Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
							Э				
		mhl041-818		B. WING		02/0	08/2021				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SUCCESSFUL TRANSITIONS, LLC RESIDENTIA 1458 LONDON DRIVE HIGH POINT, NC 27262											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE				
V 000 INITIAL COMMENTS			V 000								
	The complaint (inta substantiated. A de	was completed on 2 ke #NC00173913) w ficiency was cited. sed for the following s	as								
		C 27G .1700 Reside									
V 736 27G .0303(c) Facility and Grounds Maintenance			V 736								
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive ar e kept free from offe	nd orderly								
	failed to maintain th and orderly manner	on and interview, the le facility in a safe, at . The findings are: /21 of the facility betw	ttractive								
	(a) Client #3's bedre - The door to clie marks and notable bottom half of the d	oom ent #3's bedroom hac cracks and splitting i oor	n the								
	closet doors (right of a missing door closet doors (left do	knob/handle on one	of the two								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
					С							
mhl041-818		B. WING	B. WING		02/08/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
SUCCESSFUL TRANSITIONS, LLC RESIDENTIA 1458 LONDON DRIVE HIGH POINT, NC 27262												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE						
V 736	Continued From pa	ge 1	V 736									
	client #2's bedroom	1										
	bathtub (c) Kitchen	ottom of the wall near the en cabinet door										
	 A missing cabinet drawer A small hole in the wall near a counter (d) Living room area A mini blind with missing and broken slats (e) Activity room A dented metal stack duct with a heating/cooling vent located at the top of the duct The sides of the metal stack duct had separated and was open along the seams on the right side of the duct 											
	Qualified Professio The damaged at client (#1 and #2 2020 and January 2 Licensee #2 was ensuring repairs we	areas of the facility were due 's) behavior in December										

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