



Division of Health Service Regulation

			<p>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.</p>	
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Erin Washington* LCMHC, LCAS, C5075

TITLE

Co-Owner

(X6) DATE

03/05/2021

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl041-818</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/08/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUCCESSFUL TRANSITIONS, LLC RESIDENTI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1458 LONDON DRIVE</b> <b>HIGH POINT, NC 27262</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 1</p> <p>client #2's bedroom</p> <p>(b) Bathroom</p> <ul style="list-style-type: none"> <li>- A hole in the bottom of the wall near the bathtub</li> </ul> <p>(c) Kitchen</p> <ul style="list-style-type: none"> <li>- A missing kitchen cabinet door</li> <li>- A missing cabinet drawer</li> <li>- A small hole in the wall near a counter</li> </ul> <p>(d) Living room area</p> <ul style="list-style-type: none"> <li>- A mini blind with missing and broken slats</li> </ul> <p>(e) Activity room</p> <ul style="list-style-type: none"> <li>- A dented metal stack duct with a heating/cooling vent located at the top of the duct</li> <li>- The sides of the metal stack duct had separated and was open along the seams on the right side of the duct</li> </ul> <p>Interview on 2/2/21 and on 2/8/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- The damaged areas of the facility were due to client (#1 and #2's) behavior in December 2020 and January 2021</li> <li>- 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.</li> </ul>	V 736		