

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>02/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1458 LONDON DRIVE 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 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on February 27, 2023. The compliants were unsubstantiated (Intake #NC00198681 and Intake #NC00198813). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p>	V 367		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 367	<p>Continued From page 1</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided</p>	V 367		

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V 367	<p>Continued From page 2</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II incident report to the Local Management Entity (LME) within 72 hours as required. The findings are</p> <p>Review on 2/23/23 of the local police department's Incident Report, dated 2/20/23 at 10:45am, revealed: -"Crime Incident #1: All Others Communicating Threats and Crime Incident #2: Vandalism -Victim: [Associate Professional (AP)'s name] -Narrative: On 2/20/23, [the responding officer] responded to [the facility's address] in reference to a public disturbance. We were advised the</p>	V 367		

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V 367	<p>Continued From page 3</p> <p>suspect had broken several windows and was using a piece of glass as a weapon. When we arrived, the victim had barricaded herself in the office in the group home and he was actively trying to get into the room to her. As we approached the residence, he made his way to the back door and ran out. The suspect was running with a long piece of glass and was apprehended by an HPPD (a local city's police department) officer. He was treated at the scene by [a local county]'s EMS (Emergency Medical Services) for the injuries he sustained while breaking the glass. The suspect was then transported to [a local hospital]'s medical center for an emergency involuntary commitment. He remains in their custody at this time. Juvenile petitions are pending for injury to real property and communication threats. Crime lab responded to collect evidence and take photos. There is no further information at this time. -3 windows valued at \$300.00 4 (4=Damaged/Vandalized)."</p> <p>Review on 2/23/23 of the facility's level II incident report revealed: -No level II incident was submitted to the LMC within 72 hours of becoming aware of the incident</p> <p>Attempted interviews with FC #1 were unsuccessful due to no longer being at the local hospital on 2/24/23 and was no longer at the local county's juvenile detention center on 2/27/23</p> <p>Interview on 2/23/23 at 1:48pm with the Licensee revealed: -The QP was on maternity leave -Level II incidents were completed by the QP --The Licensee stated, "we had to do an emergency discharge due to a client's behaviors." -The police had been to the home several times</p>	V 367		

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V 367	Continued From page 4  and approximately 4 days ago, they came into the facility with guns drawn. -"We had to have [FC #1] involuntarily committed and we discharged him." -Would ensure level II incidents were reported to the LME within 72 hours in the future.	V 367		