STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl041-818	B. WING		08/01/2023	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
SUCCESS	FUL TRANSITIONS, LLC	RESIDENTIAL CAF	NDON DRIVE NNT, NC 27262			
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 000	000 INITIAL COMMENTS		V 000			
	on August 1, 2023. The substantiated (intake Deficiencies were cited This facility is licensed)	#NC00205225). ed. d for the following service 27G .1700 Residential				
	Adolescents.	io ion omiaion on				
This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.						
V 539	27F .0102 Client Righ	nts - Living Environment	V 539			
	uninterrupted sleep d hours, consistent with provided and the type (2) accessible a for at least limited per determined inapproprinabilitation team.  (b) Each client shall limits room, or his portion with respect to choice and with respect for the shall with respect for the shall limits and with t	pee provided: ere conducive to uring scheduled sleeping a the types of services being e of clients being served; and areas for personal privacy, riods of time, unless riate by the treatment or the free to suitably decorate on of a multi-resident room, e, normalization principles, the physical structure. Any edom shall be carried out in				
	This Rule is not met Based on observation	as evidenced by: ns, record reviews and				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		mhl041-818	B. WING		08/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE. ZIP CODE	
			ONDON DRIVE	,	
SUCCESS	FUL TRANSITIONS, LLC	C RESIDENTIAL CAF	OINT, NC 27262		
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	OVE OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTE
V 539	Continued From page	e 1	V 539		
	interviews, the facility failed to ensure there was an accessible area for personal privacy affecting 2 of 3 audited clients (#1 and #2). The findings are:  Observations on 7/31/23 at 11:24am of client #1 and client #2 's bedroom revealed: -No bedroom door  Review on 7/31/23 of client #1's record revealed: -An admission date of 5/16/23 -Diagnoses of Bipolar 1 Disorder, Mild Intellectual Developmental Disorder, Adjustment Disorder with Depressed Mood, Unspecified Trauma Related Disorder and Conduct Disorder, Adolescent Onset TypeAge 17  Review on 7/31/23 of client #2's record revealed: -An admission date of 8/12/22 -Diagnoses of Mild Intellectual Disability, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Unspecified and Attention-Deficit Hyperactivity Disorder, Combined Type -Age 14				
	-Had no bedroom doo with client #2 -"I don't know who ma	with client #1 revealed: or to the room he shared ade it (the door) that way. If I o go to the bathroom to			
	Interview on 7/31/23 with client #2 revealed: -Had to change clothes in the bathroom if he wanted privacy -Was not sure who took the bedroom door off or why				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl041-818	B. WING _		08/	01/2023
SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF			TREET ADDRESS, CITY,  458 LONDON DRIVE  IIGH POINT, NC 272	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 539	Interview on 7/31/23 with client #3 revealed: -"[Client #1] and [client #2] don't have a door (to their bedroom). Another kid who is not here anymore broke it in April (2023) and they (facility staff) haven't replaced it (the door)."  Interview on 7/31/23 with the QP revealed: -"Door not on bedroom? They (client #1 and client #2) broke their bedroom door. This was recently. We just moved [client #1] over there. It was almost 2 weeks ago. [Client #2] broke the door. For privacy, they go to the bathroom to change their clothesHe (the Licensee) has the door, but he hasn't put it on yet."  Interview on 8/1/23 with the Licensee revealed: -"I know the door is a big thing. We have a door on site. With older homes, we are having to cut the door down some so it can fitI can have it back on by next Wednesday (8/9/23)"		ty  ent ly.  coor t			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe, manner and shall be odor.  This Rule is not met Based on observation was not maintained ir manner. The findings  Observations on 7/31 revealed: -A 2 inch by 5 feet bra	EMENTS is grounds shall be clean, attractive and orde kept free from offensive as evidenced by: is and interviews, the faci in an attractive and orderly	lity			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
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	CLIMMADV CT	ATEMENT OF DEFICIENCIES	NT, NC 27262	PROVIDER'S PLAN OF (	CORRECTION	1 0/5	
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V 736	Continued From page	e 3	V 736				
	painted -The flooring under the desk was worn and necessive and necessiv	ne Qualified Professional's eeded to be replaced d out lightbulbs over the ity across from client #1 and eeded to be painted m, the light fixture covering yent cover in client #4's e washer/dryer area had e middle room where the bric on the arm wn to the sunken in den was be covered here were piles of white bags					
	kitchen. He (the Licer some of the remaining paint underneathar patches (in the walls Interview on 8/1/23 we-There were a lot of re-"One client went ball the wall. He's no long has put a lot of work is staff's toilet shifts whe (the Licensee's) is go Interview on 8/1/23 we Professional revealed -"The floors in the office."	d in the facility include the cabinets in the nsee) needs to unscrew g parts of the locks and nd he needs to paint over the that have been repaired."  with staff #3 revealed: epairs needed to the facility istic and punched holes in her here. He (the Licensee) into making repairs. The en you sit on it. His brother ing to fix it"					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
mhl041-818			B. WING			08/01/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	, ,	
			1458 LOND				
SUCCESS	SFUL TRANSITIONS, LLC	C RESIDENTIAL CAF	HIGH POIN	T, NC 27262			
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V 736	V 736 Continued From page 4			V 736			
	holes in the wall. The be cleared out. Some work on the facility), I Licensee] has some of They did spray the posomeone needs to lig Licensee). I know he for me definitely to we that are needed"  Interview on 7/31/23 Professional revealed -The Licensee had do repairs made to the figure.	e outside, the roof needs cone came and started but they did not finish. [ one that has will come of coison ivy. And all that ja ght a fire under him (the is trying. It's embarrass ork here with all the rep with the Licensed d: one a good job of havin acility les in the walls, fixed the eplaced some doors!	(to The but. azz. e sing pairs				
	-"There were quite a facility) in June 2023. longer here. This gro We have stabilized e have been repaired. (into the sunken den not too small and it mappreciate working w granted. I try to have coming out to look at someone to cut the frother week. One of the granite (counter tops It was from an old leagutters today, they wa lot of tree coverings proactive. I know the bedroom) is a big thir With older homes, we down some so it can	with the Licensee reveal few holes here (at the The client that did that up hasn't done any dan verything. A lot of the the I have extended the stearea) out, that way it is nakes it more safe. I with us. I don't take it for a plan. I have someone everything. We have hont and back yard even the things we did was pure things we did was pure things we clean the sill clear off the roof. We sand are trying to be more door (to client #1 and #1 a	t is no mage. nings ep , it's e nired ry ut in base. e have nore #2's site. door				

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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, STA	TE, ZIP CODE		
SUCCESS	SFUL TRANSITIONS, LLC	RESIDENTIAL CAF	1458 LOND HIGH POIN	ON DRIVE T, NC 27262			
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V 736	replaced the lights in the bulb situation will new doors in the staff bedrooms and the do are actively working t made strides. We will This deficiency has b	the clients' bathroom. S go away. We have insta 's office and one of the ors come with new trim. o make repairs. We hav	alled . We ⁄e the	V 736			

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