

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-334	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/28/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NOA HUMAN SERVICES III, INC

**1847 WAYCROSS DRIVE
WINSTON SALEM, NC 27106**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 5/28/25. The complaints were substantiated (intake #NC00229307 and intake #NC00229408). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

RECEIVED

JUN 16 2025

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

one/ OYna, Mrs. QMHP


6/4/25

6899

BXFS11

If continuation sheet 1 of 21

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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, review and interview, the facility failed to ensure that meals that were served and/or prepared for the clients were nutritious. The findings are:</p> <p>Observation on 5/14/25 of the facility's kitchen area at 9:15 am revealed:</p> <ul style="list-style-type: none"> - Six male and one staff (staff #1) present in the facility - Staff #1 was frying a pot of diced potatoes - Staff #1 distributed a bowl of potatoes to each client with no other food offered/provided <p>Observation of the facility's refrigerator and pantry between 9:47 am and 10:05 am revealed:</p> <ul style="list-style-type: none"> - A head of lettuce and an opened package of bologna - Condiments (ketchup, mustard, salad dressing, barbeque sauce etc) on the shelves in the refrigerator - The freezer section of the refrigerator held frozen items which included the following: opened bags of crinkle french fries; chicken nuggets; tater tots; fish fillets; a frozen chicken patty; sausage patties; two packages of bologna; five frankfurters; 2 frozen pizzas; three or four frozen pork chops and an undetermined number of chicken parts covered in freezer burn in an undated zippered plastic bag - The pantry held an opened jar of peanut butter; and unopened jar of grape jelly; one 	V 115	<p>NOA has a menu and staffs will continue to prepare and serve what is on the menu to clients at all times including snacks.</p> 	6/4/25	

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V 115	<p>Continued From page 2</p> <p>quarter of a box (13.2 ounce (oz.)) of cereal (Fruit Loops); a 33 oz box of tutti fruitti cereal and less than one half of a bag (39.5 oz.) of frosted flake cereal; one package of strawberry single serve drink mix; one quarter of a bag of potato chips; two unopened bags of potato chips; one sixth of a container of oatmeal (approximately two servings); two cans (15.50 oz.) of pinto beans; one can (15.25 oz.) of corn; one can (14.50 oz.) of green beans; two cans (15 oz.) of pork and beans; one can (10.5 oz.) hot dog chili; and six packages of ramen noodles</p> <p>Review on 5/14/25 of a "NOA Human Service Daily Menu" menu posted on the kitchen wall revealed:</p> <ul style="list-style-type: none"> - Meals were listed for each day of the week - 5/14/25 was a Wednesday - Breakfast on Wednesdays 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." <p>Interview on 5/14/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - Was provided three meals a day - "We are lacking some groceries right now, it used to not be that way, it's been that way for awhile now, like one or two years." - Potato chips and cookies were provided as snacks when available - "I ain't had the money to buy food, but [client#3] does. I think last week he bought us all pizza because we ran low on food." <p>Interview on 5/14/25 with client #2 revealed:</p> <ul style="list-style-type: none"> - "Sometimes the food (groceries) are a week or two late, when that happens we get pizza and 	V 115	<p>NOA will continue to serve food as stated on the menu and HM/TL will ensure groceries are being ordered and delivered at required time by the grocery store contracted to supply needed food items for the facility.</p>	6/4/25

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V 115	<p>Continued From page 3</p> <p>hamburgers."</p> <ul style="list-style-type: none"> - Food was purchased by staff, and "they get reimbursed." - Had eaten only potatoes for breakfast and "nothing else." - When asked if he were hungry, client #2 replied, "I could have eaten more" (because he was still hungry) - "I don't usually eat lunch, I do sometimes, I'm trying to lose weight." - "Sometimes I have potato chips for snack or one or two cookies." - There was no fresh fruit available to the clients, "but we do have applesauce sometimes, If we don't have applesauce, I go without." - Thought he had soup for dinner on 5/13/25 but was not sure <p>Interview on 5/14/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - He had hot dogs for dinner on 5/13/25 and potatoes for breakfast the morning of 5/14/25 - Had purchased pizza and Chinese food for himself and his housemates - "Not too many times, maybe three." - "We should all eat something. If I eat, I want my friends to eat." - Had not purchased any food for himself or his housemates in March or April of 2025 - Gave the receipts to the HS who reimbursed him for the food purchases <p>Interview on 5/14/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Six adult male clients resided at the facility - Groceries were delivered to the facility from a "[big box/supercenter store]." - "They (the groceries) were delivered every 2 weeks, the fifteenth of each month and the last day of the month." - Staff followed a menu which was posted on the wall at the facility 	V 115	<p>Staff will continue to prepare food as with menu posted.</p>	

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V 115	Continued From page 4 <ul style="list-style-type: none"> - 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 run low we just use what we have." - "We must wait for 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 need for the clients to have fresh fruit - "It is the bare minimum here when it comes 	V 115	NOA will ensure menu items are updated as needed 	6/4/25

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V 115	<p>Continued From page 5</p> <p>to food, they (upper management) tries to blame staff for taking food out of the house, they don't seem to understand there are six men here."</p> <p>Observation on 5/14/25 at 12:04 pm revealed:</p> <ul style="list-style-type: none"> - Staff #1 prepared packages of ramen noodles for the six clients present in the facility <p>Interview on 5/14/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Whoever was on shift submitted the grocery list to the GHM or to a staff at a sister facility when it was due - Groceries were delivered to the facility on the first and fifteenth of each month - If a facility began to run low on some food items, staff were to contact the same staff at the sister facility - The client at the facility "were good eaters, had regular healthy appetites, all take medicines which make them hungry." - There had been times when the GHM or the staff at the sister facility were notified the facility had run low on food but "nothing happened." <p>Interview on 5/14/25 with the HS revealed:</p> <ul style="list-style-type: none"> - "The groceries should be coming today (5/15/25)." - Groceries were delivered to the facility from "[local big box/supercenter store]." - "Staff gives me a list of the needed items and how many items are remaining. There is a certain amount of food for each facility and it is based on the number of clients at each facility." - Groceries were delivered on the 1st and 15th of every month - Staff had a menu they were to follow; however, they could switch up the menu if they chose to - If a facility ran low on groceries, "they (the staff) call and let the administration 	V 115			

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V 115	<p>Continued From page 6</p> <p>(management) know."</p> <ul style="list-style-type: none"> - Administration would never let the facility run out of food completely - "That would just be cruel." - "The list of groceries must be sent right on point. Some staff request food two days early, so we buy a little bit of food then to hold them over until the groceries can be delivered or the staff orders pizza." - No staff or clients had ever made statements to her they had to buy food out of their own pockets - Her current role was "just to help out" while the GHM gets "better." <p>Interview on 5/28/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - The GHM was responsible for submitting the grocery orders on behalf of each facility and following up on the status of the orders - The GHM had a laptop computer he used to complete the ordering from "[big box/supercenter]." - When the GHM went into the hospital recently, no one had advised him of the hospitalization and where the laptop was that the GHM used - Not sure if no one having access to this computer had impacted the ordering of the food when the GHM was in the hospital - "When the head is not there, to get this done, it trickles down." - It is the responsibility of the staff in the facility to ensure the GHM was aware of what food was needed - "We have men that eat, they really eat, want to eat second and third portions and they continuously drink coffee..." 	V 115	<p>HM/TL will ensure that they coordinate food item orders to ensure proper delivery from the grocery store, to avoid any concerns.</p> <p>↓</p>	6/4/25	

(X5)
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V 118	<p>Continued From page 8</p> <p>Based on record review, observation and interview, the facility failed to ensure the Medication Administration Record (MAR) of all drugs administered to each client was kept current with medications administered recorded immediately after administration affecting 2 of 3 audited clients (#client #2 and #3). The findings are:</p> <p>Review on 5/14/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 6/7/23 - Diagnoses of Schizophrenia, Paranoid Type <p>Observation on 5/14/25 at 10:46 am of client #2's medications revealed:</p> <ul style="list-style-type: none"> - Guanfacine 2 mg (treat hypertension) 1 tab PO daily (8 am); Atorvastatin 40 mg (treat high cholesterol) 1 tab PO daily (8 am); Lisinopril 5 mg (treat hypertension) 1 tab PO daily (8 am); Glipizide 5 mg (treat high blood sugar) 1 tab PO twice a day (8 am and 8 pm); Benztropine 1 mg (treat movement disorders) 1 tab PO twice a day; Metformin HCL 1000 mg (treat Type II diabetes) 1 tab PO twice daily (8 am and 8 pm); <p>Review on 5/14/25 of client #2's MAR from 5/6/25 - 5/14/25 revealed:</p> <ul style="list-style-type: none"> - No documentation that client #2 had received the following medications on the following dates: Guanfacine 2 mg 1 tab PO daily (8 am) 5/11/25-5/14/25; Atorvastatin 40 mg 1 tab PO daily (8 am) 5/11/25-5/14/25; Lisinopril 5 mg 1 tab PO daily (8 am) 5/11/25-5/14/25; Glipizide 5 mg 1 tab PO twice a day (8 am and 8 pm) 5/11/25-5/14/25; Benztropine 1 mg 1 tab PO twice a day (8 am and 8 pm) 5/11/25-5/14/25 (8 am) and 5/6/25-5/13/25 (8 pm); Metformin HCL 1000 mg 1 tab PO twice daily (8 am and 8 pm) 5/11/25-5/14/25 (8 am) and 5/11/25-5/13/25 (8 pm) 	V 118		

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V 118	<p>Continued From page 9</p> <p>Review on 5/14/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 8/7/19 - Diagnoses of Paranoid Schizophrenia; Diabetes Mellitus, Type II; Essential Hypertension; HIV (Human Immunodeficiency Virus) and Hyperlipidemia <p>Observation on 5/14/25 at 11:08 of client #3's medications revealed:</p> <ul style="list-style-type: none"> - Folic Acid (support cell growth) 800 mg 1 tab (tablet) PO (taken by mouth) daily (8 am); Vitamin C (assists with the absorption of calcium) 500 mg 1 tab PO daily (8 am); Jardiance (Type II diabetes) 10 mg 1 tab PO daily (8 am); Metformin (treat Type II diabetes) 500 mg 1 tab PO twice a day with meals (8 am and 8 pm); Divalproex Sodium (treat seizures) 500 mg 3 tab PO at bedtime (8 pm); Atorvastatin (treat high cholesterol) 1 tab PO at bedtime (8 pm); Trazodone (depression and/or sleep aid) 100 mg 1 tab PO at bedtime (8 pm); and Biktarvy (treat HIV) 25 1 tab PO daily (8 am) <p>Review on 5/14/25 of client #3's MAR from 5/6/25 - 5/14/25 revealed:</p> <ul style="list-style-type: none"> - No documentation that client #1 had been administered the following medications on the following dates: Folic Acid 800 mg 1 tab PO daily (8 am) on 5/14/25; Vitamin C 500 mg 1 tab PO daily (8 am) on 5/14/25; Jardiance 10 mg 1 tab PO daily (8 am) on 5/14/25; Metformin 500 mg 1 tab PO twice a day (8 am and 8 pm) at 8 am on 5/14/25 and Biktarvy 25 mg 1 tab PO daily (8 am) on 5/14/25 <p>Interviews on 5/14/25 with clients (#2 and #3) revealed:</p> <ul style="list-style-type: none"> - Staff administered their medications to them - They had not missed any doses of their medications 	V 118		

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V 118	Continued From page 10 Interview on 5/14/25 with staff #1 revealed: - When shown blanks on the MARs, staff #1 stated "I was in a hurry this morning and only initialed some of the medications, I am sorry." Observation on 5/14/25 at 11:20 am of staff #1 revealed: - While sitting at the kitchen table, he placed his initials in the blank spaces on clients (#1 and #2's) May 2025 MARs Interview on 5/14/25 with the Home Supervisor revealed: - When shown the blanks on the MARs, the Home Supervisor stated, "He's (staff #1] the best we have. I can't believe it (blanks on the MARs)." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.	V 536		

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V 536	Continued From page 11 (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) 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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and	V 536		

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V 536	<p>Continued From page 12</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536		

Division of Health Service Regulation

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V 536	Continued From page 13 performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor 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 attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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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 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 - A certificate which reflected staff #2 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 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 DHHS) website which listed individuals who were	V 536	NOA will moving forward will ensure that a certified NCI trainer will be contracted to train staffs.	6/4/25

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V 536	<p>Continued From page 15</p> <p>approved to instruct others in NCI techniques in the state of NC revealed:</p> <ul style="list-style-type: none"> - No evidence the "Presenter" listed on staff (#1, #2 or the QP's) certificates was a trained NCI instructor <p>An email sent on 5/16/25 at 10:14 am to an individual with the NCI Plus program requested confirmation that the "Presenter" listed on the staff (#1, #2 and the QP's) certificates was a certified NCI instructor. The individual responded at 1:45 pm via email with the following: "I'm not showing [name of the "Presenter"] an NCI Plus Instructor."</p> <p>Interview on 5/15/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - She had been trained in NCI <p>Interviews on 5/16/25 and on 5/20/25 with the QP revealed:</p> <ul style="list-style-type: none"> - There was no response when told the individual the facility used to train their staff in NCI was not on a list of state approved NCI instructors (5/16/25) - The facility staff only used de-escalation techniques and did not engage in the use of physical restraints (5/16/25) - He would request the individual that the facility used to train their staff in NCI send a copy of his instructor's certificate certificate to the Division of Health Service Regulation's (DHSR's) office via fax (5/20/25) <p>On 5/22/25, a second request to the QP to provide a copy of the instructor's training certificate. The QP reported that the individual was not in his office on 5/22/25 and that "he (the instructor) will get back to you (the DHSR surveyor)..."</p>	V 536	<p>Moving forward NOA will ensure that a Certified NCI trainer will be contracted to train and re-certify staffs of NOA or NCI.</p>	6/2/25

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V 536	Continued From page 16 Interview on 5/28/25 with the QP revealed: - Did not realize the instructor used by their facility to train staff in NCI had not yet provided an instructor's certificate to the surveyor(s) per his request - Would have to consider finding another instructor if this individual could not provide him with evidence of his being a certified instructor As of the close of the survey on 5/28/25, no instructor's certificate was made available for review.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation of the facility on 5/14/25 between 8:52 am and 2 pm revealed: Exterior of the facility: - Green growth on the roof of the facility - Debris (dead leaves and limbs) on the roof of the facility - The carport did not have a light cover on the light fixture - The screen in the carport door was broken - Numerous cigarette butts scattered about	V 736	HM/TL will ensure that maintenance dept will keep up the surrounding of the facility as required	6/7/25

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V 736	Continued From page 17 and covering the ground near the steps leading to the front door of the facility Kitchen/Dining Room: - A heating/air conditioning vent covered in rust - Rust speckled side of the refrigerator - Wooden kitchen chair with torn seat covering Upstairs Bathroom (for client and staff use): - Black spots on the ceiling over the shower - Missing towel bar - Overhead exhaust fan covered in dust - Dust and unknown film on the toothbrush holder - Chipped floor tiles and tiles which differed in color - Sealant around the base of the toilet was yellow in color - Shower tiles were discolored with soap scum and grout around the shower was black in color Client bedrooms #1, #2 and #3: - Black scuff marks around the beds on the walls - No sheet on client #2's bed; bedding appeared to be balled up along with clothing on the bed - Mattress is dirty (white mattress which is now dark in color) - Cobwebs were in the windowsills of all the clients' bedroom windows Living room: - Worn and stained/soiled sofa cushion - Sofa cushion is sunken down to the sofa base - A chair with a soiled cloth back and a torn (leather-like) seat - Worn flooring inside the front door - A cigarette butt was in between the front door	V 736	HM/TL/Maintenance dept will make a Complete a work order and list all deficiencies to be corrected as stated within the required time frame.	6/4/25	

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V 736	<p>Continued From page 18</p> <p>and the screen door</p> <p>Hallway:</p> <ul style="list-style-type: none"> - Plaster peeling in two different areas - Burned out light bulb in the light fixture in the hallway <p>Basement stairs:</p> <ul style="list-style-type: none"> - Carpet on the stairs leading to the basement was soiled and frayed <p>Basement bathroom (staff use):</p> <ul style="list-style-type: none"> - 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 <p>Interview on 5/14/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - The staff currently used the client's bathroom located upstairs - The downstairs or staff bathroom was "under construction" and was unable to be used - The bathroom toilet "stops up and a whole system is needed." <p>Interview on 5/14/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> - There was a "PCS" (Personal Care Services) staff who visited the facility weekly - One of the PCS staff's responsibilities was to complete household tasks which included housekeeping tasks - Believed the "sump pump" had to be replaced before the staff bathroom could be used again - Had been out of order for "two months." - When asked about the overall condition of the facility, staff #2 stated, "Whole lotta things need to be replaced." <p>Interview on 5/14/25 with the House Supervisor revealed:</p>	V 736	<p>HM/TIL Maintenance dept will ensure a work-order is completed and fixed within the time frame required.</p>	6/4/25

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V 736	<p>Continued From page 19</p> <ul style="list-style-type: none"> - The facility had a maintenance man she did not know his name - He was responsible for making repairs to the facility - Was aware DHSR construction had made a recent visit to the facility - "This is one of the better houses." <p>Interview on 5/28/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Acknowledgement that there were issues with cleanliness of the facility that needed to be addressed - The issue with the toilet which had been used by the staff had been addressed with the landlord - It was his understanding that significant repairs were needed regarding this bathroom - Would address the need for repair of the downstairs bathroom with the landlord again; however, in the meantime, staff were able to use the bathroom that the clients used which was located upstairs <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 744	<p>27G .0304(b) Safety</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by:</p>	V 744		

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V 744	<p>Continued From page 20</p> <p>Based on observation and interview, the facility failed to ensure the facility was equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are:</p> <p>Observation on 5/14/25 at 11:42 am of client #3's bedroom revealed:</p> <ul style="list-style-type: none"> - A black electric space heater plugged into the wall - Although the heater was plugged into the wall, it was not turned on <p>Interview on 5/14/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - He had been using the space heater for "a while." <p>Interview on 5/28/25 with the QP revealed:</p> <ul style="list-style-type: none"> - Not aware that client #1 had a space heater in his room - Would have the space heater removed from client #1's room immediately 	V 744	<p>HM/TL has removed 5/28/25 heated and advised to prohibition of a space heater in the facility</p>	