continued From pa	ge 16	V 536			
	 Did not realize the facility to train staff an instructor's certified his request Would have to instructor if this indimited with evidence of his As of the close of the facility of the close of the facility	5 with the QP revealed: the instructor used by their in NCI had not yet provided ficate to the surveyor(s) per consider finding another vidual could not provide him being a certified instructor he survey on 5/28/25, no te was made available for				
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	and its grounds wer	et as evidenced by: on and interview, the facility re not maintained in a safe, d orderly manner. The findings	:			
	Observation of the 8:52 am and 2 pm r	facility on 5/14/25 between revealed:				
	Debris (dead le the facility The carport did light fixture The screen in the	ty: on the roof of the facility aves and limbs) on the roof of not have a light cover on the he carport door was broken rette butts scattered about				

Division of Health Service Regulation

STATE FORM BXFS11 If continuation sheet 17 of 21

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					l	_
		NULL 00 4 00 4	B. WING		R-C	
		MHL034-334	B. WING		05/2	8/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			CROSS DRI	•		
NOA HU	MAN SERVICES III, IN	IC:				
		WINSTON	SALEM, NO	, 27106		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (FACUL CORRECTIVE ACTION SHOULD		(X5)
PREFIX TAG	`	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
IAG	AG NEGOENON ON EGO BENTI TING IN CHIMATION			DEFICIENCY)	11,711 =	
V 736	Continued From pa	ge 17	V 736			
	and covering the gr	cound poor the stops leading to				
		ound near the steps leading to				
	the front door of the	e racility				
	Vitaban/Dining Dag	m				
	Kitchen/Dining Roo					
		onditioning vent covered in rust				
		side of the refrigerator				
	- Wooden kitche	n chair with torn seat covering				
	Unataina Dathua ana	(for alignt and staff).				
		(for client and staff use):				
	•	the ceiling over the shower				
	- Missing towel b					
		nust fan covered in dust				
		own film on the toothbrush				
	holder	1 1.61 1.1. 1. 1.66				
	• •	les and tiles which differed in				
	color					
		the base of the toilet was				
	yellow in color					
		ere discolored with soap scum				
	and grout around th	ne shower was black in color				
	Client bedrooms #1					
		rks around the beds on the				
	walls					
		ent #2's bed; bedding				
		ed up along with clothing on				
	the bed					
		y (white mattress which is now				
	dark in color)Cobwebs were in the windowsills of all the					
	clients' bedroom wi	ndows				
	Living room:					
		ed/soiled sofa cushion				
	 Sofa cushion is 	s sunken down to the sofa				
	base					
		oiled cloth back and a torn				
	(leather-like) seat					
	- Worn flooring in	nside the front door				
	 A cigarette butt 	was in between the front door				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R-C	
MHL034-334		B. WING		05/28/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NOA HU	MAN SERVICES III, IN	IC	CROSS DRI I SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 736	Continued From pa	nge 18	V 736			
	and the screen doc	or				
	- Burned out light hallway Basement stairs: - Carpet on the swas soiled and fray Basement bathroor	n (staff use):				
	- Staff bathroom door is taped all the way around the perimeter of the door and cannot be opened without taking the tape off from around the door					
	The staff currel located upstairs The downstairs construction" and wards.	5 with staff #1 revealed: ntly used the client's bathroom s or staff bathroom was "under vas unable to be used toilet "stops up and a whole				
	- There was a "F staff who visited the - One of the PCS complete househol housekeeping task - Believed the "s before the staff bat - Had been out o - When asked all	S staff's responsibilities was to d tasks which included s ump pump" had to be replaced hroom could be used again of order for "two months." bout the overall condition of stated, "Whole lotta things				
	Interview on 5/14/2 revealed:	5 with the House Supervisor				

STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL034-334		B. WING		R-C 05/28/2025	
NAME OF F					03/2	0/2023
NAME OF F	PROVIDER OR SUPPLIER		CROSS DRI	STATE, ZIP CODE VF		
NOA HUI	MAN SERVICES III, IN	IC:	SALEM, NO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 19	V 736			
	- The facility had not know his name - He was responsacility - Was aware DH recent visit to the far - "This is one of Interview on 5/28/2 Professional reveal - Acknowledgem with cleanliness of addressed - The issue with by the staff had bee - It was his under repairs were needed - Would addressed downstairs bathroom however, in the me the bathroom that to located upstairs	a maintenance man she did sible for making repairs to the SR construction had made a acility the better houses." 5 with the Qualified ed: ent that there were issues the facility that needed to be the toilet which had been used en addressed with the landlord rstanding that significant d regarding this bathroom the need for repair of the m with the landlord again; antime, staff were able to use he clients used which was stitutes a re-cited deficiency				
V 744	27G .0304(b) Safet	у	V 744			
	EQUIPMENT (b) Safety: Each factoristructed and equipment of the second s	cility shall be designed, uipped in a manner that al safety of clients, staff and				

6899

Division of Health Service Regulation STATE FORM

BXFS11 If continuation sheet 20 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY	
MHL034-334		B. WING			-C 2 8/2025	
	PROVIDER OR SUPPLIER MAN SERVICES III, IN	1847 WAY	DRESS, CITY, S CROSS DRI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 744	Based on observatifailed to ensure the manner that ensure clients, staff and vision on 5/1/2 bedroom revealed: - A black electric wall - Although the he wall, it was not turn. Interview on 5/14/2 - He had been us while." Interview on 5/28/2 - Not aware that in his room	on and interview, the facility facility was equipped in a ed the physical safety of sitors. The findings are: 4/25 at 11:42 am of client #3's space heater plugged into the eater was plugged into the ed on 5 with client #3 revealed: sing the space heater for "a 5 with the QP revealed: client #1 had a space heater espace heater removed from	V 744			

6899