	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		BERTH IO/THOM NOMBER.	A. BUILDING:				
		mhl041-818	B. WING			R-C 10/24/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
UCCES	SFUL TRANSITIONS,	LLC RESIDENTI	NDON DRIVE NNT, NC 2726	9			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 000	INITIAL COMMENT	rs	V 000				
	completed on Octo were substantiated	ollow-Up Survey was ber 24, 2019. The complaints (intake #NC00156721, 0156800). Deficiencies were					
	category: - 10A NCAC 27	sed for the following service 'G .1700: Residential cure for Children or					
V 109	27G .0203 Privilegi	ng/Training Professionals	V 109				
	QUALIFIED PROFI ASSOCIATE PROF (a) There shall be qualified profession (b) Qualified profession (b) Qualified professionals shall and abilities require (c) At such time as employment system then qualified profe professionals shall (d) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sh (6) communication (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (ESSIONALS no privileging requirements for als or associate professionals ssionals and associate demonstrate knowledge, skills ed by the population served. a competency-based n is established by rulemaking ssionals and associate demonstrate competence. nall be demonstrated by s including: ledge; mess; ; g; kills;					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
			A. DOILDING.				
		mhl041-818	B. WING			R-C 10/24/2019	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
SUCCES	SFUL TRANSITIONS		NDON DRIVE				
		HIGH PO	OINT, NC 2726				
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From pa	age 1	V 109				
	MH/DD/SAS. (f) The governing I develop and impler for the initiation of a plan upon hiring ea	m in the State Plan for body for each facility shall ment policies and procedures an individualized supervision ach associate professional.					
	supervised by a qu population served f	professional shall be alified professional with the for the period of time as 104 of this Subchapter.					
	Based on observat review, the Qualifie	et as evidenced by: ion, interview and record ed Professional (QP) failed to nowledge, skills and ability pulation served.					
	revealed: - she had trans	-19 and 10-24-19 with the QP sported a client from a sister					
	herself	lients from her facility, by					
	facility, to the end of talk on her cell pho facility to supervise	of the driveway to smoke and one, leaving one staff in the one or more clients were allowed to be supervised					
	to the facility - was unaware	20 minutes, if she was in route none of the clients in the					
	plans, specifically s	or intervention in their treatmen stating clients could be pol or medical appointments person	t				

TAG REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE V 109 Continued From page 2 V 109 V 109 Interview on 10-22-19 with Complainant #1 (C1) revealed: - she had interviewed a former client (fc#4) on 10-3-19 - r c#4 reported he had sex with female client from sister facility 9-24-19 - r c#4 reported this happened while QP was outside smoking a cigarette Interview 10-22-19 with client #1 revealed: - he was at the facility on 24-19 - he was at the facility on 24-19 - he wake du of the facility - he saw fathe facility, but he didin 't remember where they were Observation on 10-24-19 at approximately 3:00 pm revealed: - OP outside the facility, standing in the street near the curb - smoking a cigarette - taiking on her cell phone Interview on 10-21-19 with the Associate Professional (AP) revealed: - she attended treatment team meetings - no one, including the QP had ever requested a good intervention to transport clients alone, since she began attending the meetings - the QP has transported clients alone, with no other staff V 296 27G, 1704 Residential Tx. Child/Adol - Min. V 296 V 296	Division	of Health Service Re	egulation			FORMAPPROVED
Inhibities Immigration 10/24/2019 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LODNO DRIVE SUCCESSFUL TRANSITIONS, LLC RESIDENT. 1458 LODNO DRIVE (EACH DERIDENT ON MUST BE PRECEDED BY FULL) PRETX PRETX PROVIDER'S PLAN OF CORRECTION (EACH DERIDENT'S MUST BE PRECEDED BY FULL) PRETX PRETX PRETX PROVIDER'S PLAN OF CORRECTION (EACH DERIDENT'S MUST BE PRECEDED BY FULL) ON PRETX PRETX PRETX CONSERFERENCE OT THE APPROPRIATE CONFECTION (EACH DERIDENT'S MUST BE PRECEDED BY FULL) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE PRECEDED BY FULL) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENT'S MUST BE DEFIDENT'S MUST BE DEFIDENCY) ON PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) ON PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) ON PRETX PRETX PRETX CONTECTION (EACH DERIDENT'S MUST BE DEFIDENCE) CONTECTION (CACH DERIDENT'S MUST BE DEFIDENCE) CONTECTION (CACH DERIDENT'S MUST BE DEFIDENT BE DE				. ,		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GTV, STATE, ZIP CODE SUCCESSFUL TRANSITIONS, LLC RESIDENT: 1450 LODON DRIVE HIGH POINT, NC 27262 OWLD TAG SUMMARY STATEMENT OF DEFICENCIES RECOLLATORY OR LSC IDENTIFYING INFORMATION) IP V 109 Continued From page 2 V 109 V 109 Continued From page 2 V 109 Interview on 10-22-19 with Complainant #1 (C1) revealed: - sofe had interviewed a former client (fc#4) on 10-3-19 V 109 Interview 10-22-19 with Complainant #1 (C1) revealed: - sofe had interviewed a former client (fc#4) on 10-3-19 V 109 Interview 10-22-19 with Complainant #1 (C1) revealed: - sofe had interviewed a former client (fc#4) on 10-3-19 Feedore Complexity - fc#4 reported the had sex with female client from sister facility 9-24-19 Interview 10-22-19 with client #1 revealed: - he was at the facility on 9-24-19 Feedore Complexity - he saw (c#4 and client from the sister facility walk toward the bathroom - he walked out of the facility. Interview on 10-24-19 at approximately 3:00 pm revealed: - QP outside the facility, standing in the street near the curb - showing a cigarette - talking on her cell phone Interview on 10-21-19 with the Associate Professional (AP) revealed: - on one, including the QP had ever requested a goal or intervention to transport clients atone, since she began attending the meetings - no one, including the QP had ever requested a goal or intervention to transport clients atone, since she began attending the meetings - the QP 10-4 Residential Tx. Child/Adol - Min. V 296 V296 Z7G. 1704 Residenti			mhl041-818	B. WING		
1458 LONDON DRIVE HIGH POINT, NC 27282 Mail D PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CACH EXPRICIENCY MUST BE PRECEDED BY FULL TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY. V 109 Continued From page 2 V 109 Interview on 10-22-19 with Complainant #1 (C1) revealed: - she had interviewed a former client (fc#4) on 10-3-19 V 109 - fc#4 reported he had sex with female client from sister facility 9-24-19 - fc#4 reported this happened while QP was outside smoking a cigarette Interview 10-22-19 with Client #1 revealed: - he was at the facility on 2-4-19 - he was at the facility on 2-4-19 - ne was at the facility, but he didn 't remember where they were - he was at the facility, but he didn 't remember where they were Observation on 10-24-19 at approximately 3:00 pm revealed: - other staff were at the facility, standing in the street near the curb - smoking a cigarette - talking on her cell phone Interview on 10-21-19 with the Associate Professional (AP) revealed: - she attended treatment team meetings - no one, including the QP had ever requested agoal or intervention to transport clients alone, since she began attending the meetings - the QP has transported clients alone, with no other staff V 296 V296 276, 1704 Residential Tx. Child/Adol - Min. V 296	NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS. CITY. S	STATE, ZIP CODE	
PHER / DURY 10: 22:19 IDENTIFY OF DEFICIENCE PROVIDER'S PLAN OF CORRECTION ENCLOSE OF YILL COMMENT STATEMENT OF DEFICIENCE COMMENT STATEMENT STATEM			1458 L OI			
Préči rac reach deficiency must repréceded by Puil. Préči rac recel concertor vont service and the preceded by Puil. Préči rac recel concertor vont service and the preceded by Puil. Préči rac ceases-deficiency ce	SUCCES	SFUL TRANSITIONS	HIGH PO	INT, NC 272	62	
Interview on 10-22-19 with Complainant #1 (C1) revealed: - she had interviewed a former client (fc#4) on 10-3-19 - fc#4 reported he had sex with female client from sister facility 9-24-19 - fc#4 reported this happened while QP was outside smoking a cigarette Interview 10-22-19 with client #1 revealed: - he was at the facility on 9-24-19 - he saw fc#4 and client from the sister facility walk toward the bathroom - he walked and client from the sister facility walk toward the bathroom - he walked and client from the sister facility walk toward the bathroom - he walked out of the facility, but he didh ' t remember where they were Observation on 10-24-19 at approximately 3:00 pm revealed: - QP outside the facility, standing in the street near the cub - smoking a cigarette - talking on her cell phone Interview on 10-21-19 with the Associate Professional (AP) revealed: - she attended treatment team meetings - no one, including the QP had ever requested a goal or intervention to transport clients alone, since she began attending the meetings - the QP has transported clients alone, with no other staff V 296 Z7G, 1704 Residential Tx. Child/Adol - Min. V 296 Weixen of Health Service Regulation	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
revealed: - she had interviewed a former client (fc#4) on 10-3-19 - fc#4 reported he had sex with female client from sister facility 9-24-19 - fc#4 reported this happened while QP was outside smoking a cigarette Interview 10-22-19 with client #1 revealed: - he was it the facility on 9-24-19 - he saw fc#4 and client from the sister facility walk toward the bathroom - he walk do ut of the facility, but he didn ' t remember where they were Observation on 10-24-19 at approximately 3:00 pm revealed: - ofP outside the facility, standing in the street near the curb - smoking a cigarette - talking on her cell phone Interview on 10-21-19 with the Associate Professional (AP) revealed: - she attended treatment team meetings - no one, including the QP had ever requested a goal or intervention to transport clients alone, since she began attending the meetings - the QP has transported clients alone, with no other staff	V 109	Continued From pa	ge 2	V 109		
Staffing ivision of Health Service Regulation		revealed: - she had intervion 10-3-19 - fc#4 reported from sister facility 9 - fc#4 reported outside smoking a Interview 10-22-19 - he was at the - he saw fc#4 a walk toward the bat - he walked out - he walked out - he saw QP ou - other staff we remember where th Observation on 10- pm revealed: - QP outside th near the curb - smoking a cig - talking on her Interview on 10-21- Professional (AP) r - she attended - no one, incluor requested a goal on clients alone, since meetings - the QP has tra-	viewed a former client (fc#4) he had sex with female client h-24-19 this happened while QP was cigarette with client #1 revealed: facility on 9-24-19 and client from the sister facility throom t of the facility utside smoking a cigarette re at the facility, but he didn ' t hey were 24-19 at approximately 3:00 e facility, standing in the street arette cell phone 19 with the Associate evealed: treatment team meetings ling the QP had ever intervention to transport she began attending the			
	V 296		itial Tx. Child/Adol - Min.	V 296		
		-		6800		If continuation along to 0.1

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		SURVEY PLETED
		mhl041-818	B. WING			-C 2 4/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
SUCCES	CELIL TRANSITIONS	1458 LOI	NDON DRIVE			
SUCCES	SFUL TRANSITIONS	HIGH PO	INT, NC 2726	2		
(X4) ID			ID	PROVIDER'S PLAN OF COR		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE A DEFICIENCY)		DATE
V 296	Continued From pa	ige 3	V 296			
	REQUIREMENTS (a) A qualified prof	704 MINIMUM STAFFING essional shall be available by A direct care staff shall be				
	able to reach the fa	cility within 30 minutes at all				
	required when child	number of direct care staff Iren or adolescents are				
	present and awake (1) two direct	t care staff shall be present for				
		our children or adolescents;				
	(2) three dire	ct care staff shall be present				
	for five, six, seven	or eight children or				
	adolescents; and (3) four direc	t care staff shall be present for				
	nine, ten, eleven or					
	adolescents.					
		number of direct care staff escent sleep hours is as				
	(1) two direct and one shall be av	t care staff shall be present wake for one through four				
		ents; t care staff shall be present wake for five through eight				
	children or adolesc					
	of which two shall b	be awake and the third may be a eleven or twelve children or				
	care staff set forth i	ne minimum number of direct in Paragraphs (a)-(c) of this				
	the facility based or	are staff shall be required in the child or adolescent's				
	individual needs as plan.	specified in the treatment				
		all be responsible for ensuring				
	supervision of child	ren or adolescents when they				
	are away from the f	facility in accordance with the				
Division of H	ealth Service Regulation					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		mhl041-818	B. WING			24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
SUCCES	SFUL TRANSITIONS	LLC RESIDENTI	ONDON DRIVE OINT, NC 2726	2		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	age 4	V 296			
		's individual strengths and in the treatment plan.				
	Based on interview staff failed to ensur direct care staff rec present and awake three or four clients ensure supervision	et as evidenced by: and record review, the facility re the minimum number of quired when clients were which is two staff for one, two s; and facility staff failed to of clients when away from th in client 's treatment plans.	0,			
	revealed: - admitted 9-13 - 16 years old - diagnosed wit - Other Spe Conduct Disorder					
	- Trauma a treatment plai no treatment	nd Stressor Related Disorder n dated 9-25-19 goal or intervention in the t indicated client #1 could be				
	Review on 10-18-1 revealed: - admitted 7-12 - 18 years old - diagnosed wit					

Division of Health Service Regulation STATE FORM

If continuation sheet 5 of 11

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		mhl041-818	B. WING		R-C 10/24/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE. ZIP CODE	•	
		1458 L O				
SUCCES	SFUL TRANSITIONS	, LLC RESIDENTIA HIGH PC	DINT, NC 2726	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE	(X5) COMPLET DATE
V 296	Continued From pa	age 5	V 296	DEFICIENC	(Y)	
v 290	- Attention- - Child Sex - treatment plan - no treatment plan treatment plan, that transported by one Review on 10-21-1 revealed: - admitted 8-21 - 12 years old - diagnosed wit - Rule Out - Adjustme Disturbance of Emo - Attention- - treatment - no treatment	Deficit/Hyperactivity Disorder and Abuse as Perpetrator in dated 6-27-19 goal or intervention in the t indicated client #2 could be staff person 9 of client #3 's facility record -19 th: Reactive-Attachment Disorder in Disorder with Mixed obions and Conduct Deficit/Hyperactivity Disorder plan dated 6-3-19 goal or intervention in the t indicated client #3 could be				
	Finding #1: - Two staff requ present	uired for one or more clients				
	Professional reveal - clients are sor as well - "If a client is c will stay back at the two doing well (who - the facility has	-19 with the Associate led: metimes split up, and staff are on restriction, one staff usually group home to not punish the b leave for an outing)." s only one staff working, "only h usually only for 30				
	 except during rode a bus to school 	19 with client #2 revealed: the first week of school, he ol t week, only one staff was left				

STATE FORM

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		mhl041-818	B. WING			24/2019
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SUCCES	SFUL TRANSITIONS	LLC RESIDENTI	NDON DRIVE	2		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	age 6	V 296			
		he left for school nds sometimes about half the esn ' t show up for their shift"				
	- "there are t somebody doesn '	-19 with staff #1 revealed: times on weekends when t show up and clients may be or 30 minutes, if that much."				
	Interview on 10-23- - staff show up "not often"	-19 with staff #2 revealed: late for work on weekends,				
	with a sick child or - when that hap "usually not even 2	ile you might have somebody something like that" opens, he works alone, 0 minutes" s currently sharing a van with				
	allow both facilities	e it, a staff person must leave				
	revealed:	-19 with Complainant #1 (C1) viewed a former client (fc#4)				
	on 10-3-19 - fc#4 reported	the Qualified Professional side and away from the facility				
		-19 with the QP revealed: ne mornings when staff don ' t				
	- she, the Asso the directors are ro - "when staff do	ciate Professional (AP) and tating to maintain coverage on ' t show up and maybe 45				
	minutes go by befo - "in the past m twice, and both tim	nonth that 's happened maybe				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		mhl041-818	B. WING			R-C 24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1458 LO	NDON DRIVE			
DUCCES	SFUL TRANSITIONS	HIGH PC	DINT, NC 2726	2		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC [\]	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	age 7	V 296			
	this kind of thing has short-staffed in a ci	has been put in place, that if appens again where we ' re risis, clients are to be taken to office where 2 staff are always				
	Finding #2: - Treatment Pla while away from the	ans specify client supervision e facility				
		19 with the AP revealed: been transported to school by er staff				
	- the facility wa their sister facility - coordination o allow both facilities	e it, a staff person must leave				
	 except during rode a bus to school 	19 with client #2 revealed: the first week of school, he ol ported him by herself the first				
	revealed: - the QP had tr school with no othe	ansported client #1 and client				
	- she had trans	19 with the QP revealed: ported clients by herself ach client ' s treatment plan				

STATE FORM

FITP11

If continuation sheet 8 of 11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		Сом Г	E SURVEY PLETED
		mhl041-818	B. WING		10/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
SUCCES	SFUL TRANSITIONS,	LLC RESIDENTI	NDON DRIVE	•		
			DINT, NC 2726			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From pa	ge 8	V 296			
	person - "the transport supposed to be in t	lients by myself, "that was on	F			
V 539	10A NCAC 27F .01 ENVIRONMENT (a) Each client sha (1) an atmos uninterrupted sleep hours, consistent w provided and the ty (2) accessible for at least limited p determined inappro- habilitation team. (b) Each client sha his room, or his por with respect to choi and with respect for restrictions on this f		1			
	staff failed ensure e areas for personal p client #2 and client The findings are:	on and interview, the facility each client had accessible privacy for three (client #1,				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
					R-C	
		mhl041-818	B. WING		10/2	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SUCCES	SFUL TRANSITIONS,		NDON DRIVE	2		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLET
V 539	Continued From pa	ige 9	V 539			
	- a door was lai facility, next to the o	id on the curb in front of the driveway				
	Interview on 10-21- Professional reveal	19 with the Qualified				
		door had in fact, been				
	removed from the door frame					
		a about an hour, it wasn ' t an hour while we fixed it"				
		19 with client #1 revealed: door was off for a, "week"				
		19 with client #3 revealed: been off for, "about a week" / door"				
	Interview on 10-17- revealed:	19 with Complainant #3				
	- client #2 told I workable door	her the bathroom had no been off "for some time" (exact				
	length of time not re					
	- the bathroom	19 with staff #1 revealed: door was broken two times re "horse-playing" /er a week"				
	 he only worke the bathroom 	19 with staff #2 revealed: d on weekends door was off two times t was off when he arrived to				
	work one weekend	was back on, the next				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		mhl041-818	B. WING			R-C 24/2019
	PROVIDER OR SUPPLIER	LLC RESIDENTL	DDRESS, CITY, S NDON DRIVE DINT, NC 2726			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 539	weekend - the second tir about 4 days Interview on 10-21- Professional (AP) r - the bathroom out of the frame twi - the first time i and a half" - "they (mainter fix the frame" - the second tir days, not as long as - it was off for s had to also fix the f - when asked w ' t come immediate door, then do the or stated, "To be hone	ne, he believed it was only off -19 with the Associate evealed: door was off it ' s hinges and ice t was off for, "maybe a week nance staff) had to come and ne it was off, "four to seven	,			