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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: NAME OF PROVIDER OR SUPPLIER STREET AD			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/19/2018	
		mbl041-818				
		DDRESS, CITY, STATE, ZIP CODE				
	SFUL TRANSITIONS	1458 L O	NDON DRIVE			
BUCCES	SFUL TRANSITIONS,	HIGH PC	DINT, NC 2726	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint and follow-up survey was completed on 12/19/18. The compliant is unsubstantiated. (Intake # NC00145935). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.					
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,			
		ions and interviews the facility ned in a safe, clean, attractive				
	PM revealed the fol - Clients computer requires a general of - Client #2's room h was a hole in the w vinyl material half w 4 x 3 inches behind	room/den had no blinds and cleaning of dust and particles nad no switch plate and there all (which was covered in a /ay up the walls) approximatel				
rision of He	and remained on th were three or four p cleaning rags and a	he wall, under the sink cabinet bieces of wash clothes or a variety of other unidentifiable here. Bathroom needs general				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IDENTITION THOM NOW DETC.				
	mhl041-818		B. WING		12/19/2018	
IAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
UCCES	SFUL TRANSITIONS	LLC RESIDENTI	NDON DRIVE	2		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF			
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 736	Continued From page 1		V 736			
	on track and made both bedside table - Client bathroom # to turn water on or covering tub makin side wall area - Client #1's bedroo hanging in the clos were on the floor of unattached from flo - Client #3's bedroo open or shut it, sec was broke/cracked - Hallway hot water wooden frame, in b were a variety of ha bedframe and num between the heater Interview with the C revealed: - "Repairs are slow Interview with the L	or dresser had no handles to cond dresser wood framing theater area has broken between heater and air handler angers, curtain rods and a erous wires were exposed in that handler. Qualified Professional(QP)				

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