PRINTED 07/27/2023 **FORMAPPROVED**

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
	MHL0411245		B WING		C 04/28/2023	
	PROVIDER OR SUPPLIER	ING BOAD 3600 ROL	LING ROAD	TATE, ZIP CODE		
UUUES	STUL VISIONS-NULL	HIGH PO	NT, NC 2726	5.	nga niaa jaangoongo gaagaysin siyyaalaa kiinga daligiik siyobii oo kee siyaa sa	Michigan Salah da Salah Sa
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	IN SHOULD BE LE APPROPRIATE	COMPLETE DATE
V 000	The complaints we NC00201223 and i Deficiencies were of This facility is licent 10A NCAC 27G 17 Staff Secure for Ch	was completed on 4/28/23. re substantiated (intake# ntake # NC00201266). cited. sed for the following service: 700 Residential Treatment illdren or Adolescents. sed for 4 and currently has a				The Court of the Advantage Court of the Cour
V 110	audits of 2 current of 27G .0204 Training Paraprofessionals	/Supervision	V:110			
The second secon	 (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills are population served. (d) At such time as employment system 	PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified acified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based a is established by rulemaking.	g termé (g) v e 1 ° v ° v ° v ° v ° v ° v ° v ° v ° v °			
then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and			RECEIVED By Laura Bryant at 4	1:20 pm, Aug 1	1, 2023	

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

Tota Morción, Executiva Director

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMPLETED	
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		MHL0411245	B WING		04/28/202	3
ELERA MP 2	and the same of th	THE RESIDENCE OF THE PROPERTY	mores ary	STATE, ZIP CODE		
	PROVIDER OR SUPPLIER	3600 800	LLING ROAD			
SUCCES	SFUL VISIONS-ROLL	ING POAD	INT, NC 272			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	OBE COMP	LEFE
	Continued From particles (7) clinical skills. (f) The governing by develop and implement for the initiation of the plan upon hiring each state of the state of th	ge 1 rody for each facility shall ment policies and procedures me individualized supervision ch paraprofessional. et as evidenced by view and interview, the facility 1 audited paraprofessional mowledge, skills and abilities ulation served. The findings	V 110	DEFICIENCY)		
v	Diagnoses of Di Disorder (D/O); Alte D/O; Post-Traumatic Compulsive D/O; Ac Anxiety and Depress No attempt was mad 4/26/23 as she was behavioral health fac Review on 4/26/23 of An admission da	isruptive Mood Dysregulation inton Deficit Hyperactivity is Stress D/O; Obsessive djustment D/O with Mixed sive Mood de to interview client #1 on still hospitalized at the cility. If client #2's record revealed at of 2/14/23 ost Traumatic Stress D/O and			et er	ад улаванский канализат анализат на вережения от пределения от пределен
	 She and client # 	with client #2 revealed 1 went to staff #1's home on ng the park; however, she exact date				

DDRW11

2023-08-10 19:15:26 GMT

13362178842

From: Lisa Morrison

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3600 ROLLING ROAD AIGH POINT, NO. 27265 PROVIDERS PROVIDER AND TO DEFICIENCIES TAG SUPPLIES FRANCE CODE SUPPLIES SUPPLIES FRANCE CODE FRANCE CODE FRANCE CODE FRANCE SUPPLIES FRANCE FROM CORRECTION FRANCE FRANCE CODE FRANCE FRANCE FRANCE SUPPLIES FRANCE FROM CORRECTION FRANCE FROM CORRECTION FRANCE FR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE A BUILDING	CONSTRUCTION		LETED	
SUCCESSFUL VISIONS-ROLLING ROAD IGH POINT, NO. 27285 RADID PREFIX SUMMARY STATEMEN OF DETICIENCIES 10 PREFIX RECOLATIONY ROLES OF PREFIX RECOL	upayan makil kidaliyah kanada ata addi Addi di di di		MHL0411245	B. WING		,-	
Substance Subs	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
TAG REGULATORY OR ISC IDENTIFYING INFORMATION) V110 Continued From page 2 She and client #1 remained in the vehicle and never went inside staff #1's home Not a usual event as clients did not typically visit a staff shome Review on 4/26/23 of staff #1's record revealed; A hire date of 3/15/22 as a paraprofessional — An "Employee Discipline Form" completed on 4/17/23 by the Qualified Professional (QP) that revealed: "First Warning, Description of Infraction." On April 17, 2023, Group Home Manager received a call from consumer's school regarding the consumer bringing medication to school. The medication was prescribed to [staff #1], and it was reported that consumer took this medication from [staff #1] without permission or [staff #1's knowledge. It was later determined that consumer took this medication from [staff #1] during an outling while they briefly stopped at personal residence for consumers to use the restroom. At a result of this incident [staff #1] has been informed that the company policy stated that no staff members shall allow consumers in their home for any reason. This is to ensure the safety of the consumer and staff members. These measures are being taken to avoid further incidents. In addition, [staff #1] has been trained in how to properly store her items in the home by placing them in the staff office in a locked file cabirat. While transporting client's personal items must be secured by placing them way from consumers such sets for any reason for any length of time." The "Employee Discipline form was signed by staff #1 on 4/17/23 Interview on 4/26/23 with staff #1 revealed:	SUCCES	SFUL VISIONS-ROLL	ING ROAD		5		DOSESSOR CONTRACTOR CO
- She and client #1 remained in the vehicle and never went maide staff #1's home - Not a usual event as clients did not typically visit a staff's home Review on 4/26/23 of staff #1's record revealed: - A hire date of 3/15/22 as a paraprofessional - An "Employee Discipline Form" completed on 4/17/23 by the Qualified Professional (QP) that revealed: "First Warning, Description of Infraction: On April 17, 2023, Group Home Manager received a call from consumer's school regarding the consumer bringing medication to school. The medication was prescribed to [staff #1], and it was reported that consumer took this medication from [staff #1] without permission or [staff #1's) knowledge. It was later determined that consumer took this medication from [staff #1] during an outling while they briefly stopped at personal residence for consumers to use the restroom. At a result of this incident [staff #1] has been informed that the company policy stated that no staff member shall allow consumers in their home for any reason. This is to ensure the safety of the consumer and staff members. These measures are being taken to avoid further incidents. In addition, [staff #1] has been trained in how to properly store her items in the home by placing them in the staff office in a locked file cabinet. While transporting client's personal items must be secured by placing them way from consumer such as the funk of the vehicle. Personal items shall not be left around consumers unattended for any reason for any length of time." - The "Employee Discipline form was signed by staff #1 on 4/17/23 Interview on 4/26/23 with staff #1 revealed:	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	DBE	COMPLETE
- She took clients (#1 and #2) to the park on	V-110	- She and client never went inside s - Not a usual ever visit a staff's home Review on 4/26/23 - A hire date of 3 - An "Employee 4/17/23 by the Quarevealed: "First William of the consumer regarding the consistence of the consumer took during an outing will personal residence restroom. At a residence restroom. At a residence restroom. At a residence restroom of the consumer took during an outing will personal residence restroom. At a residence restroom. At a residence restroom. At a residence restroom of the consumer such as incidents. In addition how to properly splacing them in the cabinet. While transitems must be secuconsumer such as Personal items sha consumers unatten length of time." - The "Employee staff #1 on 4/17/23 Interview on 4/26/2.	#1 remained in the vehicle and taff #1's home ent as clients did not typically of staff #1's record revealed: //15/22 as a paraprofessional Discipline Form" completed on lified Professional (QP) that arning. Description of 17, 2023, Group Home a call from consumer's school urner bringing medication to ation was prescribed to [staff orted that consumer took this taff #1] without permission or ge. It was later determined this medication from [staff #1] hile they briefly stopped at for consumers to use the for consumers to use the for this incident [staff #1] has the company policy stated er shall allow consumers in reason. This is to ensure the mer and staff members. The being taken to avoid further on, [staff #1] has been trained atore her items in the home by staff office in a locked file isporting client's personal irred by placing them way from the trunk of the vehicle. If not be left around ded for any reason for any. Discipline form was signed by 3 with staff #1 revealed:		as according to the second property of the se		

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PRINTED: 07/27/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER MHL0411245		(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED C 04/28/2023		
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WALKE OF	PROVIDER OR SUPPLIER	e digest, e digestopo y z cita di ditega i i jezi, i i jem nagona azimo y ziripia di tradicio di inite i jezi y	DRESS, CITY, S	FATE 7IP CODE	ti ta
tacasis 201:	LANGUAGENER PREF PARTIE ENTERS		LING ROAD	RETTLE BOOK SECTION OF THE SECTION	
SUCCES	SFUL VISIONS-ROL	ING WINEI	INT, NC 2726	in the company of the property	
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	this outing with the After leaving to stop" at her home her inside her home. While at her home her inside her home. While at her home. On 4/17/23, the school client #1 medications which the medications which the medications which how many of the wild how medications of the wild home. She did not confer client #1 use. She did not to after client #1 use. She had rece as a result of taking led to client #1 gall interview on 4/26 of the facility reversible to her home. She had done a double shift" and from her home.	were present with her during a two clients he park, she "made a quick with both clients accompanying ne tome, client #1 asked to use the ne QP notified her that while at had been found in possession of a belonged to her medications were Wellbutrin 150 lith smoking cessation) and 50 mg (a muscle relaxant) eld 90 pills and she had not Wellbutrin and was unsure of Methoccarbamol she had taken etermined at the hospital that no from the bottle of Wellbutrin are missing from the bottle of st have gone into her medicine ag the bathroom and took the from the cabinet heck the bathroom before or ed the bathroom ypically take any clients to her which sining access to her medication /23 with the QP and the Owner			

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Page: 6 of 9

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removed the second seco	of Health Service F if OF DEFICIENCIES	(XI) PROVIDER/SUPPLIERCLIA	T (X2) MULTIFU	E CONSTRUCTION	TAG (CX)	E SURVEY
2.0	OF CORRECTION	IDENTIFICATION NUMBER	3 '		g	PLETED
				Sandy Provided memory of the formation in the first season of the desired and a season of the season		C
MHL0411245		D WING		04/	28/2023	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DORESS CITY S			
		3600 P.O	LLING ROAD			
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(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	in in the second	PROVIDER'S PLAN OF CORRECTI		(X5)
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V 110	Continued From p	necenneces and the ablace desire consist and a calculation and an account and an algorithm for great and conficulty class and as fill. 1808 4.	V 110	ermen i von en	MA** OES(2) 40 (20) 1/4 (20) 1/4 (20) 1/4 (20)	SCHOOL SHOOL SHEET SHOOL SHEET SHOOL
		₹.	in transfer of			
	#1 "didn't think to		Antodona			
		nnel called the QP on 4/17/23	adenie de la constante de la c			
		during a search of client #1's und two bottles of pills	operation of the second			Ì
		und two dotties of pilis ethocarbamol) and a razor use:				
	to shape one's ey		*			
		ag was being searched, client	Biometrics Comments			:
		hich indicated she had taken	- The state of the			
	The state of the s	sure she wanted to live	A Company	QP completed	-	
		transported to the hospital with	24,000	employee discipline	•	
		officers taking the medication	Section 2	form" on 4/16/23 (1
	with them to the h		A constraint	that revealed "Firs		Ė
	- The owner vis	sited with client #1 at the	entably (in the control of the contr	Warning Description		4
	hospital on 4/17/2	3 and spoke with hospital	Street	Infraction Employe		
	personnel		jdirection	was also in service		
		ed the pills and noted there	oriende oriende	policies on supervis	* * *	
		n pills in one bottle and 87	areasies i	of clients and		
		ills in the other bottle	in-degree of	transporting clients	***************************************	
		orted to hospital staff she had	Arracio.	with appropriate	100	
		pills, however, her story	en production of the second	staffing Staff will no	ot [
		g the exact number of pills she anged between 3 and 6 pills	o contrata s	be allowed to take		
••		was performed as the	to il grota	consumers on	460	1
	- no usug sest v madication would	not have shown up on the test	ture Oth	unauthorized outing	js	1
	Staff #1 confir	med that each bottle should	factories	unless approved by		1
	have had 90 pills	ا ها داده ای مطابقه این	Vyd III	clinical staff		;
	- Client#1 was	given activated charcoal as a	All districts	العملية وجودي ميكودون أمارينا المسمى الرحمانية ومراوكون إذا الماريكون المعادلة المعادلة أن المهاركون والمراوكو المعادلة المعادلة الم	645 (Classical Contrage	
	means of treating	her alleged intake of the	to a company of the c			
	medication		(All Joseph			
-	- Unsure as to v	where client #1 had gotten the	Tonge of			
	evebrow razor		Neighbor 186			
:	- She may have	shoplifted it as she liked all	To the second se			
-	things related to m	nakeup and beauty products	Concession			5 5 5
	- Plans were for	r client #1 to be discharged	district (1
	from the hospital of	on 4/26/23 and return to the	And the second			
1	facility		and the second			1
2	 Staff #1 remain 	ned employed with the facility.	Services Co.			1
200	however, she had	been given a written	N 42/4/1			1
3	The state of the s	a far taking the clients in her	3			

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STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		1 ' "	(X2) MULTIPLE CONSTRUCTION A BUILDING		
				And the second s	C
		MHL0411245	B WING		04/28/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET	ADDRESS CITY, S	STATE, ZIP GODE	
SUCCES	SFUL VISIONS-ROLL	Train with and I	OLLING ROAD POINT, NC 2726	· ·	
(X4) ID	SUAWARY STA	TEMENT OF DEFICIENCIES	inderent and in the product of the p	PROVIDER'S PLAN OF CORRECT	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE DATE
	and reported that d bookbag, they four (Wellbutrin and Me to shape one's eye - As her bookba #1 wrote a note wh pills and was not si - Client #1 was t law enforcement of with them to the ho - The owner visit hospital on 4/17/23 personnel	heck on her." hel called the QP on 4/17/23 furing a search of client #1's hd two bottles of pills thocarbamol) and a razor use brows g was being searched, client ich indicated she had taken ure she wanted to live ransported to the hospital wit fficers taking the medication ispital ted with client #1 at the and spoke with hospital	To come the commercial designment of the comm	QP completed employee disciplir form" on 4/16/23 that revealed. "Fir Warning, Descript Infraction: Employ was also in service	(QP) st tion of ree
	were 90 Wellbutrin Methocarbamol pill Client #1 repor taken some of the changed regarding had taken which ra No drug test we medication would re Staff #1 confirm have had 90 pills	d the pills and noted there pills in one bottle and 87 is in the other bottle and 87 is in the other bottle ted to hospital staff she had pills; however, her story the exact number of pills she nged between 3 and 6 pills as performed as the not have shown up on the tested that each bottle should	the street and the st	policies on supervor clients and transporting client with appropriate staffing. Staff will to be allowed to take consumers on unauthonized outinuless approved be clinical staff.	rision s not !
	means of treating he medication Unsure as to we eyebrow razor She may have	piven activated charcoal as a per alleged intake of the there client #1 had gotten the shoplifted it as she liked all akeup and beauty products	es de la ferma de la composition della compositi		ene tre ere de constantingue proprie en consta
	- Plans were for from the hospital or facility - Staff #1 remain however, she had be	client #1 to be discharged n 4/26/23 and return to the led employed with the facility leen given a written		RECEIVED By Laura Bryant at 5:04 pm, A	Aug 11, 2023
	disciplinary warning home on 4/16/23	for taking the clients to her	and the state of t		

2023-08-10 19:22:53 GMT

13362178842

From: Lisa Morrison

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van teen teen teen van die van	of Health Service Re	Quiation (X1) PROVIDER/SUPPLIER/CLIA	gradionalista de la Visita de	CONSTRUCTION	(X3) DATE	C1124FCV
	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMPLETED	
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eczykameryk sykwisonomiek wenowone	on and the state of	MHL0411245	8. WING		04/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, ST	TATE ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 206	27G .1704 Resider Staffing	ntial Tx. Child/Adol - Min.	V 296			and who controlled the second controlled the
- Sell Self Self Self Self Self Self Self	REQUIREMENTS (a) A qualified prof telephone or page, able to reach the fa	704 MINIMUM STAFFING lessional shall be available by A direct care staff shall be acility within 30 minutes at all				
	required when child present and awake		mendele en en en experimental de personal de la companya de la com			
	one, two, three or f (2) three dire	I care staff shall be present for four children or adolescents; ect care staff shall be present or eight children or	i kundudi inggelengi da daring			
	(3) four direct nine, ten, eleven of adolescents.	ct care staff shall be present for r twelve children or				
	during child or ado follows:	number of direct care staff lescent sleep hours is as	ge (explosive e = bladistrous)			
. 1	and one shall be a children or adolesc		y ty to a million physics () be to be to			
	and both shall be a children or adolesc		is a marine to the control of the co			
	of which two shall l asleep for nine, ter	ect care staff shall be present be awake and the third may be n, eleven or twelve children or	enter contrata enter la contrata enter			
	care staff set forth	ne minimum number of direct in Paragraphs (a)-(c) of this are staff shall be required in	pro indicate province in the contract of the c			
70.00	the facility based o	n the child or adolescent's s specified in the treatment	and or the second service and			
	(e) Each facility sh	all be responsible for ensuring	An published on the published of the published on the pub			

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2023-08-10 19:22:53 GMT

13362178842

From: Lisa Morrison

PRINTED 07/27/2023 FORM APPROVED

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA EDENTIFICATION NUMBER		(XZ) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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1000	FROVIDER OR SUPPLIER IS FUL VISIONS-ROL L	ING ROAD 3600 ROL	DRESS CITY S LING ROAD NT, NC 2726	•		
(X4) IO PREFIX TAG	(EACH DEFICIENC	VIEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X3) COMPLETE DATE
V 296	are away from the child or adolescent	ige 6 fren or adolescents when they facility in accordance with the is individual strengths and in the treatment plan.	V 296	minute sancecolor minute de su popular de sancepo - so com minute sono sono por casa y Biologico		
	failed to ensure the present when betw adolescents were p	et as evidenced by: eview and interview, the facility two direct care staff were een one and four children or present and awake affecting 2 #2). The findings are:				
	 An admission of Diagnoses of Diagnoses of Disorder (D/O); Attorney D/O; Post-Traumat 	Disruptive Mood Dysregulation ention Deficit Hyperactivity ic Stress D/O; Obsessive djustment D/O with Mixed				Administration of the Contract
	4/26/23 as she had	ide to interview client #1 on just been released from a ospital on the same day.	Alder or State better or Artificial Anni Eller of St			
et effektivete tilbe er år	- An admission d	ost Traumatic Stress D/O and	Valled digital pida e e per la debi mendo e i .			
	- She and client i	3 with client #2 revealed: #1 went to staff #1's home on ing the park; however, she	i a chi nell'idelation de unit rocció di distinta			

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ODRW11

Page: 9 of 9

Division of Health Service Regulation

2023-08-10 19:22:53 GMT

13362178842

From: Lisa Morrison

PRINTED 07/27/2023 FORM APPROVED

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1 3 1 5, 1	CONSTRUCTION	COMPLETED	
		MHL0411245	B WING		04/28/2023
	PROVIDER OR SUPPLIER SFUL VISIONS-ROL SUMMARY ST	STREET A 3600 RC HIGH PC ATEMENT OF DEFICIENCIES	DILLING ROAD DINT, NC 2726	FROMOERS PLAN OF COPRECT	TO BE COMPLETE
PREFIX	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG V 296	CROSS REFERENCED TO THE APPRODE	DPRIATE DATE
	than staff #1 They were left no more than three Review on 4/26/23 A hire date of Interview on 4/26/6 She took client 4/16/23 No other staff this outing with the Interview on 4/26/ of the facility rever Staff #1 was to	the exact date were present with them other in the vehicle without staff for the minutes, if that long." If of staff #1's record revealed: 3/15/22 as a paraprofessional as with staff #1 revealed its (#1 and #2) to the park on were present with her during two clients. If with the QP and the Owner aled he only staff present with the because it was their it one staff could transport in outing.		QP will ensure that two staff are available for community outings unless it is identified on the consumer PCP for consumer to have a one-on-one staff. If staff are not enough staff available to go on authorized outings it will be canceled for the day.	

DDRW11

FAX COVER SHEET

TO	
COMPANY	Division of Health Service Regulation
FAXNUMBER	19197158078
FROM	LisaMorrison
DATE	2023-08-10 19:15:05 GMT
RE	SuccessfulVisions-Rolling Rd

COVER MESSAGE

 $Successful\ Visions\ POC,\ I'm\ mailing\ original\ today.$