` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED			
		MHL092-643	B. WING		06/28/2023			
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE				
HEALING	HEALING TRANSITIONS WOMEN'S FACILITY  3304 GLEN ROYAL ROAD RALEIGH, NC 27603							
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
V 000	V 000 INITIAL COMMENTS		V 000					
	deficiency was cited This facility is licens	vas completed on 6/28/23. A d. sed for the following service C 27G .3200 Social Setting						
	Detoxification for Substance Abuse							
		ed for 10 and currently had a udit sample consisted of 3						
V 118	V 118 27G .0209 (C) Medication Requirements		V 118					
	only be administered order of a person a drugs.  (2) Medications shat clients only when at client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of red to each client must be kep administered shall be ely after administration. The ne following:  and quantity of the drug; administering the drug;						
		ne drug is administered; and of person administering the						

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL092-643	B. WING		06/2	28/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HEALING	TRANSITIONS WO	MEN'S FACILITY	EN ROYAL RO I, NC 27603	OAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 118	(5) Client requests checks shall be recipile followed up by a with a physician.  This Rule is not me Based on record refailed to ensure one was current and phrindings are:  Review on 6/28/23 -Admisison date of -Diagnoses of Opic and Anxiety.  Review on 6/28/23 revealed: -Divalproex (mood) -Divalproex Sodium -Amoxicillin (antibio-Lurasidone (schize-Meloxicam (anti-inday -Desvenlafaxine (day -Desvenlafaxine (day -Desvenlafaxine (day -Desvenlafaxine) -5 -Cefdinir (antibiotic -Hydrochlorothiazidonce a day	for medication changes or corded and kept with the MAR appointment or consultation  et as evidenced by: eview and interview the facility of three audited clients MAR aysicians orders present. The  of client #1's record revealed: 6/27/23 bid Dependency, Depression  of client #1's medications list  1 500 mg- once a day 1 250 mg-PM 1 250 mg-PM 1 250 mg-twice a day 1 250 mg-twice a day 1 250 mg-once a day	V 118				
	Review of client #1	's medications present that					

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:  COMP	(X3) DATE SURVEY COMPLETED	
MHL092-643 B. WING 06/2	8/2023	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### ADDRESS, CITY, STATE, ZIP CODE  ### 3304 GLEN ROYAL ROAD  RALEIGH, NC 27603		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
were not documented on the medication sheet revealed:  -A pack of pills with no box or labelSpiriva inhaier with no box or label.  Review on 6/28/23 of client #1's MAR revealed: 6/27/23- AM Divalproex 500 mg 6/28/23- AM Divalproex 500 mg 6/28/23- AM Amoxicillin 125 mg, Desvenlafaxine 100 mg 6/28/23- AM Amoxicillin 125 mg, Desvenlafaxine 100 mg  Interview on 6/28/23 client #1 stated: -Brought medications into the program with herStaff locked the medications when she arrivedCurrently only taking the Divalproex 500 mg twice a day and the Desvenlafaxine 100 mgTook Amoxicillin for a sinus infectionOnly took the hydrochlorothiazide when her blood pressure was high, did not take it today as her blood pressure was high, did not take it today as her blood pressure was her blood pressure was her blood pressure was her an out and couldn't get refillsDid not have orders for medications with her.  Interview on 6/28/23 the Director of Detox Services stated: -When a client is admitted and have prescription medications they are documented and storedClients' medications would be logged in their chartDid not see physician's orders, they just made sure the medications had the labels on themThe medications are then locked in a secure cabinetThe client is to request their medications or staff would remind themThey typically do not have clients with lots of medications.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL092-643	B. WING		06/2	28/2023
	PROVIDER OR SUPPLIER  G TRANSITIONS WON	MEN'S FACILITY 3304 GLE	DRESS, CITY, S EN ROYAL RO , NC 27603	STATE, ZIP CODE		
(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 CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 118	for their programStaff should have to of what she was act what all medication -Will look into a systimation of the state of the stat	been more clear with client #1 stually taken in comparison to us she had with her. Stem to better document the and administering of them. ders for the medications or	V 118			

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