

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER NOA HUMAN SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4328 STOKESDALE AVENUE WINSTON SALEM, NC 27101		
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 6/17/25. The complaints were unsubstantiated (intakes #NC00229308 and NC00229410). 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 5 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter</p>	V 111		

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

TITLE

(X6) DATE

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V 111	<p>Continued From page 1</p> <p>referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed for a client prior to the delivery of services affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 6/16/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/8/25 - Diagnoses of Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder, Severe, S/P (Status/Post) Left Elbow Closed Fracture, Hyperlipidemia and Hypertension - An assessment had been completed by facility staff on 5/8/25 which detailed client #3's presenting problems as a need for housing and medication management - An assessment completed 4/9/25 by an individual with another facility as part of their admission process noted "a 42-year-old African American male presents with a history of Psychosis, increasingly acting bizarre in public, apparently was found lying down on the ground behind a laundromat with feces on him, seen with injury to left elbow, had surgery to elbow. Cocaine use/frequency: regularly, justification for 	V 111		

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V 111	Continued From page 2 hospitalization: hallucinations, delusion, agitation, anxiety, depression resulting in significant loss of functioning indicative of need for 24-hour care." - No other documentation which reflected client #3's other needs and strengths; pertinent social, family and medical history etc. as related to what would be addressed upon his admission to this facility Interview on 5/20/25 with the Qualified Professional (QP) revealed: - "I need to get my files (client records) organized." Further interview on 6/16/25 with the QP revealed: - An individual with another agency completed an assessment on client #3 on 6/13/25	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;	V 112		

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V 112	<p>Continued From page 3</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a treatment plan was developed based on the assessment and in partnership with the client, a legally responsible person or both within 30 days of admission for a client expected to receive services beyond 30 days affecting 1 or 3 audited clients (#3) and failed to schedule an annual review of a treatment plan in consultation with the client, a legally responsible person or both affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Finding #1:</p> <p>Review on 6/16/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 4/3/17 - Diagnoses of Schizophrenia; Schizoaffective Disorder, Bipolar Type; and Anti-Social Personality Disorder - His treatment plan was last reviewed on 4/9/24 - No evidence of a more current treatment plan was present in client #2's record 	V 112		

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V 112	Continued From page 4 Review on 6/16/25 of client #3's record revealed: - An admission date of 5/8/25 - Diagnoses of Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder, Severe S/P (Status/Post) Left Elbow Closed Fracture, Hyperlipidemia and Hypertension - No initial treatment plan Interview on 5/20/25 with the Qualified Professional (QP) revealed: - "I need to get my files (client records) organized." Further interview on 6/16/25 with the QP revealed: - Client #2's legal guardian was planning to remove client #2 from the facility and place him in a facility that was closer to a family member's home - While client #2's legal guardian had not provided an exact move out date for client #2, he believed the move was imminent; thus, he had not completed an updated treatment plan on behalf of client #2 - On 6/13/25, an individual with an outside agency had completed an assessment of client #3 - He would use this assessment to develop a treatment plan on behalf of client #3 - "I am waiting for the legal guardian to sign off on it (the assessment), I can complete a treatment plan within an hour."	V 112			
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling:	V 117			

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V 117	<p>Continued From page 5</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure prescription medications were dispensed in a tamper resistant packaging that minimized the risk of accidental ingestion and failed to ensure the packaging label of each prescription drug dispensed included the client's name, the prescriber's name, the current dispensing date, the name, strength, quantity and</p>	V 117		

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V 117	<p>Continued From page 6</p> <p>expiration date of the prescribed drug and the name, address and phone number of the pharmacy and the name of the dispensing practitioner affecting 1 of 3 clients (#4). The findings are:</p> <p>Observation on 6/13/25 at 10:31 am revealed:</p> <ul style="list-style-type: none"> - One square plastic container with client #3's first name written on masking tape and placed on the lid of the container sitting on the kitchen table - Three pills were in his individual container <p>Review on 6/16/25 of client #3's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 5/8/25 - Diagnoses of Schizoaffective Disorder, Bipolar Type, Cocaine Use Disorder, Severe S/P (Status/Post) Left Elbow Closed Fracture, Hyperlipidemia and Hypertension - Physician's orders dated 4/2/25 for the following medications: Lisinopril (used to treat high blood pressure) 40 milligrams (mgs) 1 PO (by mouth) QD (every day); Risperidone (antipsychotic used to treat mental health conditions) 4 mgs 1 PO BID (twice daily) and Metoprolol Tartrate (used to treat high blood pressure) 50 mgs 1 PO BID <p>Interview on 6/16/25 with client #3 revealed:</p> <ul style="list-style-type: none"> - Staff administered his medications to him - Staff placed his medications in the container and when it was time to take his medication, he retrieved his medication from the container <p>Interview on 6/13/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Acknowledgement that staff were placing medications in containers and left on the kitchen table for clients - Acknowledgement that this could be a safety risk for the clients as they each had access to 	V 117		

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V 117	Continued From page 7 each others medications when they were placed on the table in this manner	V 117		
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. (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	V 536		

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V 536	Continued From page 8 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 (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	V 536		

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V 536	Continued From page 9 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) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee 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	V 536		

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V 536	<p>Continued From page 10</p> <p>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.</p> <p>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:</p> <p>Review on 5/16/25 of staff #1's record revealed:</p> <ul style="list-style-type: none"> - 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)." 	V 536		

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V 536	<p>Continued From page 11</p> <p>Review on 5/16/25 of staff #2's record revealed:</p> <ul style="list-style-type: none"> - A hire date of 8/15/23 - 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." <p>Review on 5/16/25 of the QP's record revealed:</p> <ul style="list-style-type: none"> - 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." <p>Review on 5/16/25 on a North Carolina Department of Health and Human Services (NC DHHS) website which listed individuals who were 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"> - Had been trained in NCI <p>Interview on 6/16/25 with staff #2 revealed:</p>	V 536		

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V 536	<p>Continued From page 12</p> <ul style="list-style-type: none"> - Confirmation he had been trained in NCI by the individual listed as the "Presenter" on the NCI certificate <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 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> <p>Further Interview on 5/28/25 and on 6/16/25 with the QP revealed:</p> <ul style="list-style-type: none"> - 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 - Did not understand why the individual listed on the NCI certificate had not made his credentials available to be reviewed by the surveyor(s) 	V 536		

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V 536	Continued From page 13 As of the close of the survey on 6/17/25, 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 interior and exterior of the facility between 10:13 am and 2 pm revealed: Kitchen: - A brown stain over the stove on the ceiling approximately 2 feet by 2 feet - A missing drawer face on one of the drawers located to the right of the stove Client #3's bedroom: - Bed frame leaning against the wall behind the bedroom door Client #4's bedroom - The overhead light fixture was not secured to the ceiling and was hanging by its wires from the ceiling - Damaged closet door	V 736			

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V 736	<p>Continued From page 14</p> <p>Bathroom #1:</p> <ul style="list-style-type: none"> - Missing towel rod - Peeling paint in areas of the bathroom - Two bulbs in the overhead vanity light were burned out <p>Bathroom #2:</p> <ul style="list-style-type: none"> - Missing wall tiles on the wall next to the toilet - Bulbs in the overhead vanity light were burned out - Three drawers on the left side of the vanity were damaged - Multiple areas of the tile flooring was cracked - Panels at the front of tub were missing and/or broken <p>Wooden decks located on the back of the facility:</p> <ul style="list-style-type: none"> - Plastic bucket holding an empty bleach container, small plastic bags with empty aluminum cans, discarded wrappers, etc. - Areas on each of the decks were in need of repair due to the rotting and/or separating/unsecured planks and peeling paint - The railings and steps of the decks were in need of repair due to rotting and/or separating wood and peeling paint - Areas underneath the decks filled with paper wrappers, and other indiscernible types of debris <p>Doors/Walls/Counter/Windowsills/Carpet</p> <ul style="list-style-type: none"> - Walls, counters, cabinets and were dirty - Window sills throughout the facility were dirty with cobwebs and other debris on the sills - The carpet throughout the facility was stained and fraying in areas <p>Window Blinds:</p> <ul style="list-style-type: none"> - Window blinds throughout the facility were broken and/or missing 	V 736		

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V 736	Continued From page 15 Door to the back deck: - Dirty with areas of peeling paint Exterior of the facility: - Gutters that needed to be cleaned out and secured properly in place - The floor of the carport was covered in dead leaves and in the right corner of the carport at the back, it was covered in all types of debris to include plastic containers, paper cups, napkins, crumpled foil, a small black grill lying on its side, etc.) - Dirt and mildew on the siding of the facility Interview on 6/16/25 with the Qualified Professional revealed: - He was aware of the number of issues that needed to be addressed in and outside of the facility as a Division of Health Service Regulation (DHSR) Construction surveyor had recently visited the facility - Had attempted to work with the landlord to address some of the concerns but this had not always been successful as the landlord did not see the need to make the necessary repairs	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the facility	V 738		

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V 738	<p>Continued From page 16</p> <p>was not kept free from insects. The findings are:</p> <p>Observation on 6/16/25, at 12:30 pm, a small brown/beige insect was seen crawling on the kitchen table</p> <p>Review on 6/16/25 an invoice from a pest control company dated 5/20/25 revealed:</p> <ul style="list-style-type: none"> - A technician visited the facility on 5/20/25 between 9 am and 11 am and used chemicals which targeted "bed bugs, fleas and german roaches." <p>Review on 6/16/25 of a invoice from a pest control company dated 6/4/25 revealed:</p> <ul style="list-style-type: none"> - A technician visited the facility on 6/4/25 between 12 pm and 1:30 pm and used chemicals which targeted "bed bugs, fleas and german roaches." <p>Observation on 6/16/25 at 4:54 pm revealed a small brown/beige deceased insect inside the Division of Health Service Regulation's (DHSR's) surveyor's backpack</p> <p>On 6/16/25, at 5:47 pm the DHSR surveyor sent a photo of the insect to the Biennial Residential Team Leader (BRTL) with DHSR's Construction Section via an email with a request for assistance in identifying whether or not the deceased insect was bedbug</p> <p>On 6/17/25 at 7:27 am, the BRTL's email response was "Yes, this is a bedbug."</p> <p>Interview on 6/17/25 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - He was surprised a bed bug had been seen in the facility 	V 738		

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V 738	Continued From page 17 An email sent to the surveyor on 6/17/25 from the President of the company which owned the facility revealed: - "...Yes, ma'am the pest control Co. advises there will be activity for up 2wks after treatment, per them as the chemical should pull any bugs out and kills them. After that time period, if there is still activity, they will re-treat the space/house. (This is jut an explanation of incident)..." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days	V 738		
V 744	27G .0304(b) Safety 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. This Rule is not met as evidenced by: 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: Observation on 6/16/25 between 9:45 am and 2 pm revealed: - Two smoke detectors chirped every 26 to 28 seconds - The chirping from the two smoke detectors continued throughout the day Observation on 6/16/25 between 1 pm and 2 pm	V 744		

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V 744	Continued From page 18 revealed: - The Qualified Professional (QP) and staff #1 attempted to stop the smoke detectors from beeping by replacing the batteries in the detectors - Changing out the batteries did not end the beeping Interview on 6/16/25 with QP revealed: - Believed the beeping was due to the smoke detectors requiring new batteries - The House Manager typically ensured there were fresh batteries in the smoke detectors; however, he was currently out on medical leave - There was another individual who had been placed in charge of addressing situations such as this; however, in this particular instance, it had not been addressed - Would ensure new batteries were placed in the smoke detectors as soon as possible	V 744		