

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/28/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NOA HUMAN SERVICES II, INC

**1507 BOLTON STREET
WINSTON SALEM, NC 27103**

(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>An annual, complaint and follow up survey was completed on 5/28/25. The complaints were unsubstantiated (intake # NC00229304 and Intake # NC00229411.) 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 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> <ol 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		

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

STATE FORM

6899

730Z11

If continuation sheet 1 of 17

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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 prior to the delivery of services affecting 2 of 3 audited clients (#1 and #2). The findings are:</p> <p>Review on 5/15/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/14/25 - Diagnoses of Bipolar D/O (Disorder); Mild IDD (Intellectual Developmental Disability); Mood D/O; Depression - An admission assessment completed by the Qualified Professional (QP) on 3/14/25 which documented that client #1 experienced "paranoia"; denied any substance abuse; no risk to herself or others and she "met primary diagnosis admission criteria of schizophrenia and bipolar." <p>Review on 5/15/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/23/24 - Diagnoses of Depression, Morbid Obesity, Specified Personality Disorder and Post Traumatic Stress Disorder - An internal assessment dated 12/23/24 noted "11/19/2019 [State Psychiatric Hospital]. N/A (not 	V 111	<p>Moving forward, QP will ensure an admission assessment will be done prior to admission clients in all homes and dated prior to admission date.</p> <p>Moving forward, QP will continue to ensure that an assessment is completed prior to the date of admission.</p>	<p>5/30/25</p> <p>5/30/25</p>

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V 111	<p>Continued From page 2</p> <p>applicable) for substance use. Presenting problem: Needing housing. Chief complaint: Specified Personality Disorder, Antisocial. Reason client admitted to NOA Human Services: met primary diagnosis admission criteria of Schizophrenia and Bipolar."</p> <p>- An external Clinical Assessment, dated 12/16/24, noted "is a 25 year old presenting to today's assessment seeking to establish with outpatient and enhanced services due to prior discharge from inpatient services, has been a long term resident at [a state psychiatric hospital] for 6 years, was admitted to inpatient services in 2018 due to a history of severe aggression towards others, self-harm, PTSD (Post Traumatic Stress Disorder) and anti-social personality traits. She has a history of cutting, scratching and biting herself as well as physically attacking others. Per documentation, [client #2] has not had any instances of aggression towards others or self in over a year. She notes she has learned to keep herself and others safe, presents with severe trauma in childhood per documentation. She was physically and sexually abused by a family member."</p> <p>Interview on 5/15/25 with the Qualified Professional (QP) revealed:</p> <p>- Was responsible for completing the clients' assessments</p> <p>- When asked about client #2's assessment, the QP stated "I need to organize my books (client records)."</p> <p>- Assessments were completed by an outside agency that assisted with seeing if clients were appropriate for a Psychosocial Rehabilitation Program</p>	V 111		

WINSTON SALEM, NC 27103

This Rule is not met as evidenced by:
Based on observation, record review and
interview, the facility failed to develop a
treatment/habilitation/service plan based on the

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V 112	<p>Continued From page 4</p> <p>assessment and in partnership with the client or legally responsible person or both within 30 days of admission for client expected to receive services beyond 30 days affecting 1 of 3 audited clients (#1) and failed to develop and implement goals and strategies to address the suicidal tendencies of 1 of 3 audited clients (#2). The findings are:</p> <p>Finding #1:</p> <p>Review on 5/15/25 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/14/25 - Diagnoses of Bipolar Disorder (D/O); Mild IDD (Intellectual Developmental Disability); Mood D/O and Depression - An admission assessment completed by the Qualified Professional (QP) on 3/14/25 which documented that client #1 experienced "paranoia"; denied any substance abuse; no risk to herself or others and she "met primary diagnosis admission criteria of schizophrenia and bipolar." - Client #1's cousin was her legal guardian - No evidence a treatment/habilitation or service plan in client #1's record <p>Observations on 5/15/25 at 10:02 am of client #2 revealed:</p> <ul style="list-style-type: none"> - Both of her arms had scarring from previous incidents of cutting - On her right arm there was a fresh scar from a cutting incident on 4/26/25 <p>Review on 5/15/25 of client #2's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 12/23/24 - Diagnoses of Depression, Morbid Obesity, Specified Personality D/O; and Post Traumatic Stress D/O - An internal assessment dated 12/23/24 noted 	V 112	<p>Qp will ensure that an assessment is completed within 30 days of admission for clients stay/recovery services more than 30 day, with the collaboration of the legal guardian, client and other health professionals</p> <p>Client has Service Plan Completed and enclosed in her folder.</p>	<p>5/30/25</p> <p>5/30/25</p>

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V 112	<p>Continued From page 5</p> <p>"11/19/2019 [State Psychiatric Hospital]. N/A (not applicable) for substance use. Presenting problem: Needing housing. Chief complaint: Specified Personality Disorder, Antisocial. Reason client admitted to NOA Human Services: met primary diagnosis admission criteria of Schizophrenia and Bipolar."</p> <p>- An external Clinical Assessment, dated 12/16/24, noted "is a 25 year old presenting to today's assessment seeking to establish with outpatient and enhanced services due to prior discharge from inpatient services, has been a long term resident at [a state psychiatric hospital] for 6 years, was admitted to inpatient services in 2018 due to a history of severe aggression towards others, self-harm, PTSD (Post Traumatic Stress Disorder) and anti-social personality traits. She has a history of cutting, scratching and biting herself as well as physically attacking others. Per documentation, [client #2] has not had any instances of aggression towards others or self in over a year. She notes she has learned to keep herself and others safe, presents with severe trauma in childhood per documentation. She was physically and sexually abused by a family member."</p> <p>- A treatment plan dated 12/26/24 noted "will increase her independence by learning to manage her time in the group home, the allowed unsupervised time, obeying the rules and regulation of the facility/ or in the community each day over the next 12 months, will learn appropriate behaviors and will improve her communication skills by engaging in planned social activities with her peers at least once daily, will improve her hygiene by taking daily showers, cleaning up after herself and doing assigned chores 7 days per week for the next 12 months,"</p> <p>- No goals or strategies to address client #2's suicidal tendencies and attempts</p>	V 112		

*QP will update amel
amel clients PCP to*

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V 112	Continued From page 6 Review on 5/15/25 of an undated Risk Assessment for client #2 revealed: - "Potential risk to self: suicidal threats/behaviors in past 6 months. No. Suicidal Ideation or Suicidal thoughts No. Recent attempt? No. Currently engaging in self-injurious behaviors? No. History of suicidal/self-injurious behaviors? No. Interview on 5/15/25 with the Qualified Professional revealed: - Was responsible for the clients' treatment plans - Client #2 had not had self-injurious behaviors at the facility, "except when she cut her wrist with glass in April (4/26/25)." - Had not updated client #2's treatment plan to address her self-injurious behaviors - Was waiting to add a goal and strategies regarding client #2's self-injurious behaviors "next week when I meet with the legal guardian."	V 112	address suicidal tendencies precautions. PP answered questions based on time of admission and left self harm/suicidal tendencies. PP/legal guardian will collaborate and amend PCP to address self-injurious behaviors.	5/30/25 5/30/25 5/31/25
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be	V 114		

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V 114	<p>Continued From page 7</p> <p>repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were conducted once per shift per quarter.</p> <p>Review on 5/16/25 of the facility's fire and disaster drills revealed:</p> <ul style="list-style-type: none"> - 1/21/25 at 6:15pm, a fire drill was conducted - 2/14/25 at 6:45pm, a fire drill was conducted - 3/21/25 at 6:15pm, a fire drill was conducted - No documentation of any tornado drills - No documentation of fire drills conducted in April, 2025, May 2024 to December 2024 <p>Interviews on 5/16/25 with client #1 and client #2 revealed:</p> <ul style="list-style-type: none"> - Had not participated in any fire or disaster drills at the facility <p>Interview on 5/15/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> - "We did one fire drill about two weeks ago." - The facility was not doing tornado or disaster drills each month - "When I first started (October 2024), I did a tornado drill." - Was aware drills were to be conducted once per shift per quarter 	V 114	<p>Team Lead, Supervisor-In-Charge (TL, SIC, HM) House manager will ensure that staffs conduct fire and disaster drills once per shift per quarter.</p> <p>HM, TL, SIC will ensure staffs are retrained on how to conduct drills and fire, per quarter.</p>	<p>5/30/25</p> <p>5/30/25</p>

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V 114	Continued From page 8 Interview on 5/19/25 with staff #2 revealed: - Conducted both fire and disaster drills at the facility Interview on 5/16/25 with the Qualified Professional revealed: - Fire and disaster drills were to be conducted once per shift per quarter - Was surprised to hear drills were not being conducted at the facility	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (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	V 117		

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V 117	<p>Continued From page 9 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 expiration date of the prescribed drug and the name, address and phone number of the pharmacy and the name of the dispensing practitioner for 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Observation on 5/15/25 at 8:35 am revealed:</p> <ul style="list-style-type: none"> - Four round plastic containers with each client's initials written on masking tape and placed on the lid of the container sitting on the kitchen table - A number of pills were in each client's individual container <p>Interview on 5/15/25 with client #1 revealed:</p> <ul style="list-style-type: none"> - Staff administered her medications - Medications were put in the containers and she took the medications from the container <p>Interview on 5/15/25 with client #2 revealed:</p> <ul style="list-style-type: none"> - Medications are given by staff - "They put them (medications) in the container and when we are getting ready to eat they put the 	V 117	<p>moving forward, HM, TL and QP will ensure that clients medications are dispensed properly in a medication bowl, one client at a time. HM/QP/TL will ensure all plastic containers are discarded</p>	5/30/25

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V 117	Continued From page 10 container by our plate and we take our meds." Interview on 5/15/25 with staff #1 revealed: - The staff who worked third shift had placed the medications in the plastic containers prior to her arrival at work - No other explanation was provided regarding why the medications were in the containers on the table for the clients Interview on 5/28/25 with the Qualified Professional revealed: - 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 each others medications when they were placed on the table in this manner - Would address this issue with staff	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.	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		

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(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 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 (#1, #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 the 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	V 536	Moving forward NOA Management will ensure to utilize a Certified NCIT trainer for all Staff training and recertifications on NCIT Credentials.	5/30/25

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V 536	<p>Continued From page 15</p> <p>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"> - All of her trainings, including NCI were current <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</p>	V 536		

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V 536	<p>Continued From page 16 surveyor)..."</p> <p>Interview on 5/28/25 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 <p>As of the close of the survey on 5/28/25, no instructor's certificate was made available for review.</p>	V 536	<p><i>This process is on going and will be completed soonest.</i></p>	<p><i>5/30/25</i></p>