STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL092-451			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NUL 000 454				
		B. WINGADDRESS, CITY, STATE, ZIP CODE		08/27/2019		
			ODE STREET	IATE, ZIP CODE		
HEALING	<b>TRANSITIONS</b>		H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An Annual and follow up survey was completed on August 27, 2019. Deficiencies were cited.					
	The facility is licensed for a 10A NCAC 27G 3200 Social Setting Detoxification.					
V 120	27G .0209 (E) Medication Requirements		V 120			
	well-lighted, ventila and 86 degrees Fa (B) in a refrigerator degrees and 46 de refrigerator is used shall be kept in a so or container; (C) separately for e (D) separately for e (E) in a secure man for a client to self-n (2) Each facility tha controlled substance registered under th	age: cked cabinet in a clean, ted room between 59 degrees hrenheit; ; if required, between 36 grees Fahrenheit. If the for food items, medications eparate, locked compartment each client; external and internal use; nner if approved by a physiciar nedicate. t maintains stocks of ces shall be currently e North Carolina Controlled .S. 90, Article 5, including any				
	Based on interview medications for one	et as evidenced by: s the facility failed to ensure e of four (#1) audited clients curely locked cabinet. The				
	Review on 8/27/19	of client #1's record revealed:				

Division of Health Service Reg STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		MHL092-451				27/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
HEALIN	G TRANSITIONS		ODE STREET I, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 120	Continued From page 1		V 120			
	-Admission date of 8/24/19. -Diagnoses of Cocaine and Alcohol Dependency.					
	-He had been in -Had multiple s last year. -He stated he to daily. -Currently had l in his bag. -Had not given up. -Had not told th with him, "but they s been here several to During interview on -Clients and the upon admission. -All medications the lockers and adr -Client #1 did n pressure medicatio	8/27/19 Staff #1 stated: eir belongings are searched s are logged in and locked in ninistered by staff. ot tell them he had his blood				
V 221	found them upon a		V 221			
	<ul> <li>10A NCAC 27G .32</li> <li>(a) Social setting d residential facility w and other non-med are experiencing pl and other drugs.</li> <li>(b) Individuals rece structured residenti</li> </ul>					

Division of Health Service Regulation STATE FORM

TB9K11

If continuation sheet 2 of 3

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED R 08/27/2019	
		MHL092-451					
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			21/2015	
HEALING	<b>G TRANSITIONS</b>	RALEIG	H, NC 27603				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE	
V 221	Continued From page 2		V 221				
	(c) The facility is d						
	Based on observat failed to assure ser	et as evidenced by: ion and interviews, the facility vices were provided to icensed capacity. The findings					
		of current license effective aled a capacity of 22.					
	census was 23. Th	7/19 at 9:00 AM of current ne facilty had 22 beds for aced in the middle of the floor					
	-They were ove client last night. -The client was Department and wa -They do not tu	a 8/27/19 Staff #1 stated: er capacity due to admitting a s brought in by Raleigh Police as homeless. Irrn away a client who was oxing from heroin due to safety					
	concerns. -This does not over capacity for a	happen a lot, and it is usually few hours. several discharges today and					
	[This is a recited de corrected within 30	eficiency and must be days.]					

TB9K11