Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: B. WING		COMPLETED		
		mhl041-818			C 02/08/2021		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY				
SUCCES	SFUL TRANSITIONS	, LLC RESIDENTI					
			NT, NC 27	262 PROVIDER'S PLAN OF CORRECT			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		
∨ 000	INITIAL COMMENTS A complaint survey was completed on 2/8/21. The complaint (intake #NC00173913) was substantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.		V 000	 a) Client #3's bedroom The door to client #3's bedroom had scuffmarks and notable cracks and splitting in the bottom half of the door Smeared red markings on one of the twocloset doors (right door) A missing door knob/handle on one of the twocloset doors (left door) The door has been replaced 03-05/2 			
V 736	10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf manner and shall to odor. This Rule is not m Based on observat failed to maintain th and orderly manne Observation on 2/2 12:17 pm and 1:37 (a) Client #3's bedr - The door to clies marks and notable bottom half of the c - Smeared red n closet doors (right - A missing door closet doors (left do	d its grounds shall be e, clean, attractive and orderly be kept free from offensive et as evidenced by: ion and interview, the staff he facility in a safe, attractive r. The findings are: /21 of the facility between pm revealed: oom ent #3's bedroom had scuff cracks and splitting in the door harkings on one of the two door) knob/handle on one of the two	V 736	 Small holes in the covering on the #2's bedroom – Holes have since repaired. Provider noticed holes Client # 3's bedroom, however, repair any additional holes in Cl bedroom by 3/15/21 (b) Bathroom A hole in the bottom of the near the bathtub – Bathroom has totally rehabbed and updated (c) Kitchen A missing kitchen cabinet A missing cabinet drawer A small hole in the wall ne counter (d) Living room area A mini blind with missing a broken slats- Mini blind will be rethrough out the house (e) Activity room A dented metal stack duct heating/cooling vent located at the the duct – HVAC contractor will I be contacted to repair the cooling The sides of the metal star had separated and was open alon seams on the right side of the duc contractor will have to be contacted repair the cooling vent 	been s in will ient' #2's03-21-21will ient' #2's03-21-21door been03/05/21door ar a03/21/21with a top of nave to ng vent.03/30/21ck duct g the t- HVAC cted to03/30/21		
				Interview on 2/2/21 and on 2/8/21 Qualified Professional revealed: - The damaged areas of the			

Division of Health Service Regulation	
	were due to client (#1 and #2's) behavior in
	December 2020 and January 2021
	 Licensee #2 was the person
	responsible for ensuring repairs were made
	in the facility and was in the process of
	addressing the areas in need of repair.
Division of Health Service Regulation	
LABOBATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATU	RE TITLE Co Owner (X6) DATE
	CO-Owner
Un Hashington KCMNC, RCAS, CSOTS	03/05/2021
STATE FORM	LK8H11 If continuation sheet 1 of 2

PRINTED: 02/09/2021 FORM APPROVED

OF CORRECTION	IDENTIFICATION NUMBER:					
		A. BOILDING.	A. BUILDING:		COMPLETED C 02/08/2021	
mhl041-818		B. WING				
PROVIDER OR SUPPLIER			ATE, ZIP CODE			
SFUL TRANSITIONS	5, LLC RESIDENTI		2			
(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT	TION SHOULD BE	(X5) COMPLE DATE	
REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG			27.12	
Continued From pa	age 1	V 736				
client #2's bedroon	n					
(b) Bathroom - A hole in the be bathtub	ottom of the wall near the					
- A missing cabi	net drawer					
 heating/cooling ver The sides of the separated and was 	nt located at the top of the duc ne metal stack duct had s open along the seams on the					
Qualified Profession - The damaged to client (#1 and #2 2020 and January - Licensee #2 was ensuring repairs was	onal revealed: areas of the facility were due 2's) behavior in December 2021 as the person responsible for ere made in the facility and					
	SFUL TRANSITIONS SUMMARY ST (EACH DEFICIENCY REGULATORY OR I Continued From pa client #2's bedroom (b) Bathroom - A hole in the be bathtub (c) Kitchen - A missing kitch - A missing cabi - A small hole in (d) Living room are - A mini blind wit (e) Activity room - A dented meta heating/cooling ver - The sides of th separated and was right side of the du Interview on 2/2/21 Qualified Professio - The damaged to client (#1 and #2 2020 and January - Licensee #2 w ensuring repairs w was in the process	STREET A SFUL TRANSITIONS, LLC RESIDENTI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 client #2's bedroom (b) Bathroom - A hole in the bottom of the wall near the bathtub (c) Kitchen - A missing kitchen 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 duc: - The sides of the metal stack duct had separated and was open along the seams on the right side of the duct Interview on 2/2/21 and on 2/8/21 with the Qualified Professional revealed: - The damaged areas of the facility were due to client (#1 and #2's) behavior in December 2020 and January 2021 - Licensee #2 was the person responsible for ensuring repairs were made in the facility and was in the process of addressing the areas in	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SFUL TRANSITIONS, LLC RESIDENTI 1458 LONDON DRIVE HIGH POINT, NC 2728: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 1 V 736 Cient #2's bedroom V 736 (b) Bathroom V 736 - A hole in the bottom of the wall near the bathtub V 736 (c) Kitchen - A missing kitchen 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 Interview on 2/2/21 and on 2/8/21 with the Qualified Professional revealed: - The damaged areas of the facility were due to client (#1 and #2's) behavior in December 2020 and January 2021 - Licensee #2 was the person responsible for ensuring repairs were made in the facility and was in the process of addressing the areas in	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SFUL TRANSITIONS, LLC RESIDENTI 1458 LONDON DRIVE HIGH POINT, NC 27262 SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PROVIDER'S PLAN OF (EACH CORRECTIVE ACI (CROSS-REFERCICE) TO DEFICIENC Continued From page 1 V 736 client #2's bedroom V 736 (b) Bathroom V A hole in the bottom of the wall near the bathtub V 736 (c) Kitchen A missing kitchen cabinet door A missing cabinet drawer A small hole in the wall near a counter (d) Living room area V A dented metal stack duct with a heating/cooling vent located at the top of the duct 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 Interview on 2/2/21 and on 2/8/21 with the Qualified Professional revealed: The damaged areas of the facility were due to client (#1 and #2's) behavior in December 2020 and January 2021 Licensee #2 was the person responsible for ensuring repairs were made in the facility and was in the process of addressing the areas in	mhl041-818 B. WING 02/ PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 1 V 736 V 736 V 736 (b) Bathroom - A hole in the bottom of the wall near the bathlub V 736 V 736 (c) Kitchen - A missing cabinet drawer - A small hole in the wall near a counter V 736 (d) Living room area - 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 Heating/cooling vent located at the facility were due to client (#1 and #2's) behavior in December 2020 and January 2021 - Licensee #2 was the person responsible for ensuring repairs were made in the facility and was in the process of addressing the areas in	

LK8H11