PRINTED: 10/01/2020 FORM APPROVED

DENTIFICATION NUMBER: mhi041-818 STREET ADDRESS, CITY, STATE, ZP CODE 1458 LONDON DRIVE 1458 LONDON DRIVE	AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	LIVON DATE	
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MIGH POINT, NC 27282 SUMMARY STATEMENT OF DEPTICIPATIONS HIGH POINT, NC 27282	UCCESS	FUL TRANSITIONS III			ATE, ZIP CODE		
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NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STA DON DRIVE	TE, ZIP CODE				
SUCCESSI	FUL TRANSITIONS, LLC	RESIDENTIAL CAR	NT, NC 27262					
	OLIBABADO OT	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V	(X5)		
(X4) ID PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE DATE		
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V 296	Continued From page	e1	V 296		ĺ			
	children or adolescen							
		are staff shall be present						
	and both shall be awa	ake for five through eight	P-1446					
		care staff shall be present						
	of which two shall be	awake and the third may be						
1	asleep for nine, ten,	eleven or twelve children or						
	adolescents.	the same and dispet						
	(d) In addition to the	minimum number of direct Paragraphs (a)-(c) of this						
	Rule more direct car	e staff shall be required in						
	the facility based on	the child or adolescent's			1			
	individual needs as s	pecified in the treatment	8 8 1					
	plan.	21. (
	(e) Each facility shall	l be responsible for ensuring en or adolescents when they						
	are away from the fa	cility in accordance with the						
	child or adolescent's	individual strengths and						
	needs as specified in							
	This Dula is not mot	as avidenced by:						
	This Rule is not met Based on interview,							
	observation the facili	ty staff failed to ensure two						
	direct care staff were	present, the minimum			8 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	number required, wh	en clients were present and						
		for two (client #1 and client						
	#2) of four clients au The findings are:	uiteu.			and the second s			
		-10-20 and 9-16-20 of client						
	#1 's facility record r							
	- admitted 5-1-2 - 14 years old	U						
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Division of Health Service Regulation

PRINTED: 10/01/2020 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: mhi041-918 STREET ADDRESS, CITY, STATE JPP CODE 4.8 PLANDON DRIVE SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAR STREET ADDRESS, CITY, STATE JPP CODE 4.85 L ANDON DRIVE HIGH POINT, NC 27282 V. 296 Continued From page 2 - diagnosed wilt: - Post Traumatic Stress Disorder - Unspecified - Other Persistent Mood Disorder - Borderline Traits - Admission Assessment 4-9-20 aggression lowards family and peers - property destruction - anti-social behaviors - Impulsivity, lying, abandonment and oppositional lissues - disinarged 8-31-20 Review on 6-4-20 and 8-8-20 of client #2's facility record revealed he was: - admitted 12-6-19 - 14 years old - diagnosed with - Oppositional Disorder - Conduct Disor	-	AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	1(X3) D/	TE CUDUEV	ine
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Admission Assessment 4-9-20:									
- aggression towards family and peers - property destruction - anti-social behaviors - Impulsivity, lying, abandonmentand oppositional issues - discharged 8-31-20 Review on 6-4-20 and 6-9-20 of client #2 's facility record revealed he was: - admitted 12-6-19 - 14 years old - diagnosed with: - Oppositional Defiant Disorder - Conduct Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:									or and a second
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- Impulsivity, lying, abandonment and oppositional issues - discharged 8-31-20 Review on 6-4-20 and 6-9-20 of client #2 's facility record revealed he was: - admitted 12-6-19 - 14 years old - diagnosed with: - Oppositional Defiant Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		1	 property des 	struction					Shifteen
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- discharged 8-31-20 Review on 6-4-20 and 6-9-20 of client #2 's facility record revealed he was: - admitted 12-6-19 - 14 years old - diagnosed with: - Oppositional Defiant Disorder - Conduct Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:			- Impulsivity, I	ying, abandonmentand					AVOLUTABLE
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- 14 years old - diagnosed with: - Oppositional Defiant Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:			facility record revealed	he was:					-
- diagnosed with: - Oppositional Defiant Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2's personnel record revealed:		may of the second	 admitted 12-6-19 					İ	-
- Oppositional Defiant Disorder - Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:					1				-
- Conduct Disorder - Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2's personnel record revealed:									
- Cannabis Abuse - Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2's personnel record revealed:		-	- Oppositional	Defiant Disorder					
- Admission Assessment 9-26-19: - admits he needs help with anger - fighting and other aggressions - obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2's personnel record revealed:					100				
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- obsessed with sexual issues - endorses hallucinations when angry and out of control - discharged 6-12-20 Review on 6-4-20 of staff #1's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2's personnel record revealed:			- fighting and o	ther aggressions				Anna Anna Anna Anna Anna Anna Anna Anna	
out of control - discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		3	 obsessed with 	n sexual issues					
- discharged 6-12-20 Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:			- endorses hall	ucinations when angry and				- Inches	
Review on 6-4-20 of staff #1 's personnel record revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		(
revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:			- discharged 6-12-2	0					
revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		9.			V V V A A A A A A A A A A A A A A A A A				
revealed: - hired 1-23-17 - position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		F	Review on 6-4-20 of stat	ff#1's personnal record					
- position: - Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:		r	evealed:	a beraounter record				Addition of the second	
- Paraprofessional Direct Care Staff Review on 6-4-20 of former staff #2 's personnel record revealed:			- hired 1-23-17	,					
Review on 6-4-20 of former staff #2 's personnel record revealed:		İ							
Review on 6-4-20 of former staff #2 's personnel record revealed:		-	- Paraprofessio	nal Direct Care Staff				The same of the sa	
record revealed:							Picco Picco	O. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	
record revealed:		0	Political on C 4 20 C				de a	- Consequent	
		ra	cord revealed	ner staff #2 's personnel			none maken		
	s								

PRINTED: 10/01/2020 FORM APPROVED

Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI COMPLE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TEU
					C	
			- 11110			0.0000
		mhI041-818	B. WING		09/1	8/2020
			DDS00 OIT/ OT/	TE ZIR CORE		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	ie, zir cobe		
01100500	FUL TRANSITIONS, LLC	DESIDENTIAL CAR 1458 LON	IDON DRIVE			
SUCCESS	PUL IRANSIIIONS, LLC	HIGH PO	INT, NC 27262			
	CLIMMADV ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	4	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
				DEFICIENCY)	i	
V 296	Continued From page	e 3	V 296		A STATE OF THE STA	
	1					
	- hired 1-30-09					
	- position:				į	
	- Paraprofes	ssional Direct Care Staff			-	
					1	
	Review on 6-4-20 of	staff #3 's personnel record				
	revealed:				1	
	- hired 4-20-20		****			
	- position:				111000	
		ssional Direct Care Staff				
	1 0/40/0100				Į	
					į	
	Daview on E 12 20 o	f incident reports involving				
	Review on 5-13-20 6	O severaled on event just offer	and the same of th			
		2 revealed an event just after				
	midnight on 5-4-20:					
		lient # 2 had left the facility				
	AWOL (absent without				İ	
	- the Qualified P	rofessional (QP) was called			Maria a sa Ay Ay	
	by staff at 3:00 am to	inform her the clients were				
	gone					
	- staff #2 arrived	at 3:00 am and noticed a	1		-	
	bedroom window wa	s open				
		his room (noticed) he was			1000	
	missing"	,			1	
	1111331119					
	Observation of the fo	cility and grounds between				
	2.45 nm and 2.25 nm	on 9-11-20 and interview on				
	9-14-20 with staff #1					
		inside the facility is located				
		ay, approximately 25 feet				
	from the living room	V22 52 9000 4000 50	1			
	- Directly down t	he hallway from the office to				
	the living room is the	couch, that was used by	1		and the same of th	
	staff #1, to sleep on	when client #1 and client #2			į	
		ove away in the facility	1			
		20. From the couch, the				
	office door is in a stra					
		owded with parked cars				
	- tile Street is Cit	lient #2 's bedroom windows				
	- client #1 and c	Hent #2 5 Dedroom windows				

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
		OCIVITION NOMBER:	A. BUILDING: _			PLETED
		mhi041-818	B. WING			С
AME OF F	PROVIDER OR SUPPLIER				09	/18/2020
			ADDRESS, CITY, STAT	E, ZIP CODE		
JCCESS	SFUL TRANSITIONS, LL	- ILLOIDENTIAL CAR	NDON DRIVE			
(X4) ID	SIMMARYS		DINT, NC 27262			
PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE
V 296	Continued From page	e 4	V 296			1
	are located approxim	ately 5-7 feet from the				
and depending on the second	ground, creating an e entry point.	easy exit but a more difficult				Table and Table
	Review on 9-11-20 of	the document titled: "Staff				
1	Schedule RF (Reside London" revealed:	ntial Facility) Level III				
	- Staff #3 was scl	heduled to work from				
	4:00pm to midnight or	15-3-20				
1	- Staff #1 was sch	neduled to work from	55.5.2			1
	10:00pm on 5-3-20 un	was scheduled to arrive at				
	midnight on 5-3-20 to	relieve staff #3 and work				
1000	until 8:00am on 5-4-20).	-			
	Interview on 9-15-20 w	vith client #2 revealed:				
-	 on the night of 5- shift was over 	3-20, staff #3 left when his				
#	#3 left the facility	ailed to show up beforestaff				
	and was asleen on the	gnated as the sleepstaff, couch in the livingroom			in the state of th	
	- the office door wa	as onen	11000			
į		eys were in the office on the				
C	iesk	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	- he and client #1 v	vent in the office andgot			İ	
1	he van keys				Minority	
	- he and client #1 r	eturned to his room				
hi	is bedroom window w	exited the facility through thich is located near the			and the A ha	
	ont of the facility	men is located near the			# # # # # # # # # # # # # # # # # # #	
		rove the facility van to a				
n fa	earby town (more than	60 miles away from the			The state of	
	- they left the van in	a retail store parking lot				
a	nd called his father				-	
	- his father came ar	nd picked them up around				
5:	00am	i i	1			

Division of	of Health Service Regu	lation	and the same of th		
The second secon	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
			B. WING		09/18/2020
		mhl041-818	B. 4711140		03/10/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		1458 LO	NDON DRIVE		
SUCCESS	FUL TRANSITIONS, LLC	RESIDENTIAL CAR	NT, NC 27262		
			1111, 140 2/202	SECULIDEDIC DI ANI OF CODRECTION	N (VE)
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
TAG	NEGOL/TOTT OT	200.021(11.10.000.000.000.000.000.000.000.000.	1 ,,,,	DEFICIENCY)	
V 296	Continued From page	e 5	V 296		
	his father than	called the group home totall			ĺ
	them where they wer	е			
			100		
		with staff did soverelad:			
		with staff #1 revealed:			Ì
		rage, at best once or twice in	200		
		on works alone at the facility			
		rived at approximately			
	9:50pm to begin his s				
		f person was there when he			j
		the couch, about 11:30pm			
	 he guessed that 	it the other staff left when his			
	shift ended, at midnig				
	- former staff #2	was supposed to be thereat			
	midnight.				
		pack up, it was about 3:00am			
	and [former staff #2]				
	- "I noticed [clien	t #1] and [client #2] were			
	gone."				
	- "1 didn ' t kno	ow they had taken the van.			
		ut until the next morning."			
	- "I think [former	staff #2] 's car broke down.	İ		
	If I had known, I could	d ' ve stayed awake			
		upposed to do (if we are	i		
	going to be late) is ca	all a supervisor. If they can '			
	t find someone to cor	me in, they ' ll come in			
	themselves."				
		ho left at midnight, and	3.0.0.000		es-application of the control of the
	former staff #2 were	supposed to call a			and the state of t
	supervisor.				
	- "If [former staff	#2] had called (the facility), it			and the second s
	would 've woken me	up. I think she called [QP], I			
	think, but I'm not su		i		
	- When he woke	up the facility keyswere			
	next to him, but not the				
	- "I don't know i	if the van key was left with	İ		
) left, or if it was in the office	- Liver and		
	and they (client #1 ar	nd client #2) got the keys			
	from next to me and	opened the office to get the			
	van kevs. When staff	f aren 't in the office, we	Ì		

Division	of Health Service Regi	ulation				M APPROVED
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		mhl041-818	B. WING		1	C 18/2020
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	1 001	10/2020
SUCCES	SFUL TRANSITIONS, LLC	RESIDENTIAL CAR 1458 LO	NDON DRIVE DINT, NC 27262			
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	6	V 296			
	usually leave it locked door from where we a	funless we can see the are in the facility."				
	dates was unsuccessi					
	Attempts to interview of due to his being involu- psychiatric unit at a re-	client #1 were unsuccessful Intarily committed to a gional facility.				de electronic en consequença
1	Legal Guardian (F/LG)	e group home minivana				disentation processing the second sec
	- "[client #1] was the client #1, "got into	ne leader" o a lot of trouble while at ening staff, cursing people				Manifest Personal Per
	was getting calls about - despite client #1 ' had staffing problems	things he was doing." s issues, the group home is lacking. My question				POTTER THE PROPERTY OF THE PRO
	was, ' when he got in th where was the staff '?"	e office and got the keys				Abbrickier
	than once, I only saw or times not reported	ne staff there." -dates and				
	what the group home st	a difficult child, but that 's aff are for."			TOTAL THE THE PLANTAGE AND THE AND THE PLANTAGE AND THE P	A Constitution of the Cons
may b	nterview on 9-16-20 wit - he worked on Sun - client #1 and clien					TO AS A STATE OF THE PARTY OF T
	vhich ended at midnight	the van in the office for				ANNIQUEDROAL OF CENTEROL
а		eave until former Staff#2				the control of the co

Division of Health Service Regulation

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	of Health Service Regul TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					С
		mhl041-818	B. WING		09/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
		1458 LOI	NDON DRIVE		
SUCCESS	FUL TRANSITIONS, LLC	HIGH PC	OINT, NC 27262		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 296	Continued From page 7		V 296		
	- after being info	rmed other staff and clients	1.00		
	reported former staff	#2 arrived approximately 3			
		naintained she (former staff			
	#2) was there when h	ne left at midnight.			
	 see reference t 	o "Employee Correction			
		#3 leaving on 5-3-20/5-4-20			
	prior to former staff #	2 arriving.			
	Raview on 9-17-20 o	f the "Successful Transitions			
		Action Plan" dated 5-4-20			
		on staff #3 revealed:			
	- Type of Infraction				
		of Company Policy"			
		of Safety Rule"			
	- "Negligeno				
	- Description of I				
	left his shift on time b	end of consumer shift, staff			
		e had arrived to relief him			
	causing the consume	ers to be unattended for over			
	an hour and a half;"				
		nsumers went AWOL from the			
		and stole the consumer's			
	1	ness and failure to inform	2		
	anyone of his tardine	SS."			į
	- "This is a d	direct violation of company			
	policy (Leaving a con	sumer unattended by staff in only one staff in the facility			
		leaving keys out where	and A war		
		o the consumers and/or			
		should be on the staff at the			
		s for terminations under the			
	NC Health Registry A	Act for neglect of achild"			
	- "Immediate Co	rrection is required"	A should be		
	- Employee 's C	comments:			
		of the consequences of my			
		ollow the correct procedures			
	in handling the situat		111111111111111111111111111111111111111		
	- signed by staff	#3 on 5-5-20			THOUGH TO SEE THE PARTY OF THE

Division of Health Service Regulation STATE FORM

Division	of Health Service Reg	ulation			FOR	RM APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		E SURVEY PLETED
		mhl041-818	B. WING		no	C 0/18/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E ZIP CODE		11012020
SUCCESS	FUL TRANSITIONS, LL		NDON DRIVE	E, ZIP CODE		
	TOE TRANSPINONS, LL	C RESIDENTIAL CAR	DINT, NC 27262			
(X4) ID PREFIX	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	1
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETE DATE
V 296	Continued From page	e 8	V 296			
	- "[client #1] and keys to the office from asleep on the couch in - "Then they were wan keys." - "To be honest, I stolen and they had not morning. The value being serviced and wan ormally leave it." - "So when they more than 60 miles away picked them up" - the Licensee/Couboth clients from clients from clients from clients the policy has ally your replacement arrivations."	didn't know the van was ot gone on foot until the had just gotten back from asn't parked where we an out of gas in [a town vay], [client #2] 'sfather -Director (LCD) picked up t #2's father's residence ways been to not leave until				
j.	he LCD revealed: - "we don ' t rea keys." - "Then when the s former staff #2] was la	9-17-20 and 9-18-20 with Ily know when they got the shift changed, 3rd shift, Ms. te due to car trouble, so ere was only one staff				Management and Associated Commission of Section 2015
a g a	here." - "[staff #1] was ou - "the kids were in lready done his bed cl - "[former staff #2]	t of the office cleaning" their beds. [Staff #1] had necks." was supposed to call the then me if they can 't get				

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Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	בוכט.
						-
		1.0.4.040	B. WING		1	18/2020
		mhI041-818]		031	10/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
TOTAL OF T	TO THE ETT OF THE TENT	1458 LO	NDON DRIVE			
SUCCESS	FUL TRANSITIONS, LLC	RESIDENTIAL CAR	DINT, NC 27262			
			71N 1, NC 27202		. 1	1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
TAG	REGOLATORIOR	200 IDENTIL TITO ILLI GILIII II.	1700	DEFICIENCY)		
V 296	Continued From page	e 9	V 296			
	r . r		and the same of th			
		not following the protocol on				
	[staff #3] and Ms. [for					
		harges for them stealing the				
	car."					
		of gas in [a town morethan				
	60 miles away]."					
		t's right for us to be				i
		taff have emergencies . We	Augusta aug			
		e considerations because we	!			
		two staff scheduled. There				
	are some providers in	n this business that don ' t				
	even do that. Someting	mes staff have emergencies				
		I don ' t think it ' sright.				
		e leeway if staff have to				
	leave at the end of th	eir shift and go on to another				
	job or if they have a s	sick child and have to leave.				
	I think [previous Facil	lity Compliance Consultant]				İ
	once said there was	a grace period of 20 minutes	1			
	or so, that if there wa	is only one staff, that it was				
	alright."	• 200				
	Review of an email fr	om the LCD on 9-17-20				
	revealed:					
		eing told we were allotted 20				
	minutes in emergenc	y situations. I understand	The state of the s			
	this does not apply to	this situation because this				
	was clearly a violation	n of our policy and it was				
	addressed as you ca	n see. I don't think this is				TO CONTRACT OF THE PARTY OF THE
		n't predict emergencies in				1
		ve to stay in ratio at all times	İ			
	and it is not realistic t	to have three staff for the				
		netheless, as you can see				
	the cituation was don	cumented and all staff will be				
	retrained."	difference and an stall will be				
		this field for a while and				
	is not realistic Livet	lot of growing pains. Yet this				
	is not realistic. I just v					
		we will do our best to enforce				
	this and minimize the	ese occurrences from				

Division of Health Service Regulation STATE FORM

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AND DI ANI	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	7 7	
T LAN	OF GURRECTION	IDENTIFICATION NUMBER:			(X3) DAT COM	E SURVEY PLETED
		mhl041-818	B. WING			С
IAME OF F	PROVIDER OR SUPPLIER	STAFFT			09	/18/2020
			ADDRESS, CITY, STAT	E, ZIP CODE		
	SFUL TRANSITIONS, LL	O RESIDENTIAL CAR	DINT, NC 27262			
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID I	PROVIDENCE DI INICE CONT		1
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OUI D BE	COMPL DAT
V 296	Continued From pag	e 10	V 296			-
	the big bucks to litiga	his is why we pay attorneys te matters like this when we cally possible to avoid these				and the same and t
	Review on 9-18-20 of 9-17-20 and 9-18-20	a Plan of Protection written by the LCD revealed:				Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
Politica de la composição de la composiç	What immediate acti ensure the safety of the	on will the facility take to ne consumers in yourcare?				
	with each staff prior to starting today, 9/17/20	of this coaching and review of them starting of their shift, or, and before every staff ude the weekend staff.				
	staff of immediate tern the staff to the Healtho client is left unproperly occurs endangering the others involved due to will be informed they a until their immediate summed be reports within	ne immediately to inform the nination and up to reporting care Registry for neglect if a supervised and an incident e safety of the client and/or lack of supervision. Staff re not to leave the shift upervisor or another staff 30 minutes and/or the ne supervisor and the staff				
1.00	The QP will personally pensure adequate cover times."	review this with every staff rerage is being provided at				
h	escribe your plans to rappens.	make sure the above			7	
W	The QP will document ith each staff prior to the arting today, 9/17/20.	this coaching and review hem starting of their shift ,			**************************************	

Division o	f Health Service Regu	lation			(VA) DATE O	IDVEV
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI COMPLE	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		001411 CC	
					C	1
			B. WING		09/1	8/2020
		mhl041-818				
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	re, ZIP CODE		
		1458 LONE	ON DRIVE			
SUCCESS	FUL TRANSITIONS, LLC	RESIDENTIAL CAR	IT, NC 27262			
				PROVIDER'S PLAN OF CORRECTION	V I	(X5)
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
PREFIX	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
TAG	NEODE TO THE			DEFICIENCY)		
			1,000			
V 296	Continued From page	e 11	V 296		Ì	
	the OD by Manday O	0/20/20 and no later than				1
	1.00 m Each coach	ing will be filed in the staff's			į	
	folder. She understa	and the OP or the	İ			
		30 minutes to arrive to the				
	designated statt has	the required staffing ratio is				
	facility to make sure	the required staffing ratio is				
	being met at all times	s. It will be reiterated in the			Ì	
	staff's coaching the	y are NEVER to be with				
	fewer than two (2) sta	aff persons. The rule (.1704)				
		staff shall be able to reach				
	the facility within 30 r	minutes at all times				
	This deficiency was	cited two times in the	1			
	previous year on 2-8-	-19 and again on 10-4-19.				
	Makamatan 1986 Makan Boo Managaran				1	
	This facility is license	ed to provide residential				
		and adolescents with			-	
	serious mental health				Î	
	Conduct Disorder, Po		i i		9	
	Disorder, Mood Diso					
	Oppositional/Defiant	Disorder, thereby requiring a				
	minimum of two staff	f to be present at all times.	1			
	The safety and well-	being of the client's was not				
	ensured due to inade	equate staffing and				
	supervision. Two 14	year old boys (clients #1 and				
		appropriate staff supervision			ĺ	
		eft work at midnight on 5-4-20				
	before FS #2 arrived	for her shift. That left only 1				
	staff at the facility an	d he was asleep (staff #1).				
	Client #1 and #2, left	t alone without staff				
	supervision, were ab	ole to go into the staff office				
	and take the facility	van keys. They stole the				
	facility van and drove	e over 60 miles in the middle				
	of the night (some tir	me after midnight) until they				
	ran out of gas. Staff	#1 was not aware the clients				
	were missing until ar	round 3:00am when he				
		not know the clients had				
		nicle until later that morning				
		a call from client #2's father.				
	This deficiency cons	titutes a Type A1 rule	a de la companya de l			
1		neglect and must be				

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Division of Health Service Regulation TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE	CONSTRUCTION				
NO FLAIN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
ml		mhI041-818	B. WING		00	09/18/2020	
AME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	F 7IP CODE	- 1 0.	3710/2020	
CCESS	SFUL TRANSITIONS, LL		NDON DRIVE	L, 211 GODE			
	TONO, EL	O ILLOIDER HAL CAR	DINT, NG 27262				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORR		FCTION		
TAG REGULATORY OR LSC		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULDBE	COMPLI DATE	
V 296	Continued From page	e 12	V 296				
	corrected within 23 days. An administrative						
	penalty of \$1000.00 is imposed. If the violation is		The state of the s				
	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.						
	compliance beyond the	ne 23rd day.				ĺ	
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Page: 15

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10/16/2020 06:15 PM T0:19197332757 FROM:3364504492

Page: 1

Fax Transmission

To: Mental Health Licensure and Certification Sectio From: Successful Transitions LLC

Fax: 19197332757

Date: 10/16/2020 6:15:06 PM MST

RE: Response to mhl041-818 Survey

Pages: 15

Comments: