STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	INITIAL COMMENTS A complaint and follow up survey was completed on September 17, 2025. The complaint was unsubstantiated (intake #NC00233238). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 1 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: 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 3 of 3 audited clients (#1, #2 and #3). The findings are: Review on 9/16/25 of client #1's record revealed: -An admission date of 9/28/13 -Diagnoses of Schizophrenia, Type II Diabetes, Hypertension and HIV (Human Immunodeficiency Virus) Review on 9/16/25 of client #1's MARs revealed: -Physician's orders dated 6/20/25 for the following medications: Atorvastatin (cardio vascular disease) 20 milligrams (mgs) 1 po (by mouth) qd (every day), Benztropine (to treat Parkinson's Disease) 0.5 mgs, 1 po bid (twice daily), Clozapine (to treat Schizophrenia) 100 mgs, 1 po bid, Clozapine (to treat Schizophrenia) 25 mgs, 1 po bid, and Divalproex (to treat bipolar disorder) 500 mgs, 1 po qd -Blanks for the 8am doses on 9/16/25 for Atorvastatin, Benztropine, Clozapine, Clozapine and Divalproex	V 118		

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V 118	Continued From page 2 Review on 5/14/25 of client #2's record revealed: -An admission date of 6/7/23 -Diagnoses of Schizophrenia, Paranoid Type Review on 9/16/25 of client #2's MARs revealed: -Physician's orders dated 4/24/25 for the following medications: Atorvastatin (cardiovascular disease) 40 mgs, 1 po qd Benztropine (Parkinson's Disease)1 mg, 1 po bid, Divalproex (bipolar disorder) 500 mgs, 1 po qhs (every night), Glipizide (diabetes) 5 mgs, 1 po qd, Guanfacine (hypertension) 2 mgs, 1 po qd, Jardiance (diabetes) 25 mgs, 1 po qd, Lisinopril (hypertension) 20 mgs, 1 po qd and Metformin (diabetes) HCL 1,000 mgs 1 po qd -Blanks for the am doses on 9/16/25 for Atorvastatin, Benztropine, Divalproex, Glipizide, Guanfacine, Jardiance, Lisinopril and Metformin. Review on 5/14/25 of client #3's record revealed: -An admission date of 8/7/19 -Diagnoses of Paranoid Schizophrenia; Diabetes Mellitus, Type II; Essential Hypertension; HIV (Human Immunodeficiency Virus) and Hyperlipidemia Review on 9/16/25 of client #3's MARs revealed: -Physician's orders dated 6/20/25 for the following medications: Atorvastatin (cardiovascular disease) 40 mgs, 1 po qd, Biktarvy (to treat HIV) 25 mgs, 1 po qd, Folic Acid (vitamin B) 800 mgs, 1 po qam, Jardiance (diabetes) 10 mgs, 1 po qd, Metformin (diabetes) 500 mgs, 1 po qam and 1 po qhs, Multivitamin 1 po qd and Vitamin C 500 mgs, 1 po qd -Blanks for the 8am doses on 9/16/25 for Atorvastatin, Biktarvy, Folic Acid, Jardiance, Metformin, Multivitamin and Vitamin C	V 118		

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V 118	Continued From page 3 Interviews on 9/16/25 with clients #1, #2, and #3 revealed: -Staff #1 had administered their morning medications on 9/16/25 Interview on 9/16/25 with staff #1 revealed: -Had administered morning medications on 9/16/25 -Had forgotten to sign off on the MARs. Interview on 9/16/25 with the Qualified Professional revealed: -"I have told them when they give medicines that are supposed to sign off on them (MARs). We will have to go through training again." This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the	V 290		

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V 290	Continued From page 4 following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 clients (#1) were assessed for their capability to have unsupervised time in the facility and community for specified time periods. The findings are: Review on 9/16/25 of client #1's record revealed:	V 290		

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V 290	Continued From page 5 -An admission date of 9/28/13 -Diagnoses of Schizophrenia, Type II Diabetes, Hypertension and HIV (Human Immunodeficiency Virus) -A treatment plan dated 4/10/25 noted " ...will learn how to budget his weekly allowance every day of the week and manage his unsupervised time outside the facility ..." -No documentation of specified time periods for client #1's unsupervised time in the community. Review on 9/16/25 of the facility's in/out notebook for unsupervised time revealed: -On 8/19/25, client #1 signed out at 12:35pm and returned at 9:15pm Interview on 9/16/25 with client #1 revealed: -Had unsupervised time from 8am to 10pm in the community -Usually went to a local restaurant or to a local gas station during his unsupervised time. Interview on 9/16/25 with staff #1 revealed: -Client #1 "wanders off" and should not have unsupervised time in the community. Interview on 9/16/25 with staff #2 revealed: -Was not sure how long client #1 could remain in the community unsupervised. -"Usually he goes to [a local restaurant] or to the store and comes right back." Interview on 9/16/25 with the Qualified Professional revealed: -"As far as I am concerned, [client #1] overstayed his unsupervised time." -Clients were to use approximately 1 to 2 hours of unsupervised time in the facility. -Would ensure he assessed client #1 for specified time periods in the community for his	V 290		

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V 290	Continued From page 6 unsupervised time.	V 290		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service	V 366		

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or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for

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V 366	Continued From page 8 minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately notify the Local Management Entity/Managed Care Organization (LME/MCO) within the facility's catchment area of all Level II incidents. The findings are: Review on 9/16/25 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No level II incident report was completed for law enforcement's response to the facility on 8/19/25 Interview on 9/16/25 with staff #2 revealed:	V 366		

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V 366	Continued From page 9 -Client #1 was returned to the facility on 8/19/25 by the police as she had reported him missing -Had not completed a level II incident report Interview on 9/16/25 with the Qualified Professional (QP) revealed: -Was aware of the incident that occurred on 8/19/25 -Was not sure if an incident report was completed -Did not have documentation regarding attending to the health and safety needs of Client #1 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following	V 367		

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information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death

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V 367	Continued From page 11 immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure an incident report for a level II or level III incident was completed and submitted within 72 hours of becoming aware of the incident. The findings are: Review on 9/16/25 of the North Carolina Incident Response Improvement System (NC IRIS)	V 367		

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V 367	Continued From page 12 revealed: -No level II incident report was completed for law enforcement's response to the facility on 8/19/25 Review on 9/16/25 of the facility's in/out notebook for unsupervised time revealed: -On 8/19/25, client #1 signed out at 12:35pm and returned at 9:15pm Interview on 9/16/25 with client #1 revealed: -"About two weeks ago the police were looking for me. I got back late (to the facility) but I still made it by curfew (10pm). I was at the shopping mall when the police found me." -Signed in and out in the notebook for unsupervised time. Interview on 9/16/25 with staff #2 revealed: -Client #1 was returned to the facility on 8/19/25 by the police as she had reported him missing Interview on 9/16/25 with the Qualified Professional revealed: -Was not sure if an incident report was completed by staff #2 for the incident of client #1 being returned to the facility by law enforcement on 8/19/25 -Would ensure incident reports were completed within the mandated time frames in the future.	V 367		
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.	V 736		

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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 736	Continued From page 13 This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds were not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 9/16/25 at 12:30pm of the facility revealed: -A heating/air conditioning vent was covered in rust -A wooden kitchen chair had a torn seat covering -There were black scuff marks around the beds on the walls -In the living room there were worn and stained sofa cushion -One of the sofa cushions was sunken down into the sofa base -Worn wooden flooring inside the front door -The carpet on the stairs leading down to the basement was soiled and frayed -The staff's bathroom door is taped around the perimeter and cannot be opened without taking the tape off Interviews on 9/16/25 with staff #1 revealed: -The facility had a maintenance man that made repairs -The staff's bathroom downstairs had been that way since last year (2024) Interview on 9/16/25 with the Qualified Professional revealed: -We are still working on repairs. -"I thought he (the maintenance man) was here today." This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 736		