PRINTED: 12/29/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL0411172 B. WING 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1906 GREENSTONE PLACE SUCCESSFUL VISIONS, LLC HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 12/21/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 Staff have been retrained on 10A NCAC 27G .0207 EMERGENCY PLANS completion of fire and disaster drills. AND SUPPLIES 12/28/2022 (a) A written fire plan for each facility and The updated log have been updated area-wide disaster plan shall be developed and and in log book. Director and Program shall be approved by the appropriate local Manager will ensure that the fire and authority. disaster will be completed on every (b) The plan shall be made available to all staff shift (1st, 2nd, and 3rd) quarterly. and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. DHSR - Mental Health (d) Each facility shall have basic first aid supplies accessible for use. JAN 3 0 2023 Lic. & Cert. Section This Rule is not met as evidenced by:

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

Based on record review and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are:

Interview on 12/21/22 with staff #2 revealed shifts

TITLE EXECUTIVE Director (XB) DATE 1 pols

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_ R MHL0411172 B. WING \_ 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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SUCCESS	SFUL VISIONS, LLC	1906 GREENSTONE F HIGH POINT, NC 2720	06 GREENSTONE PLACE GH POINT, NC 27265		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED I REGULATORY OR LSC IDENTIFYING INFOR	BY FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 114	Continued From page 1 consisted of 1st (8:00am - 4:00pm), 2nd - 12:00am) and 3rd (12:00am - 8:00am).	(4:00pm			
	Review on 12/21/22 of the facility's fire a disaster drill records revealed: -No documented fire drills on 3rd shift for quarters of January - March 2022, April - 2022 and July - September 2022; -No documented disaster drills for the qu January - March 2022, April - June 2022 - September 2022.	r the June parters of			
	Interview on 12/21/22 with client #2 reveal-Admitted 2/23/22; -Never participated in a fire or disaster drat the facility.	(5), (50), (50)			
	Interview on 12/21/22 with the Executive revealed: -Aware that fire and disaster drills were reto be conducted on each shift at least qual-Was not aware that the fire and disaster were not being conducted and documente required; -"I want everything on a system (electronical everything were electronic, it would be to monitor and verify that drills were comprequired.	equired arterly; drills ed as c);" easier			
8	This deficiency constitutes a re-cited defice and must be corrected within 30 days.  27G .0209 (C) Medication Requirements	iency V 118	MAR will be reviewed daily during shift change. During shift change all staff with review MAR to ensure	12/28/2022	
f ( ( ( c c c c c c c c c c c c c c c c	IOA NCAC 27G .0209 MEDICATION REQUIREMENTS c) Medication administration: 1) Prescription or non-prescription drugs solutions administered to a client on the write	shall	MAR's and medications have been documented and completed. QP and Program Manager will review MAR daily.		

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R MHL0411172 B. WING 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1906 GREENSTONE PLACE SUCCESSFUL VISIONS, LLC HIGH POINT, NC 27265 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 2 V 118 order of a person authorized by law to prescribe (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.

(A) client's name:

(B) name, strength, and quantity of the drug;

(C) instructions for administering the drug:

MAR is to include the following:

(D) date and time the drug is administered; and

(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The

(E) name or initials of person administering the

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MAR current for one of three audited clients. (#3). The findings are:

Review on 12/21/22 of client #3's record revealed:

-Admission date of 2/27/22;

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0411172		B. WING		R	
NAME OF PROVIDER OR SUPPLIER		DRESS CITY S	TATE, ZIP CODE	1 12/2	1/2022
		ENSTONE PL	20- 20-0 E-11 - 10-00-1100 N-2-00-1100 N-2-00-1		
SUCCESSFUL VISIONS, LLC		NT, NC 2726			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Disorder and Intermit -Orders dated 6/2/22 1 %, apply to acne tw .65 % Nose Spray, us BID for allergies; -Orders dated 8/17/22 (mg), dissolve 1 table aggression, Levothyro tablet by mouth (po) e breakfast, Oxcarbaze BID, Lithium Carbona to stabilize mood, 1 ta mg, 1 capsule po at b nightmares.  Review on 12/21/22 o client #3 revealed: -No documentation the in the am on the 3rd; -No documentation the was administered in the administered in the and -No documentation the administered in the pn  Interview on 12/21/22 revealed: -Client #3 had not bee medication administrat December 2022; -Not aware that medica documented as being	otive Mood Dysregulation tent Explosive Disorder; for Clindamycin Phosphate rice a day (BID) and Saline se 2 sprays in each nostril  2 for Asenapine 5 milligrams t under tongue BID for oxine 25 micrograms, 1 every morning before pine 600 mg, 1 tablet po te extended release 450 mg ablet po BID, and Prazosin 2 edtime (QHS) for  If December 2022 MAR for at Saline was administered at Clindamycin Phosphate he am on the 5th; at any medications were h on the 15th - 19th; at any medications were h on the 16th - 18th.  with the Executive Director In out of the facility during tion time in the month of ations were not being administered; had been administered as ed in medication	V 118			

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	MHL0411172		B. WNG		12	/21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
SUCCESS	SFUL VISIONS, LLC		ENSTONE PL NT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	4	V 118			
	This deficiency constit and must be corrected	utes a re-cited deficiency I within 30 days.				
	27G .1704 Residential Staffing  10A NCAC 27G .1704 REQUIREMENTS (a) A qualified profess telephone or page. A able to reach the facilititimes. (b) The minimum num required when children present and awake is a (1) two direct ca one, two, three or four (2) three direct of for five, six, seven or e adolescents; and (3) four direct ca nine, ten, eleven or two adolescents. (c) The minimum numiduring child or adolescents (c) The minimum numiduring child or adolescents (2) two direct car and one shall be awake children or adolescents (3) three direct car and both shall be awake children or adolescents (3) three direct car of which two shall be available and the shall be awake children or adolescents (3) three direct car of which two shall be available and the shall be availa	MINIMUM STAFFING  ional shall be available by direct care staff shall be by within 30 minutes at all aber of direct care staff or adolescents are as follows:  re staff shall be present for children or adolescents; are staff shall be present ight children or  re staff shall be present for elve children or  oer of direct care staff ent sleep hours is as  re staff shall be present e for one through four  ge staff shall be present e for one through four  ge staff shall be present e for one through eight	V 296	The Director and Program Mar will ensure that all treatment placeflect that client within the facinas the ability to be transported one staff, based on diagnosis a behavior.  Director and Program Manager insure that two staff are in the hat all times. Staff completed an service on rules. On staff is not allowed to leave one staff in the home alone with 1-4 clients.	ans lity d by and will nome in	12/28/2022
	(d) In addition to the m	inimum number of direct aragraphs (a)-(c) of this				

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  9:	(X3) DATE SURVEY COMPLETED
			D MANG		R
		MHL0411172	B. WING		12/21/2022
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
SUCCES	SFUL VISIONS, LLC		ENSTONE PL NT, NC 2726		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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)	D BE COMPLETE
V 296	Continued From page	5	V 296		
	the facility based on the individual needs as special plan.  (e) Each facility shall supervision of children are away from the facility based on the facility shall supervision of the facility shall supervision shall shall supervision shall	e staff shall be required in the child or adolescent's recified in the treatment obe responsible for ensuring a or adolescents when they lity in accordance with the adividual strengths and the treatment plan.			
	to ensure supervision of when they are away fro accordance with individ	ws, interviews and ty failed to ensure the rect care staff required and of children or adolescents			
	Review on 12/21/22 of revealed: -Admission date of 7/1/-14 years old; -Diagnoses included Di Dysregulation Disorder Hyperactivity Disorder (Interview on 12/21/22 where were, "mostly 2" swhen clients were presented:	isruptive Mood and Attention Deficit (ADHD).  with client #1 revealed staff working at the facility ent.			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DAT	(X3) DATE SURVEY	
AND PLAN	ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		S:	COM	PLETED	
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		MHL0411172	B. WING		1 4	R
					1 14	2/21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
SUCCESS	SFUL VISIONS, LLC		ENSTONE PL			
			IT, NC 27265	5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	Continued From page	6	V 296			
	-Admission date of 2/2 -14 years old; -Diagnoses included Dysregulation Disorder Disorder, Conduct Dis	Disruptive Mood  or, Post Traumatic Stress order, ADHD and a history  order	V 296			
	(staff #2) went 5 minute lunch."	es up the road to get				
	bread and milk; -Aware that there were the facility when clients -Clients were regularly appointments; -Not aware that client # transported by 1 staff.	required to be 2 staff in were present; transported by 1 staff to 2 was not allowed to be				
	Interview on 12/21/22 w	vith the Executive Director				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411172	B. WING		1	R <b>21/2022</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE ZIP CODE	1 12/	21/2022
SIICCESS	FUL VISIONS, LLC		EENSTONE PL			
300023	SPUL VISIONS, LLC	HIGH PO	INT, NC 27265	5		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
	staff #1 and 3 clients p -"They know I'm tied u (facility) so they try to me;" -Client #2 was sometin staff; -Thought there was a seplan regarding him bein This deficiency constitution and must be corrected 27E .0107 Client Right Int.  10A NCAC 27E .0107 ALTERNATIVES TO R INTERVENTIONS (a) Facilities shall implied in the construction of the strategies for creative intervention of the strategies for creative interve	the part the facility leaving present; in part the other home take care of things here for the take care of things here for the stransported with 1 and the present in the part of the par	V 296			
1		tten and by observation of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			74. BOILDING			_	
	MHL0411172		B. WNG		12	R / <b>21/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS CITY ST	FATE, ZIP CODE		72172022	
0110050	1906 G						
SUCCESS	SFUL VISIONS, LLC		NT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
	methods to determine course.  (e) Formal refresher the provided annually).  (f) Content of the train provider wishes to emithe Division of MH/DD Paragraph (g) of this F (g) Staff shall demons following core areas:  (1) knowledge a people being served;  (2) recognizing a behavior;  (3) recognizing the external stressors that disabilities;  (4) strategies for relationships with persions about their lift (7) skills in asset escalating behavior;  (8) communication and de-escalating pote and	jectives and measurable passing or failing the raining must be completed der periodically (minimum ning that the service ploy must be approved by /SAS pursuant to Rule. Strate competence in the and understanding of the and interpreting human the effect of internal and may affect people with building positive ons with disabilities; cultural, environmental and that may affect people with the importance of and involvement in making fe; essing individual risk for on strategies for defusing nitially dangerous behavior; vioral supports (providing	V 536	DEFICIENCY)			
	activities which directly behaviors which are un (h) Service providers s documentation of initial at least three years.	safe).					

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) P

MHL0411172    NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE   SUCCESSFUL VISIONS, LLC   1906 GREENSTONE PLACE   HIGH POINT, NC 27286	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
MANE OF PROVIDER OR SUPPLIER  SUCCESSFUL VISIONS, LLC  1996 GREENSTONE PLACE HIGH POINT, NC 27265  PROVIDER'S HAN OF CORRECTION GRACH DEVISIONS, LLC  WIND PRIETIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 9  V 536  Continued From page 9  V 536  (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail), (B) when and where they attended; and instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive instructor's include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) Trainers shall demonstrate competence by scoring a passing grade instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program and at preventing, reducing and eliminating the need for restrictive interventions at least on time, with positive	MHL0411172		B. WING					
SUCCESSFUL VISIONS, LLC    1906 GREENSTONE PLACE   HIGH POINT, NC 27285	NAME OF P	ROVIDER OR SUPPLIER	STREET AF	INDESS CITY STA	ATE ZIR CODE	1 12	121/2022	-
Maj   December   Dec								
PREFIX TAG  CONTINUED FROM INCOMPATION TAG  V 536  Continued From page 9  (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (I) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competence by observation of the havior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (I)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (D) documentation procedures. (C) methods for evaluating trainee performance; and (D) documentation procedures. (G) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	SUCCESS	SFUL VISIONS, LLC						
(1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and elliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the approved by the Division of MH/DD/SAS pursuant to Subparagraph ()(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of. (A) understanding the adult learner; (B) methods for evaluating trainee performance; and (C) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE	
(A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (I) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (I)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for evaluating trainee performance, and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive	V 536	Continued From page	9	V 536				1
		(1) Documentation (A) who participal outcomes (pass/fail); (B) when and wood (C) instructor's row (C) The Division review/request this docount (D) Instructor Qualificate Requirements: (1) Trainers shate by scoring 100% on teaimed at preventing, row need for restrictive interest (D) Trainers shate by scoring a passing goinstructor training progoinstructor training progoinstructor training progoinstructor training scompetency-based, inconjectives, measurable observation of behavion measurable methods to failing the course. (4) The content of service provider plansing approved by the Division to Subparagraph (i)(5) (5) Acceptable in shall include but are not (A) understanding (B) methods for the course; (C) methods for the course of the	ion shall include: ated in the training and the there they attended; and name; of MH/DD/SAS may cumentation at any time. tions and Training  Il demonstrate competence esting in a training program educing and eliminating the erventions. Il demonstrate competence trade on testing in an tram. shall be clude measurable learning the testing (written and by the on of MH/DD/SAS pursuant of the instructor training the to employ shall be con of MH/DD/SAS pursuant of this Rule. Instructor training programs to timited to presentation of: the adult learner; teaching content of the evaluating trainee  In procedures. I have coached experience to the need for restrictive	V 536				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411172	B. WING		R 12/21/2022	
NAME OF F	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	12/21/2022	
SUCCESS	SFUL VISIONS, LLC		ENSTONE PLA	CE		
(VA) ID	CLIMMADV CT		NT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
	aimed at preventing, red need for restrictive intrannually.  (8) Trainers shat instructor training at let (j) Service providers a documentation of initial training for at least through (1) Documer (A) who participal outcomes (pass/fail);  (B) when and who instructor's reconstructor's reconstructor's reconstructor's request and review this (k) Qualifications of Conches shat requirements as a train (2) Coaches shat course which is be (3) Coaches shat competence by complet train-the-trainer instruction (I) Documentation shat as for trainers.  This Rule is not met as Based on interview and failed to ensure 1 of 4 a Professional (QP)) demonstruction prior to providing services.	all teach a training program educing and eliminating the erventions at least once all complete a refresher east every two years. Shall maintain all and refresher instructor ee years. Intation shall include: ated in the training and the there attended; and name. In of MH/DD/SAS may be documentation any time. In oaches: all meet all preparation in mer. In teach at least three times ing coached. In the same preparation in the same prepar	V 536			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411172	B. WING	B. WING		R 12/21/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SUCCESS	FUL VISIONS, LLC		ENSTONE PL NT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
	revealed: -Hire date of 7/8/18; -No documentation of alternatives to restricti Interview on 12/21/22 revealed: -Not aware that the QF training on alternatives because he was qualif professional; -Not aware that she was annual survey in 2021 completed training on a interventions.	approved training on ve interventions.  with the Executive Director  P was required to complete to restrictive interventions fied to be a licensed as cited during the previous for the QP not having alternatives to restrictive utes a re-cited deficiency	V 536	NCI trainings have been completed and file have been updated with NCI trainings. The will be monitored by the ED at LP who supervises the QP.	nis	1/19/2023	
	170  10A NCAC 27E .0108 SECLUSION, PHYSIC. ISOLATION TIME-OUT (a) Seclusion, physical time-out may be emplo been trained and have competence in the prop to these procedures. F staff authorized to emp procedures are retraine competence at least an (b) Prior to providing did idisabilities whose treatr	I restraint and isolation yed only by staff who have demonstrated per use of and alternatives facilities shall ensure that loy and terminate these and have demonstrated inually.	V 537	NCI trainings have been completed and file have been updated with NCI trainings. This will be monitored by the ED and LP who supervises the QP.		1/19/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	8 2	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		COMP	LE ! ED	
	MHL0411172	B. WING		1	R <b>21/2022</b>	
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE			
SUCCESSFUL VISIONS, LLC	1906 GR	EENSTONE PLA	ACE			
		DINT, NC 27265				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
seclusion, physical resand shall not use thes training is completed a demonstrated.  (c) A pre-requisite for demonstrating compet training in preventing, the need for restrictive (d) The training shall be include measurable learneasurable testing (whose behavior) on those objusted and the provider plans to employ the Division of MH/DD/Paragraph (g) of this Reference (g) Acceptable training but are not limited to, pounderstanding immine others);  (3) emphasis on rights and dignity of all concepts of least restrictive in and shall be trained and dignity of all concepts of least restriction incremental steps in and	poloyees, students or lete training in the use of straint and isolation time-out e interventions until the and competence is taking this training is tence by completion of reducing and eliminating interventions. The competency-based, arning objectives, ritten and by observation of ectives and measurable passing or failing the raining must be completed er periodically (minimum ing that the service by must be approved by ISAS pursuant to take the periodically include, or programs shall include, or programs shall include, or programs on alternatives to the terventions; when to intervene nt danger to self and safety and respect for the persons involved (using citive interventions and	V 537				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

MHL0411172  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS CITY. STATE, ZIIP CODE  1906 GREENSTONE PLACE  HIGH POINT, NC 27285  SUMMARY STATEMENT OF DEFICIENCES  RECOLATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MUST GE PERCECEDE BY PTULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  Continued From page 13  V 537  Continued From page 13  psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention,  (6) prohibited procedures, (7) debriefing strategies, including their importance and purpose; and  (8) documentation of initial and refresher training for at least three years.  (1) Documentation shall include:  (A) who participated in the training and the outcomes (pass/fail);  (B) when and where they attended; and  (C) instructor's name.  (2) The Division of MH/DD/SAS may review/request this documentation at any time.  (i) Instructor Qualification and Training Requirements:  (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.  (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.  (3) Trainers shall demonstrate competence by scoring a passing grade on testing in a rinstructor training program.  Instructor training program.  (4) The training shall be competence by economic passing grade on testing in a rinstructor training program.		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	
MHLO411172   STREET ADDRESS, CITY, STATE, ZIP CODE   1906 GREENSTONE PLACE   HIGH POINT, NC 27265   MIGH POINT,	ANDILAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1906 GREENSTONE PLACE HIGH POINT, NC 27265  (74) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  Continued From page 13 psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose, and (8) documentation or initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (1) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seculsion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be						R	
SUCCESSFUL VISIONS, LLC    1906 GREENSTONE PLACE   HIGH POINT, NC 27265			MHL0411172	B. WING		12/	21/2022
SUMMARY STATEMENT OF DEFICIENCIES   DEPRETIX TAG	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
MIGH POINT, NC 27258  WAI ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCISS (EACH DEFICIENCY MUST BE PRECEDED BY FUILL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 537  Continued From page 13  psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation of initial and refresher training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be	SUCCESS	SELIL VISIONS LLC	1906 GREE	NSTONE PL	ACE		
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psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be	V 537	Continued From page	13	V 537		100	
objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.  (5) The content of the instructor training the service provider plans to employ shall be		psychological well-bei use of restraint throug restrictive intervention (6) prohibited proposed prohibited proh	ing of the client and the safe shout the duration of the strocedures; crategies, including their se; and son methods/procedures. Shall maintain all and refresher training for sion shall include: ated in the training and the shere they attended; and name.  of MH/DD/SAS may cumentation at any time. It demonstrate competence sting in a training program educing and eliminating the erventions.  Il demonstrate competence sting in a training program clusion, physical restraint and the strong in a training program clusion, physical restraint and the strong in an aram. Shall be clude measurable learning at testing (written and by rr) on those objectives and to determine passing or of the instructor training the	V 537			
approved by the Division of MH/DD/SAS pursuant			S. S. Millobror to pursuant				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
AND FLAN OF CORRECTION		DENTI TOXITON NOMBER.	A. BUILDING:		COMPLETED						
		MUI 0444472	B. WNG		R						
MHL0411172					1 12/	/21/2022					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
SUCCESSFUL VISIONS, LLC 1906 GREENSTONE PLACE HIGH POINT, NC 27265											
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COMPLET HE APPROPRIATE DATE						
V 537	V 537 Continued From page 14		V 537	,							
	to Subparagraph (j)(6) (6) Acceptable is shall include, but not be of: (A) understandir (B) methods for course; (C) evaluation of (D) documentation (T) Trainers shall annually and demonst of seclusion, physical time-out, as specified Rule. (8) Trainers shall interest in teaching the use of least two times with a coach. (10) Trainers shall use of least two times with a coach. (10) Trainers shall use of restrictive intervannually. (11) Trainers shall instructor training at le (k) Service providers adocumentation of initial training for at least three (1) Documentation (A) who participal outcome (pass/fail); (B) when and who (C) instructor's in (2) The Division review/request this doc (1) Qualifications of Coaches shall	instructor training programs be limited to, presentation on the adult learner; teaching content of the of trainee performance; and on procedures. If the trained at least trate competence in the use restraint and isolation in Paragraph (a) of this of the currently trained in the use restrictive interventions at positive review by the or the trained at least once of the trained in the training and the or the trai	V 537								
	(1) Coaches sha requirements as a train	all meet all preparation									

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY						
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED						
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NAME OF F	ROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, ST	ATE, ZIP CODE							
SUCCESSEUL VISIONS LLC 1906 GREENSTONE PLACE											
SUCCES	SUCCESSFUL VISIONS, LLC HIGH POINT, NC 27265										
(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 537	Continued From page 15		V 537								
V 537	times, the course whice (3) Coaches show competence by complet train-the-trainer instruction. Documentation suppreparation as for train.  This Rule is not met as Based on interview an failed to ensure 1 of 4 Professional (QP)) conseclusion, physical resprior to providing service. Review on 12/21/22 of revealed:	ch is being coached. all demonstrate etion of coaching or ction. hall be the same hers.  as evidenced by: d record review, the facility audited staff (Qualified impleted training in straint and isolation time out	V 537								
g.	out.	straint and isolation time									
	revealed: -Not aware that the QF training in seclusion, p isolation time out beca a licensed professiona -Not aware that she wa annual survey in 2021 completed training in s and isolation time out.	use he was qualified to be l; as cited during the previous for the QP not having eclusion, physical restraint utes a re-cited deficiency									

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL0411172 12/21/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1906 GREENSTONE PLACE SUCCESSFUL VISIONS, LLC HIGH POINT, NC 27265 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 744 Continued From page 16 V 744 V 744 27G .0304(b) Safety V 744 Space heater was removed from the 12/21/2022 facility on 12/21/2022. Staff was 10A NCAC 27G .0304 FACILITY DESIGN AND advised that space heaters were not **EQUIPMENT** allowed in the home for the safety (b) Safety: Each facility shall be designed, and well being of the clients we constructed and equipped in a manner that ensures the physical safety of clients, staff and serve. visitors. This Rule is not met as evidenced by: Based on observation and interview, the staff failed to ensure the facility was designed, constructed and equipped in a manner that ensured the physical safety of clients, staff and visitors. The findings are: Observation on 12/21/22, at 12:05pm, of the inside of the facility revealed a space heater operating in the office/lounge area. Interview on 12/21/22 with the Executive Director revealed: -Aware that space heaters were not allowed to be utilized in the facility; -Staff had brought space heaters into the facility without her knowledge; -Was going to remove the space heaters from the facility before she left. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.