


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 000	<p>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on February 8, 2019. Two complaints, (Intake #NC0014832 and Intake #NC00147834) were substantiated and two complaints (Intake #NC00148031 and Intake #NC00148047) were unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10 A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for</p>	V 109	<p>Hiring efforts have been made and are continuous. Two staff have been hired since the survey. We have been on a college expo and a career fair. We have held open interviews for the last four weekends. The agency has involved additional staffing to streamline our staffing efforts and yield a quicker response. A supervision has been completed with each staff to make sure they understand only approved visitors are allowed in the facility.</p> <p>Additionally, staff has been retrained on sexual abuse and on the populations served. Boundaries were addressed in the training as well. House rules have been revised and reviewed with each staff to ensure the boundaries are being adhered to by clients and staff.</p> <p>QP's have a standing weekly meeting with the ED to address all concerns, clients, and staffing matters.</p> <p>Clients will only be admitted after all collateral information have been received to include addendums accompanied by full CCA's. If the client requires specialized therapy, the client cannot be admitted until the authorization has been approved for the specialized therapy along with residential treatment to avoid a delay of treatment.</p> <p>This will be monitored by the ED and LP who supervises the QP.</p>	02/27/19

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Eva Lewis Washington</i>	TITLE <i>Clinical Director</i> (X6) DATE <i>02/28/2019</i>
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V 109	<p>Continued From page 1</p> <p>MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 2 of 2 Qualified Professionals (the Qualified Professional (QP) and the Executive Director (ED)) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/5/19 of the QP's record revealed: -A hire date of 5/6/14 -A job description of QP</p> <p>Review on 2/5/19 of the ED's record revealed: -A hire date of 3/29/07 -A job description of ED</p> <p>Interview on 2/5/19 with the Licensed Professional #1 (LP #1) revealed: -Had made her concerns about staffing and supervision known to the Executive Director on several occasions. -Nothing had been done to address the staffing and supervision issues -"I was told they were in the process of hiring additional staff. There should always be at least two staff present and eyes on the clients at all</p>	V 109		

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V 109	<p>Continued From page 2</p> <p>times. That is just common sense. There is not adequate staffing to meet their individual needs and [the ED] is aware ..."</p> <p>-Thought the ED could do a better job to ensure there was adequate staffing.</p> <p>- "...She does not have time to manage the facility, ensuring there is adequate staffing, the staff needs more training to meet the individual needs of the clients, there needs to be more communication with [the ED] and she needs to be more available to her staff ...I think and hope things can change ...these clients have serious issues and need serious services. They deserve that and are not getting it ...the key is for [the ED] to take responsibility and be held accountable ..."</p> <p>Interview on 2/6/19 with the Licensed Professional #2 (LP #2) revealed:</p> <p>-The facility was limited with their staffing and there was an overall lack of communication and follow through by the ED.</p> <p>- "There needs to be more involvement on her part, like day to day. That is not being done ..."</p> <p>Interview on 2/5/19 with the QP revealed:</p> <p>-Had training in Sexually Aggressive Youth</p> <p>-Recently had training on grooming</p> <p>-Was responsible for ensuring there was adequate staffing to meet the individualized needs of the clients</p> <p>-Was aware of the inappropriate sexualized behaviors and past history of all 4 clients</p> <p>-Staffing had been an issue for several months</p> <p>-Was aware of the minimum staffing requirements during awake and sleep hours</p> <p>-Knew all 4 of the clients needed 24 hour supervision by facility staff.</p> <p>-Allowed the AP to pick up 2 of the clients (#1 and #2) from school without another staff present</p> <p>-Admitted to telling the AP to take all 4 clients</p>	V 109		

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V 109	<p>Continued From page 3</p> <p>outside for a recreation activity while she remained in the facility.</p> <p>-Was contacted by staff #1 on 1/13/19 stating she would be late to her shift</p> <p>-Spoke with the asleep staff (#2) and asked him to stay awake until staff #1 arrived on her shift</p> <p>-Was aware she was to fill in for facility staff when they were not able to work their shift</p> <p>-On 1/13/19, client #3 was able to access the office computer and download numerous pornographic sites while the asleep staff was to be awake</p> <p>-Was tired from working long hours and "I made the decision not to cover part of [staff #1]'s shift that night ..."</p> <p>-Made aware of the incident with client #1 and client #2 touching one another on the facility van on 1/23/19</p> <p>-Had witnessed client #2 grooming client #1 and not having appropriate boundaries</p> <p>-Mentioned to the ED the inappropriate boundaries between client #1 and client #2</p> <p>-Told the ED on several occasions client #2 needed to be assessed for deviant sexual behaviors</p> <p>-Was not aware client #1 and client #2 had been touching one another inappropriately on numerous occasions, including the bedroom and the game room downstairs.</p> <p>-Denied client #2's social worker informed her of the sexualized behaviors until she observed them herself</p> <p>-"During the 7 day follow up by [client #2]'s social worker, she pulled me aside and told me about his sexualized behaviors and that he had a tendency to pray on younger children as a means of power and control"</p> <p>-Was not aware client #4 was court ordered not to be around children under the age of 13</p> <p>-Due to working overtime at the facility, had</p>	V 109		

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V 109	<p>Continued From page 4</p> <p>brought her 5 year old daughter during her shift -Her five year old daughter had been staying at the facility from 6pm to 8pm from 1/4/19 to 1/29/19 during her shift -The ED was also aware her daughter had been staying at the facility for several weeks. -Admitted she had left the facility to pick up her daughter, leaving the AP alone with the clients -"I am tired of lying to cover up for [the ED]. I have been doing it for years every time people from your agency come here. I just cannot do it anymore. Things have to change. I can't lie for her anymore ..."</p> <p>Interview on 2/5/19 with the Assistant Director (AD) revealed: -Was not aware of the QP's daughter being present at the facility. -"I have concerns hearing that. Can she actively do her job? This is a sex specific facility. That is not what should be occurring. I don't even let my 16 year old daughter come in when I stop by. We will definitely correct that issue."</p> <p>Interview on 2/8/19 with the ED revealed: -Was aware of the client's sexualized behaviors and the past histories -Completed the sexual deviance assessments on each client -Failed to complete an initial assessment on client #2 prior to services being rendered -The sexual deviant assessment was completed on client #2, it showed he would groom younger children -Was made aware on 1/23/19 of sexually inappropriate behaviors between client #1 and client #2 -Stated client #1 was 13 and client #2 was 17 -Was aware there was lack of appropriate staffing at the facility</p>	V 109		

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V 109	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Made aware of the lack of appropriate staffing by the QP -Aware there was lack of supervision of the clients due to inappropriate staffing at the facility -Part of the QP's role is to fill in at the facility if a staff has called out or was late -Was not informed the QP did not cover part of the shift until days later (1/16/19). -"The QP was called by the staff whom was running late on (1/14/19) and she (the QP) chose not to come to the facility once she was made aware of the situation." -Was made aware on 1/14/19, client #3 accessed the staff's computer and viewed numerous pornographic websites - Was not aware client #3 stated he had been able to climb out his bedroom window several times and walk around the facility and the yard undetected "because no one told me that" -Was not aware the QP had allowed the AP to pick up client #1 and #2 on the facility van after learning of the inappropriate touching. -The QP was present in the office when the AP was outside supervising all four clients. -The ED was made aware on several occasions by the QP of the alarms not working on the facility's windows, "but we haven't had any clients with elopement issues recently" The ED was aware client #4 was not to be around any children under the age of 13 The ED allowed the QP's daughter to stay at the facility when the clients were present while the QP worked overtime, "but I thought it was her other daughter that is in college, not her five year old." -"I try to address things as I see them ...if I am not aware of things, I cannot address them." <p>For more information see tag V293.</p>	V 109		

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V 109	Continued From page 6 This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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: (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. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 7 This Rule is not met as evidenced by: Based on record reviews and interviews, the Executive Director (ED) failed to complete an assessment prior to the delivery of services for 1 of 4 clients (#2). The findings are: Review on 2/4/19 of client #2's record revealed: -An admission date of 1/4/19 -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Perpetrator of Sexual Abuse, Child Physical Abuse, GERD, Vitamin D Deficiency and Constipation -Age 17 -A Comprehensive Clinical Assessment, dated 1/25/19 and completed by the ED noting "[Client #2] was brought by [the Qualified Professional (QP)] to the office in concerns about inappropriate sexual behaviors ...he is grooming his peers to include trying to manage and control his peer and the associations with his peers, tries to influence the interactions of his peer with others as a way of trying to control his peer. [The QP] states [client #2] recently admitted to touching his younger peer's genitals. He admits to needing help in this area (urges) because sometimes he has urges to want to do things such as offending others. [Client #2] states he has tried to bribe people and groom people to do things they don't want to do and has bribed people to let them touch them and hang out with them. He admits to forcing people to touch him and the use of bribery to get them to comply. Based on the score for [client #2], his is at a predominant risk for engaging in sexual harmful behaviors. His scores note child (pedophile)	V 111	Clients will only be admitted after all collateral information have been received to include addendums accompanied by full CCA's. If the client requires specialized therapy, the client cannot be admitted until the authorization has been approved for the specialized therapy along with residential treatment to avoid a delay of treatment. This will be monitored by the ED and LP who supervises the QP.	02/27/2019

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V 111	Continued From page 8 and he admits to having engaged in sexual molestation of others. His sexual (rape) assault score suggest he has a higher probability of committing rape" -A Clinical Comprehensive Assessment Addendum, dated 12/4/18, from client #2's previous placement noting, "Previously at [a behavioral center] on 10/11/17 and placed on a unit for sexually aggressive youth. Struggles with attention seeking behaviors and difficulty with interpersonal skills, needs a structured environment to transition to a level 3 placement to allow him to implement outpatient therapy and medication management." -A discharge summary from client #2's previous placement, dated 1/4/19, noting "problems to be addressed in continuing care: sexualized behaviors." -A treatment plan, dated 1/23/19, noting "will learn coping skills and techniques to follow directions from adults without exhibiting any signs of opposition and zero episodes of explosive behaviors or destroying property, will learn anger management skills to learn how to channel his anger, reduce arguing with adults, refrain from fighting and cursing, will comply with all rules and expectations by following all directions, remaining in assigned areas at all times, complete hygiene routines, chores, attending school and scheduled activities, will reduce signs, symptoms and behaviors related to depression with zero instances of self-harm, identifying triggers and reduce feelings of suicidal ideation, will eliminate all inappropriate sexualized behaviors by not making sexually inappropriate comments or behaviors, development and verbalization of appropriate physical boundaries, attending individual/group therapy and completing the sexualized workbook." -A sexual adjustment inventory juvenile report ,	V 111		

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V 111	<p>Continued From page 9</p> <p>dated 1/25/19 and administered by the ED noting "the child molest scale is in the problem range with child molestation interests and thinking, the sexual assault scale is in the problem range and this youth has a higher than average probability of committing rape and the violence scale was in the severe range with a severe violence classification."</p> <p>-No documentation of an initial assessment prior to services being provided</p> <p>Interview on 2/6/19 with client #2's social worker revealed:</p> <p>-Prior to client #1's admission on 1/4/19, "I sat down with [the Qualified Professional (QP)] and went over all of his sexualized behaviors to see if they would be able to meet his needs. I made sure the staff working with him had a clear picture of his behaviors. I even informed them he had inappropriate sexualized behaviors of flashing others."</p> <p>-He had an extensive traumatic history including physical, emotional and sexual abuse</p> <p>Interview on 2/5/19 with the QP revealed:</p> <p>-The ED was responsible for the initial assessments for the clients</p> <p>-Had gathered all the pertinent information on client #2 and made it available to the ED</p> <p>-Client #2 was admitted to the facility on 1/4/19</p> <p>-Had stated to the ED several times the assessment needed to be completed on client #2</p> <p>-"I also kept telling her he was exhibiting sexualized behaviors and she needed to complete his sexual deviant assessment. She did not do that until several weeks later (on 1/25/19) ..."</p> <p>Interview on 2/8/18 with the ED revealed:</p> <p>-Was responsible for ensuring the clients'</p>	V 111		

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V 111	<p>Continued From page 10</p> <p>assessment were completed prior to them receiving services.</p> <p>-Was on vacation when client #2 was admitted to the facility on 1/4/19</p> <p>-"I trusted my QP to gather all of the information as she has been with me for quite a while. I was under the impression [client #2]'s behaviors were more defiant than anything else ..."</p> <p>-Was informed by the QP she had a conversation with the social worker from his prior placement.</p> <p>-"[The QP] told me after [client #2] was admitted and started showing grooming behaviors, she was not informed of this when she spoke with the social worker. They should have made us aware. I did perform a sexualized assessment on [client #2] on 1/25/19. It told me he had issues with younger children. It was late and we should not have accepted him until our assessment was complete and prior to him receiving services."</p> <p>This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A 1 rule violation and must be corrected within 23 days.</p>	V 111		
V 293	<p>27G .1701 Residential Tx. Child/Adol -</p> <p>Scope 10A NCAC 27G .1701 SCOPE</p> <p>(a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility.</p> <p>(b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section.</p>	V 293	<p>A safety plan has been put in place and a supervision has been completed with each staff to ensure clients are being closely monitored and the grounds of the facility are being maintained. Additionally, the following steps have been taken to ensure adequate supervision of the clients.</p> <p>Hiring efforts have been made and are continuous. Two staff have been hired since the survey. We have been on a college expo and a career fair. We have held open interviews for the last four weekends. The agency has involved additional staffing to streamline our staffing efforts and yield a quicker response. A supervision has been completed with each staff to make sure they understand only approved visitors are allowed in the facility.</p> <p>Additionally, staff has been retrained on sexual abuse and on the populations served. Boundaries were addressed in the training as well. House rules have been revised and</p>	

			<p>reviewed with each staff to ensure the boundaries are being adhered to by clients and staff.</p> <p>QP's have a standing weekly meeting with the ED to address all concerns, clients, and staffing matters.</p> <p>Clients will only be admitted after all collateral information have been received to include addendums accompanied by full CCA's. If the client requires specialized therapy, the client cannot be admitted until the authorization has been approved for the specialized therapy along with residential treatment to avoid a delay of treatment.</p> <p>This will be monitored by the ED and LP who supervises the QP.</p>	
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V 293	<p>Continued From page 11</p> <p>(c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services.</p> <p>(d) The children or adolescents served shall require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p>	V 293		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
(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 293	Continued From page 12 This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide care and services within the scope of the program for 4 of 4 clients (client #1, client #2, client #3 and client #4). The findings are: Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record reviews and interviews 2 of 2 Qualified Professionals (the Qualified Professional (QP) and the Executive Director (ED)) failed to demonstrate the knowledge, skills and abilities required by the population served. Cross Reference: 10A NCAC 27G .0205 Assessments and Treatment/Habilitation or Service Plan (V111). Based on record reviews and interviews, the Executive Director (ED) failed to complete an assessment prior to the delivery of services for 1 of 4 clients (#2). Cross Reference: 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). Based on observations, record reviews and interviews, the facility failed to have the minimum number of direct care staff required when children or adolescents are present and awake and failed to have two direct care staff present during child or adolescent sleep hours for 4 of 4 clients (#1, #2, #3 and #4). Cross Reference: 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on observations, record reviews and interviews, the facility staff failed to maintain the facility and its grounds in a safe, clean, attractive and orderly	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 293	Continued From page 13 manner and shall be kept free from offensive odor. Review on 2/8/19 of the facility's Plan of Protection, dated 2/8/19 and written by the ED, revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? We have ordered chimes to place on the clients' doors and windows to include the clients' bathroom. The chimes will be delivered on Saturday, 2/9/19 and put up by the director or electrician if warranted due to the task not being in the scope of the director's training or ability, effective immediately, no one will be admitted without an authorization in place for specialty therapy if warranted in addition to authorization for residential services to ensure all necessary documents are in the client's file. We will abide by court orders in the future to ensure compliancy of all court orders. Will not have guests in our facility outside of the client's visitation log unless approved by the directors. All staff who have contact with clients will be training in NCI+ prior to starting their next shift as evidenced by certificate in their files. Currently, we are hiring addition staff to address the staffing ratio is followed. In the case of staff call outs and the QP cannot resolve the issue, the QP will contact the director and a final decision will be made. We immediately, implemented a seating chart in the vehicle to ensure no contact between the two clients involving inappropriate touching. We have a safety plan in place for the client that was touched inappropriately. A refresher on the training of special populations and review of the revised house rules to include enforcing boundaries was signed by each staff. We have conducted a training on boundaries and sexual abuse with all staff. Additionally, we conducted a	V 293		

group with the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 293	<p>Continued From page 14</p> <p>clients on boundaries and sexual abuse to include how to report sexual abuse. We reported the incident of inappropriate touching to the legal authorities to promote natural and legal consequences of the clients' actions and deter further incidents. Third shift staff will document how they provide supervision in their shift notes. Immediately, all debris was picked up around the property and all staff will be responsible for keeping the facility grounds clean. Two staff will accompany clients in the vehicles at all times. Two staff will be I the facility even while completing chores and on all outings. The staff will not be allowed in the office between 4pm and 8pm. When the staff is in the office, only one staff will be allowed in the office while the other staff is providing active supervision and visible to all the clients unless they are in their room.</p> <p>-Describe your plans to make sure the above happens. The actions will be reviewed with each staff and a supervision will be documented as evidenced the actions were reviewed by each staff prior to starting their shift. The LP (Licensed Professional) of the facility will sign off on the plan as evidenced these actions have been followed through. Failure of staff to implement the actions will be followed with implementation of the performance improvement plan to the supervising team."</p> <p>This facility is a residential staff secure treatment facility which serves clients requiring continuous supervision, behavioral interventions and a high level of support to meet their needs. There are four clients in the facility who range in age from 13 to 17 years of age. Their diagnoses included Conduct Disorder, Oppositional Defiant Disorder, Perpetrator of Sexual Abuse, Disruptive Mood Dysregulation Disorder, and Intermittent Explosive Disorder. Client #1's sexual deviant</p>	V 293		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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V 293	Continued From page 15 scale was in the severe range with child molestation interests and thinking. Client #2's sexual defiant scale was in the problem range and he had a higher than average probability of committing rape. Due to the lack of supervision and treatment to minimize this sexually deviant behavior, client #1 and client #2 engaged in inappropriate sexualized behaviors several different times in the facility van, the game room and client #2's bedroom. Client #3's sexual deviant scale was in the problem range had a higher than average probability of committing rape and was considered dangerous. On 1/14/19, the QP was made aware there would only be one staff (#2), the asleep staff, on duty as staff #1 would be late. The QP decided not to call another staff to assist with the shift or provide coverage herself because she was "tired." During this shift, client #3 climbed out of his bedroom window and into the staff's office window. Client #3 was able to access pornographic images of 47 different websites. Client #4's sexual deviant scale was in the severe range with child molestation interests and thinking, required intensive supervision and the sexual assault scale was in the severe range is unusually high. Client #4 was adjudicated delinquent for the offense of Attempted First Degree Sexual Offense (on 1/12/18) and was not to be around anyone under the age of thirteen. The facility staff were court ordered to provide 24 hour supervision and client #4 was not to be unattended at any time. On 10/22/18, the ED admitted client #1 to the facility. He was 12 years old at the time. From 10/22/18 to 12/9/18, client #4 and client #1 resided in the same facility and received services. The QP and the ED had discussed and allowed the QP's five year old daughter to be at the facility during the time the QP worked from 1/4/19 to 1/27/19. The systemic	V 293		

	neglect and lack of support on the part of			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 293	Continued From page 16 paraprofessional and professional staff endangered client safety and treatment. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 293		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and	V 296	We will abide by court orders in the future to ensure compliancy of all court orders. A safety plan has been put in place and a supervision has been completed with each staff to ensure clients are being closely monitored and the grounds of the facility are being maintained. Additionally, the following steps have been taken to ensure adequate supervision of the clients. Hiring efforts have been made and are continuous. Two staff have been hired since the survey. We have been on a college expo and a career fair. We have held open interviews for the last four weekends. The agency has involved additional staffing to streamline our staffing efforts and yield a quicker response. A supervision has been completed with each staff to make sure they understand only approved visitors are allowed in the facility. Additionally, staff has been retrained on sexual abuse and on the populations served. Boundaries were addressed in the training as well. House rules have been revised and reviewed with each staff to ensure the boundaries are being adhered to by clients and staff. QP's have a standing weekly meeting with the ED to address all concerns, clients, and staffing matters. Clients will only be admitted after all collateral information have been received to include addendums accompanied by full CCA's. If the client requires specialized therapy, the client cannot be admitted until the authorization has been approved for the specialized therapy along with residential treatment to avoid a delay of treatment. This will be monitored by the ED and LP who supervises the QP.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 17</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to have the minimum number of direct care staff required when children or adolescents are present and awake and failed to have two direct care staff present during child or adolescent sleep hours for 4 of 4 clients (#1, #2, #3 and #4). The findings are:</p> <p>Review on 2/4/19 of client #1's record revealed: -An admission date of 10/22/18 -Diagnoses of Conduct Disorder, Childhood Onset Type, Severe, Oppositional Defiant Disorder, Sexual Abuse, Neglect, Depression and Bipolar Disorder. -Age 13 -An assessment dated 10/22/18 noting "most</p>	V 296		
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recent placement was in a therapeutic foster

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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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 296	<p>Continued From page 18</p> <p>home, needs structure and supervision, currently has some enuresis issues, struggles with irritability and mood swings, displays verbal aggression when redirected, struggles with accepting feedback from authority figures, fails to follow directives, inappropriate language including cursing, has difficulty minding his own business, history of physical and sexual abuse, fire setting, destruction of property and a history of self-harm (cuts self with razors)."</p> <p>-A comprehensive clinical assessment summary, dated 9/24/18, from client #1's previous placement noting "adoptive parents have written a report in reference to questionable behaviors that led to [client #1] being placed outside the home, attempted to sexually abuse two kindergarten students on two separate occasions at age 9 and stated he was only tickling them, was caught laying on top of his 4 year old foster sister after pulling her pants down at age 10, attempted to lure a neighbor's daughter into a tent, caught on camera dragging a cat by its tail and throwing new born puppies off the porch and reports physical and sexual abuse as a child."</p> <p>-A treatment plan dated 10/9/18 noting "will comply with the rules of the home, community and school settings, will exhibit a reduction in dishonesty, power struggles, completing tasks with minimal prompting and accept responsibility for his actions daily, will learn and utilize social skills to express his emotions and thoughts in order to develop healthy and positive interactions with peers and adults, will develop coping skills to resolve conflict positively by learning skills to control his anger, identify triggers that cause him to be angry and learn ways to manage disagreements with others without becoming combative, evasive, argumentative, aggressive or destructive daily."</p> <p>-A sexual adjustment inventory juvenile report ,</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 19</p> <p>dated 11/4/18 and administered by the Licensee/Co Director (L/CD) noting "the child molest scale is in the severe range with child molestation interests and thinking, the sexual assault scale is in the severe range and this youth could be dangerous and the violence scale was in the severe range with a violence pattern indicated."</p> <p>Review on 2/4/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 1/4/19 -Diagnoses of Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Perpetrator of Sexual Abuse, Child Physical Abuse, GERD, Vitamin D Deficiency and Constipation -Age 17 -A Comprehensive Clinical Assessment, dated 1/25/19 and completed by the ED noting "[Client #2] was brought by [the Qualified Professional (QP)] to the office in concerns about inappropriate sexual behaviors ...he is grooming his peers to include trying to manage and control his peer and the associations with his peers, tries to influence the interactions of his peer with others as a way of trying to control his peer. [The QP] states [client #2] recently admitted to touching his younger peer's genitals. He admits to needing help in this area (urges) because sometimes he has urges to want to do things such as offending others. [Client #2] states he has tried to bribe people and groom people to do things they don't want to do and has bribed people to let them touch them and hang out with them. He admits to forcing people to touch him and the use of bribery to get them to comply. Based on the score for [client #2], his is at a predominant risk for engaging in sexual harmful behaviors. His scores note child (pedophile) molest score notes there are significant concerns 	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	Continued From page 20 and he admits to having engaged in sexual molestation of others. His sexual (rape) assault score suggest he has a higher probability of committing rape" -A Clinical Comprehensive Assessment Addendum, dated 12/4/18, from client #2's previous placement noting, "Previously at [a behavioral center] on 10/11/17 and placed on a unit for sexually aggressive youth. Struggles with attention seeking behaviors and difficulty with interpersonal skills, needs a structured environment to transition to a level 3 placement to allow him to implement outpatient therapy and medication management." -A discharge summary from client #2's previous placement, dated 1/4/19, noting "problems to be addressed in continuing care: sexualized behaviors." -A treatment plan, dated 1/23/19, noting "will learn coping skills and techniques to follow directions from adults without exhibiting any signs of opposition and zero episodes of explosive behaviors or destroying property, will learn anger management skills to learn how to channel his anger, reduce arguing with adults, refrain from fighting and cursing, will comply with all rules and expectations by following all directions, remaining in assigned areas at all times, complete hygiene routines, chores, attending school and scheduled activities, will reduce signs, symptoms and behaviors related to depression with zero instances of self-harm, identifying triggers and reduce feelings of suicidal ideation, will eliminate all inappropriate sexualized behaviors by not making sexually inappropriate comments or behaviors, development and verbalization of appropriate physical boundaries, attending individual/group therapy and completing the sexualized workbook." -A sexual adjustment inventory juvenile report ,	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	Continued From page 21 dated 1/25/19 and administered by the ED noting "the child molest scale is in the problem range with child molestation interests and thinking, the sexual assault scale is in the problem range and this youth has a higher than average probability of committing rape and the violence scale was in the severe range with a severe violence classification." Review on 2/4/19 of client #3's record revealed: -An admission date of 9/10/18 -Diagnoses of Conduct Disorder, Oppositional Defiant Disorder and Disruptive Mood Dysregulation Disorder. -Age 17 -An assessment dated 9/10/18 noting "On 10/17/17 was admitted to [a behavioral center] for sexualized behavior, issues with anger management, displays non-compliance and defiant towards staff, needs medication management and a therapist specializing in sexualized behaviors, had a pending sexual assault charge, history of stealing, history of animal cruelty and attempted to start fires." -An updated treatment plan dated 1/18/19 noting "will learn appropriate communication and anger management skills to enable him to avoid using verbal and/or physical aggression towards others, will learn to be responsible and accountable for his actions by improving coping skills, decreasing the frequency of disrespectful, impulsive and defiant behaviors, will remain compliant with program rules and expectations, will follow staffs' directives, accepting limits and consequences without arguing, attend individual and group therapy, will learn about healthy peer to peer relationships/interactions and age appropriate romantic relationships, will increase his understanding of factors that contribute to sexual offending, including the connection of past trauma	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 22</p> <p>to current mood and behaviors, will maintain healthy boundaries with others, zero sexual contact with others, no making sexually suggestive comments to or about others, participate in daily therapy groups, weekly individual groups and work on relationships with family members."</p> <p>-A sexual adjustment inventory juvenile report , dated 10/14/18 and administered by the Licensee/Co Director (L/CD) noting "the sexual assault scale is in the problem range and those in this range have a higher than average probability of committing rape and this youth could be dangerous and the violence scale was in the severe range with a violence pattern indicated."</p> <p>Review on 2/5/19 of client #4's record revealed: -An admission date of 1/24/18 -Diagnoses of Intermittent Explosive Disorder Unstable, Attention Deficit Hyperactivity Disorder Inattentive Type, Generalized Anxiety Disorder Moderate and Unstable. -Age 16 -An assessment dated 1/12/18 noting "was placed at [a local Psychiatric Residential Treatment Facility] due to his need of treatment for sexually reactive behaviors, has a history of sexually inappropriate behaviors as he sexually assaulted in brother and sister, physically and verbally aggressive, stole underwear from his step mom, is a sex offender, needs medication management, outpatient therapy with a therapist that specializes in sexualized behaviors, would benefit from a level III placement to assist him continuing to have structure, set expectations and supervision in managing and identifying his symptoms and behaviors." -An updated treatment plan dated 12/24/18 noting "will comply with the expectations while in a level III placement of care by averaging at least 85% of</p>	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
(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 296	Continued From page 23 available points on his daily feedback sheet, accepting limits and consequences without arguing and attend all activities including therapy, recreational therapy and educational programming, will increase his understanding of factors that contribute to sexual offending including the connection of past trauma to current mood and behaviors and will maintain healthy boundaries with others by no episodes of sexual contact with others, no episodes of making sexually suggestive comments to or about others, participation in daily therapy groups, weekly individual therapy and bi-weekly family therapy and completion of workbooks and other assigned materials, will maintain responsibility for overall health and well-being by taking all medications as prescribed, meet weekly with psychiatrist and provide updates on response to medications, will reduce and develop the ability to manage regulation of strong emotions, make decisions regarding his behaviors and improve ability to concentrate and focus, eliminate lying, conning and manipulating behaviors, express anger through appropriate verbalizations that have healthy physical outlets, be able to decrease the frequency of verbalizations that project blame for problems onto other people." -A sexual adjustment inventory juvenile report , dated 10/8/18 and administered by the Licensee/Co Director (L/CD) noting "the child molest scale is in the severe range with child molestation interests and thinking and requires intensive supervision and the sexual assault scale is in the severe range is unusually high." Further review on 2/5/18 of client #4's record revealed: -A juvenile court order, dated 7/24/18 noting client #4 was adjudicated delinquent for the offense of Attempted First Degree Sexual Offense (on	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 24</p> <p>1/12/18) and this would be a felony class 2B if committed by an adult.</p> <p>-As conclusions of law in client #4's findings of facts and conclusion, "it was ordered the juvenile is not to be around anyone under the age of thirteen (13) ...[The facility]'s representatives must provide 24 hour supervision of the juvenile and may not leave the juvenile unattended at any time ...the juvenile is ordered to remain on the sex offender registry ..."</p> <p>Finding #1 Observations on 2/5/19 at approximately 4:14pm revealed:</p> <p>-Two clients (#1 and #2) arrived at the facility (from school) with only one staff (the AP) transporting them</p> <p>Observations on 2/5/19, from approximately 5:04pm to 6:35pm, revealed:</p> <p>-All four clients were outside in the yard with the AP throwing the football -The QP was in the office with the door closed</p> <p>Observations on 2/6/19 from approximately 5:34pm to 6:35pm revealed:</p> <p>-The AP was cooking in the kitchen -The QP was in the office -During this time, several clients roamed the hall either with hygiene products to be used, eating at the dining room table or headed to their rooms</p> <p>Interview on 2/5/19 with client #1 revealed:</p> <p>-Had been at the facility for 4 months -Stated sometimes if a staff was sick, there would only be one staff present -"It is always 1 staff to 2 clients. One staff transports me and [client #2] home from school every day..."</p>	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 25</p> <p>Interview on 2/5/19 with client #2 revealed: -Had been at the facility for approximately 1 month -The facility usually had 2 staff on shift -There were times when there was only one staff present -Was transported in the van with client #1 and one staff</p> <p>Interview on 2/5/19 with client #3 revealed: -Had been at the facility 5 or 6 months -Only one staff would be at the facility if another staff had an emergency. -Stated one staff's family member died and the other staff was asleep on the couch.</p> <p>Interview on 2/5/19 with client #4 revealed: -Had been at the facility for almost 5 months -There were usually two staff present at the facility "unless someone gets sick and then there is only one staff." -Stated from 4 or 5 o'clock, there had been a few times when there was only one staff present with all of the clients until 6 or 7pm. -All 4 of the clients went into the game room in the afternoons and sometimes at night -"There is no staff downstairs with us. Staff are either in the living room, the kitchen or in the office with the door closed."</p> <p>Interview on 2/5/19 with the Licensed Professional #1 (LP #1) revealed: -Had concerns with supervision due to inadequate staffing -Had made her concerns about staffing and supervision known to the Executive Director (ED) on several occasions. -"I was told they were in the process of hiring additional staff. There should always have at least two staff present and eyes on the clients at all</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 26</p> <p>times. That is just common sense. There is not adequate staffing to meet their individual needs and [the ED] is aware ..."</p> <p>-Thought the ED could do a better job to ensure there was adequate staffing.</p> <p>Interview on 2/6/19 with the Licensed Professional #2 (LP #2) revealed: -When asked about supervision and staffing , the LP #2 stated "I have arrived at the facility when there was just one staff present with the 4 clients. That was a concern of mine ..." -The facility was limited with their staffing and there was an overall lack of communication and follow through by the ED.</p> <p>Interview on 2/4/19 with the Qualified Professional (QP) revealed: -Staffing issues at the facility had been on-going for several months -Had worked 12 and 14 hour days at the facility -Repeatedly told the ED new staff needed to be hired. -Admitted it was her responsibility to cover shifts if a staff member was unable to work. -Stated facility staff did supervise the clients appropriately</p> <p>Interview on 2/5/19 with Assistant Director (AD) revealed: -When asked about staffing and supervision , the AD stated "we always have turnover. Lots of staff quit during the holidays or just called out. We do post our positions ..." -If staff are not able to work their shift, the QP was to be contacted. -Had tried not to overwork the QP so she doesn't get burned out. -Planned to raise the salary for paraprofessionals. -Was hiring a weekend supervisor soon</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	<p>Continued From page 27</p> <p>Interview on 2/8/19 with the ED revealed: -Was aware there were to be 2 staff on shift when there was one or more clients at the facility -"Staff are told during training 2 staff must be present. Especially since we have problematic clients. We have reiterated to the staff to have the clients within eye sight at all times ..." -Was not aware the AP was transporting 2 clients from school to the facility during the survey process. -Was not aware only one staff was supervising all four of the clients outside during the survey process. -"I try to address things as I see them ...if I am not aware of things, I cannot address them."</p> <p>Finding #2 Interview on 2/5/19 with client #1 revealed: -He was 13 years old, weighed 105 lbs. and was 5'2" -Had been at the facility for 4 months -Some things had been occurring at the facility that made him feel uncomfortable -Did not get along with client #2 -"He's fruity. That means he's gay. He does things to me that make me feel uncomfortable. All the time he is asking me if he can suck my private part (penis) or if I would let him 'jack' me off ...He would say it when staff were in the kitchen or the office ..." -Was told by client #2 not to tell anyone and was given gum on several times in exchange for the inappropriate touching. -"He 'jacked' me off down stairs (game room) and in his room. He put his hands down my pants. This happened 4 or 5 times ...one staff was asleep on the sofa and the other staff was in the office ..." -Stated incidents had occurred on the facility van</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
(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 296	<p>Continued From page 28</p> <p>as well.</p> <p>-"He kept on asking me if I wanted to do it on the van and I kept telling him no. I don't remember if he 'jacked' me off in the van or not."</p> <p>-Client #2 was bigger and older than client #1</p> <p>-Was "just a little bit" afraid of client #2</p> <p>-Since the incident on the van, "[Client #2] sits in the back of the van and I sit in the front ..."</p> <p>-Could not remember if he told staff about the incidents in the bedroom or the game room.</p> <p>Interview on 2/5/19 with client #2 revealed:</p> <p>-Was 17 years old, 6 feet tall and weighed 210 lbs.</p> <p>-Had been at the facility for approximately 1 month</p> <p>-Had trouble with client #1</p> <p>-"He just walks right into my room. He said allegations against me. He said I touch him. It was him that was touching me. He always tries to do sexual stuff with me ..."</p> <p>-Stated there was an incident on the facility's van</p> <p>-"He kept trying to touch me in my privates."</p> <p>-Later in the interview, client #2 stated client #1 had been in his room about 3 times and "we touched each other and 'jacked' off."</p> <p>-Staff weren't around when it occurred in client #2's bedroom and in the game room</p> <p>-"It also happened on the weekends in the game room and there was no staff watching us."</p> <p>-Client #2 stated when he touched client #1 inappropriately, "he would tell me when to stop. It hasn't gone any further than that."</p> <p>Interview on 2/5/19 with client #3 revealed:</p> <p>-Things were going on in the facility that weren't supposed to be happening.</p> <p>-"[Client #1] and [client #2] are always whispering and laughing. They sit real close to</p>	V 296		

one another. I knew [client #2] from another facility. He was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	<p>Continued From page 29</p> <p>always going around and asking if he could suck people's d***s ..."</p> <p>-2 or 3 weeks ago, client #1 and client #2 "got physical" in the back of the van</p> <p>-"I was sitting in the very back of the van between them. I heard [client #2] bribe [client #1] with gum. He said 'every time you let me touch your d**k, or jack you off, I will give you a piece of gum. He kept trying to touch [client #1]'s d**k. On the last time he tried, he actually did put his hand there. It has been going on for a while ..."</p> <p>-Stated he was "kinda" afraid living at the facility</p> <p>-Told the AP and the QP he witnessed the inappropriate behaviors involving client #1 and #2 on the facility's van on 1/23/19</p> <p>Interview on 2/5/19 with client #4 revealed:</p> <p>-Client #2 (his roommate) had made comments that made him feel uncomfortable.</p> <p>-"Well, not just me, but he and [client #1]. [Client #1] came into our room one night and they were 'masturbating' each other. I pretended like I was asleep ..."</p> <p>-He told the AP about what occurred between client #1 and client #2 the next day</p> <p>-"[The AP] was the only staff here because the other staff got sick."</p> <p>-All 4 of the clients went into the game room in the afternoons and sometimes at night</p> <p>-"There is no staff downstairs with us. Staff are either in the living room, the kitchen or in the office with the door closed."</p> <p>-Only felt "a little" safe at the facility</p> <p>-Would feel safer if client #1 and client #2 left the facility.</p> <p>Interview on 2/4/19 with the QP revealed:</p> <p>-Had noticed since client #2's admission on 1/4/19 he had been very friendly towards client #1.</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	<p>Continued From page 30</p> <p>-"We observed them sitting next to each other all the time. I think [client #2] was grooming [client #2]. I called [the ED] and told her there could be an issue and she needed to start working with him as she provides sexualized behavior therapy ..."</p> <p>-On 1/23/19, client #1 admitted to an incident in the van</p> <p>-Client #2 stated he gave client #1 a piece of gum in exchange for client #1 touching his genitals</p> <p>-Client #1 admitted he needed help because he did not think he could control himself (urges).</p> <p>-"We changed up the seating arrangements in the facility van.</p> <p>-Client #2 had a tendency to pray on younger children as a means of power and control</p> <p>-"He will act like a big brother or father figure and start grooming them."</p> <p>-Stated on 1/23/19, staff #1 was driving the van, client #4 was in the passenger seat, the QP was behind the driver and the QP's daughter was behind the passenger seat with the remaining clients in the very back of the van.</p> <p>-Once back at the facility, the QP, staff #1 and the LP #2 spoke with the clients separately.</p> <p>-Client #3 repeated his story of what he observed</p> <p>-Client #2 admitted he offered client #1 a piece of gum if he could touch client #1's genitals.</p> <p>-Was told by client #2 he could have a piece of gum if he touched client #1's genitals</p> <p>-Client #1 had three pieces of gum and admitted there were three separate instances on the van on 1/23/19.</p> <p>Interview on 2/5/19 with the Licensed Professional #1 (LP #1) revealed:</p> <p>-Aware of the incident with client #1 and client #2 on 1/23/19</p> <p>-"[Client #2] touched [client #1]'s penis while on the facility's van."</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
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V 296	<p>Continued From page 31</p> <p>-"[Client #2] bribed [client #1] with gum if he would touch his penis. This occurred on the facility van." -Was not aware there were other inappropriate sexualized behaviors between client #1 and client #2</p> <p>Interview on 2/6/19 with the Licensed Professional #2 (LP #2) revealed: -Was made aware of the incident between client #2 and client #1 on the facility van on 1/23/19 -"I was present at the facility when they returned from their outing. I was able to sit in on the interviews and process with them ..." -Client #2 offered client #1 a piece of gum if he would touch his penis. -Both of the clients admitted to what occurred. -The clients are to be separated when riding in the facility's van -Felt there was a lack of follow through and communication by the ED</p> <p>Interview on 2/8/19 with the Executive Director revealed: -Was aware all four of the clients at the facility had sexualized and aggressive behaviors. -"[The QP] told me after [client #2] was admitted and started showing grooming behaviors ..." -Was made aware of the inappropriate sexualized behaviors between client #1 and client #2 -Had made a seating chart for the clients when they rode the van now -Was recently made aware (on 2/5/19) there was more inappropriate touching between client #1 and client #2 than previously thought.</p> <p>Finding #3 Review on 2/5/19 of the facility's computer history for 1/14/19 revealed: -Between 12:15am and 1:01am, there were 47</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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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 296	<p>Continued From page 32</p> <p>pornographic websites accessed</p> <p>Interview on 2/5/19 with client #3 revealed: -Had been at the facility 5 or 6 months -On the night of just one staff present (1/14/19), "I basically climbed out of my window and into the staff's office window. When [staff #1] came in, I hid under the desk in staff's office." -He went into the staff's office to access the computer. -"I got on the computer. There was no password and images popped up (pornographic)." -This had occurred only one time -Had been able to climb out of his window on several different occasions. -"Staff would be asleep, in the kitchen or in the office. I would basically just walk around the house and in the yard. There are alarms on the windows, but they haven't worked since I got here ..."</p> <p>Interview on 2/6/19 with staff #1 revealed: -On 1/14/19 ran late for her shift (12am to 8am) due to a family emergency -Was the awake staff on the shift and staff #2 was the asleep staff -Notified the QP she would be late for her shift -Arrived at the facility around 1:00am and clocked in at 1:05am -Staff #2 was asleep on the sofa -Heard a noise in the staff's office -Located client #3 under the staff's desk -Later staff #2 noticed the computer was pulled up and investigated -Found pornography on the computer -Notified the QP of what she found on the computer</p> <p>Interview on 2/6/19 with staff #2 revealed: -Began his shift at the facility on 1/13/19 at 10pm</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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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
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V 296	<p>Continued From page 33</p> <p>and was the asleep staff</p> <p>-I promptly came in (to the facility) and passed out (on the sofa). There was another staff present but their shift was over and they left. It was quiet that night and I did not hear anything ..."</p> <p>-Aware two staff were to be present anytime a client was present at the facility</p> <p>-Was unable to recall if the QP contacted him to be the awake staff</p> <p>-"I wasn't told about what occurred (client #3 looking at pornography) until 2 days later. I now check on the clients during my shift ..."</p> <p>Interview on 2/5/19 with the Licensed Professional #1 (LP #1) revealed:</p> <p>-Worked as one of two LPs at the facility</p> <p>-"If [client #3] can get into the staff's office and access pornography on the computer, then I have an issue with the supervision ...adequate staffing has been an issue for several months, not a few weeks or even a month, but several months ..."</p> <p>Interview on 2/4/19 with the QP revealed:</p> <p>-On 1/12/19, staff #2 informed me she was running late for her 12am to 8am shift.</p> <p>-"She came in after 1am. She heard something in the staff's office and saw the computer was on."</p> <p>-Discovered client #3 hiding under the staff's desk</p> <p>-Looked at the history of the computer and it showed Internet searches on pornography</p> <p>-The outgoing staff that leaves at 12am but was unable to stay late to help cover the shift until staff #2 arrived at the facility</p> <p>-The QP had spoken to the asleep staff (#3) and told him what was going on and if he would stay awake until staff #2 arrived.</p> <p>-"He agreed, but apparently fell back asleep and that is when [client #3] went into the staff's office."</p> <p>-It was the QP's responsibility to cover any shifts at the facility</p>	V 296		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	<p>Continued From page 34</p> <p>-"I was called and told of the situation but I was in bed with five year old. I was tired because we are short staffed and I have been working 8am to 7:30pm for the last several weeks. I decided not to cover [staff #1]'s shift for just an hour ..."</p> <p>Interview on 2/5/19 with the Assistant Director (AD) revealed: -Made aware of client #3 waking up on 1/14/19 with just the asleep staff being present. -"When there is an emergency, the asleep staff should be awake. We always need two people here. Staff should have woken him up so he could fill in. [The QP] is to come in if there is an emergency. I did not get a call that night ..."</p> <p>Interview on 2/8/19 with the Executive Director revealed: -On 1/14/19, was made aware client #3 snuck into the staff's office and was able to access pornographic sites. -"I thought he entered through the office door. I did not realize he climbed out the window and entered through the window of the staffs' office ..."</p> <p>Finding #4 Interview on 2/5/19 with client #4 revealed: -Had been at the facility for almost 5 months "because the judge ordered me here." -Was on Juvenile Probation "because of something that happened at home." -Would not disclose what had occurred prior to his admission -Was not allowed to be around any children under the age of 13 -Had been around the QP's daughter on several occasions -"She would be here after we ate dinner up until it was almost time for bed. I wasn't ever left alone</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR		STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262		
(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 296	<p>Continued From page 35</p> <p>with her though ..."</p> <p>Interview on 2/6/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -The ED admitted client #4 and obtained all of his information during the initial assessment -Was not aware client #4 was not to be around any children under the age of 13 -Had her five year old daughter at the facility during the latter part of her shift as the daycare closed at 6pm -Had made the ED aware her daughter was at the facility from 1/4/19 to 1/27/19 <p>Interview on 2/8/19 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -Had completed the initial assessment on client #4 -Was aware of client #4's juvenile court order -Aware he was adjudicated delinquent for the offense of Attempted First Degree Sexual Offense -Was also aware he was not to be around children under the age of 13 and was on the sex offender registry -Client #4 had made a lot of improvement and insight to his offending during sexual deviant therapy with the ED -Gave the QP permission to have her daughter present on her shift due to a shortage in staff -Thought it was the QP's college aged daughter that was present and not her 5 year old -Had no comment when asked why client #1 was admitted to the facility prior to his 13 birthday -"I made it clear to staff [client #4] was not to be around any children under the age of 13 and he had to be supervised 24/7 ..." <p>This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23</p>	V 296		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 296	Continued From page 36 days.	V 296		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p>	V 536	All trainings have been completed and files have been updated with NCI trainings. This will be monitored by the ED and LP who supervises the QP.	02/27/2019

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V 536	Continued From page 37 (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	V 536		

	<p>training program aimed at preventing, reducing and eliminating the</p>			
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V 536	Continued From page 38 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	V 536		

	the outcomes (pass/fail);			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 536	<p>Continued From page 39</p> <p>(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 reviews and interviews, the facility failed to have training updated annually in alternatives to restrictive interventions for 1 of 7 staff (#1). The findings are:</p> <p>Review on 2/5/19 of staff #1's record revealed: -A hire date of 5/1/10 -A job description of Paraprofessional -An expired certificate for North Carolina Intervention valid until 8/11/17</p> <p>Interview on 2/6/19 with the Qualified Professional revealed: -The Executive Director (ED) was responsible for ensuring all staff trainings were current</p> <p>Interview on 2/8/19 with the ED revealed:</p>	V 536		
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	<p>-Was not aware staff #1 was not current with their</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/08/2019
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V 536	Continued From page 40 NCI+ training -"I had to get my NCI Instructor's certificate updated...I will make sure that is done immediately."	V 536		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (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	V 537	All trainings have been completed and files have been updated with NCI trainings. This will be monitored by the ED and LP who supervises the QP.	

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V 537	Continued From page 41 by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (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.	V 537		

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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 537	<p>Continued From page 22</p> <p>(i) Instructor Qualification 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 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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>(5) 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 (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience</p>	V 537		
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Review on 2/5/19 of staff #1's record revealed:
-A hire date of 5/1/10

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V 537	Continued From page 44 -A job description of Paraprofessional -An expired certificate for North Carolina Intervention valid until 8/11/17 Interview on 2/6/19 with the Qualified Professional revealed: -The Executive Director (ED) was responsible for ensuring all staff trainings were current Interview on 2/8/19 with the ED revealed: -Was not aware staff #1 was not current with their NCI+ training -"I had to get my NCI Instructor's certificate updated...I will make sure that is done immediately."	V 537		
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 observations, record reviews and interviews, the facility staff failed to maintain the facility and its grounds in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. The findings are: Observations on 2/4/19 of the outside of the facility at approximately 8:44am, revealed: -In the front of the facility, an 8' by 6" dead tree limb was observed	V 736	All debris have been removed. All staff have been informed of the expectations for keeping up the grounds of the facility clean. This will be monitored by the ED and LP who supervises the QP.	

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V 736	<p>Continued From page 45</p> <ul style="list-style-type: none"> -All the gutters were filled with dead leaves and debris -Ivy was growing on several parts of the facility -An empty red gas container was in front of the garage -Two white wooden doors were leaning on the right front side of the facility -On the right side of the driveway there was trash in the yard which included a water bottle, a broken broom stick handle, an empty fruit cup, candy wrappers and straws -A red cup, red bricks, a Shepard's hook and an old toothbrush were lying in the left side of the yard. -In the back of the facility on the ground, were more bricks, dead limbs and a large discarded dill pickle with a bite taken out of it. -Next to the back door and stoop of the facility there were dead tree limbs and debris piled approximately three feet high. <p>Interviews on 2/5/19 with clients #1, #2, #3 and #4 revealed:</p> <ul style="list-style-type: none"> -A dead cat had crawled underneath the facility and died -The odor of the cat was strong and was not removed immediately from underneath the facility -Had seen the bricks and dead limbs in the yard as well as the trash <p>Interview on 2/6/19 with the Licensed Professional #2 (LP #2) revealed:</p> <ul style="list-style-type: none"> -Had smelled an odor at the facility for several days -"That was last weekend. I knew there was something dead near or under the facility. The smell was pretty horrible ...the clients complained of the odor ...[The Qualified Professional (QP)] spoke with the owners several times to have someone come out and locate the smell. It 	V 736		
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V 736	<p>Continued From page 46</p> <p>smelled like it was under the house ...no one came out for several days ...it turned out to be a large dead cat ...the Licensees should have expedited things ..."</p> <p>-The Assistant Director (AD) was responsible for ensuring the facility's grounds were kept clean and attractive.</p> <p>Interview on 2/5/19 with the Assistant Director (AD) revealed:</p> <p>-Primary duties included maintenance to the facility both inside and outside.</p> <p>-"Repairs are always an issue, ongoing and an everyday thing ...we are on a fixed budget and must prioritize things to be repaired ..."</p> <p>-The goal this year was to repaint the facility on the outside.</p> <p>-"Staff are empowered to report things daily (repairs needed) ...I will probably have to come over (to the facility) more than twice a week now ..."</p> <p>Interview on 2/8/19 with the Executive Director revealed:</p> <p>-The AD was responsible for making repairs to the facility but could not be present 24/7 so he would sometimes hire someone</p> <p>-Hired someone to remove the dead cat from under the facility</p> <p>-Two Saturdays ago, 1/26/19, "I arrived at the facility and the odor wasn't that bad. It was not a foul odor. I thought it was because 3rd shift was not thoroughly cleaning the facility ..."</p> <p>-The QP had called her on Wednesday (1/30/19) or Thursday (1/31/19) about a mild odor under the house.</p> <p>-"I immediately spoke with other staff and they described it as a pungent and strong odor. I immediately contacted [a local pest company] and they removed the dead cat that day."</p>	V 736		
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V 736	Continued From page 47 This deficiency has been cited 3 times since the original cite on 1/30/17. This deficiency is cross referenced into 10 A NCAC 27G .1701 Scope (V293) for a Type A1 rule violation and must be corrected within 23 days.	V 736		