

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2024
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on May 20, 2024. The complaint was unsubstantiated (Intake #NC00216512). Deficiencies were 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 has a current census of 4. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>obtained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement goals and strategies to address 1 of 1 Former Client (FC #1)'s elopement tendencies. The findings are:</p> <p>Review on 5/16/24 of Former Client #1's record revealed: -An admission date of 10/26/23 -Diagnoses of Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder and Cannabis Use Disorder -Age: 15 -Discharge date of 3/26/24 -An assessment dated "wanted to have his way, was always fighting and getting suspended from school, is on probation, would benefit from working with a clinical provider that work with youth who struggle with impulsivity, aggression and social interaction, needs structure and consistency, improve his social skills, incidents of property destruction, physical aggression, defiance, continued struggles with anxiety, needs to develop an understanding of appropriate social behaviors, learning and developing social skills, increase compliance, needs continued support with appropriate social interactions, anger, anxiety and patience, is struggling academically, has been suspended for fighting and hit a school</p>	V 112		

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V 112	Continued From page 2 staff member, struggles with rules and following directions of authority figures." -A treatment plan dated 8/1/23 noted "will maintain compliance with program rules/expectations as evidenced by listening, following through with directives within 2 prompts and maintaining respectful communication with staff and peers, will improve anger management by learning and using effective coping and communication skills when he becomes angry or frustrated and reduce verbal and physical aggression, will participate in creation therapy activities to improve cognitive, physical, social, emotional, team building, hygiene and sportsmanship and independent living skills with same age peers, will get a healthy amount of sleep and rest each night by going to bed on time, being quiet after lights out, going to sleep or restating quietly throughout the night, will not exhibit any incidents of inappropriate behaviors, will actively participate in family and/or natural support therapy at least once a month which will be ongoing throughout treatment to engage improved relationships, will attend school on a daily basis, participate in transition skills, complete assigned class work, ask for help as needed and follow the expectations and rules in the classroom by maintaining passing grades and daily attendance, will take medication as directed and appropriately seek medical care when necessary, will attend and participate in individual and group therapy addressing his problem sexual behavior in order to develop and implement control strategies for sexually harmful behaviors by taking full responsibility for his actions, understanding his triggers, risk reduction strategies, learning about healthy sexual relationships and boundaries, will receive nutritional guidance based on initial assessment from dietician and participate in monthly weight	V 112		

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V 112	<p>Continued From page 3</p> <p>management meetings if deemed appropriate, will follow the rules and expectations of the level III group home, participate in therapy and take all medications as prescribed."</p> <p>-An updated treatment plan dated 1/25/24 noted "will increase decision making skills and judgement by walking away from conflict and not engaging in peer negativity, will improve anger management by learning and using effective coping and communication skills when he becomes angry or frustrated and reduce verbal and physical aggression, will participate in recreation therapy activities to improve cognitive, physical, social, emotional, team building, hygiene, sportsmanship and independent living skills with same age peers, will get a healthy amount of sleep and rest each night, will actively participate in family and/or natural support therapy at least once a month which will be ongoing throughout treatment to encourage and improve relationships, will attend school on a daily basis, participate in transition skills, complete assigned class work, ask for help as needed and follow the expectations and rules in the classroom by maintaining passing grades and daily attendance, will take medication as directed and appropriately seek medical care when necessary, will attend and participate in individual and group therapy addressing his problem sexual behavior in order to develop and implement control strategies for sexually harmful behaviors by taking full responsibility for his actions, understanding his triggers, risk reduction strategies, learning about healthy sexual relationships and boundaries,</p> <p>-An updated Comprehensive Clinical Assessment dated 3/11/24 noted "his behaviors have gotten progressively worse in his current level 3 group home, is now going AWOL (Absent Without Leave) on an almost daily basis, in one incident</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>he stole a staff members phone, is verbally and physically aggressive with staff members and at this time, ignores their directives, has brought marijuana into the facility, frequent suspensions from school for fighting and truancy, his behaviors are currently out of control, has threatened harm from his 'friends' to group home staff and peers in the group home, forced his way into the group home office, took the phone and pushed female staff, has destroyed and stolen property from staff is refusing to take his medication, frequent police calls to the facility, was in a community program for suspended youth, but he refused to do any work and is in need of a higher level of care and his clinician recommends a PRTF (Psychiatric Residential Treatment Facility) due to him needing a secure environment in order for him to receive the treatment he needs."</p> <p>-No goals or strategies to address FC #1's elopement tendencies.</p> <p>Interview on 5/16/24 with client #2 revealed: -"[FC #1] ran all the time, and the police were called to the facility." -FC #1 refused to listen to the facility staff</p> <p>Interviews on 5/17/24 with clients #4 and #5 revealed: -"[FC #1] left the facility on several different occasions and sometimes he would come back on his own and other times the police came out."</p> <p>Interview on 5/16/24 with staff #1 revealed: -"[FC #1] had a history of running away. He ran several times. We would call the police so much that they knew why we were calling and who we were looking for ..."</p> <p>Interview on 5/17/24 with the Associate Professional (AP) revealed:</p>	V 112		

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V 112	<p>Continued From page 5</p> <p>-"[FC #1] never walked off on my shift, but he did elope from the facility with other staff ...the police came out to the facility due to FC #1 elopement on several occasions though."</p> <p>Interview on 5/17/24 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Was responsible for the clients' treatment plans -Had not put a goal or strategy in FC #1's treatment plan to address his elopement tendencies -FC #1 ran numerous times from the facility -Would ensure, in the future, each clients' treatment plans was individualized to meet their needs. <p>-"There was no way to keep him from running. We talk to him. He would literally get up in the morning, eat his breakfast and take his medications and say 'I am gone.' Just like clockwork. This was during the last two weeks that he was here."</p> <p>-In the future, we will develop and implement goals and strategies to address the individual needs of the clients.</p> <p>Interview on 5/20/24 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -The QP was responsible for updating clients' treatment plans. -"We tried different strategies with [FC #1]. We just failed to document them." 	V 112		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their</p>	V 366		

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V 366	<p>Continued From page 6</p> <p>response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal</p>	V 366		

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V 366	<p>Continued From page 7</p> <p>review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p>	V 366		

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V 366	<p>Continued From page 8</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are:</p> <p>Review on 5/17/24 of the facility's level I incident reports revealed: -On 3/21/24, 3/24/24 and 3/25/24, FC #1 eloped from the facility and the police responded</p> <p>Interview on 5/17/24 with the Qualified Professional (QP) revealed: -Was responsible for submitting level II incident reports into IRIS (Incident Response Improvement System). -The police were called on 3/21/24, 3/24/24 and 3/25/24 when FC #1 left the premises -Did not have documentation regarding attending to the health and safety needs of Former Client #1 involved in the incident, determining the cause of the incident, developing and implementing corrective measures, developing and</p>	V 366		

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V 366	Continued From page 9 implementing measures to prevent similar incidents, assigning persons to be responsible for implementation of the corrections and preventative measures but would ensure to complete this in the future. Interview on 5/20/24 with the Director/Licensee revealed: -Was aware level II incidents were to be submitted into IRIS -Would ensure, in the future, level II incidents and the facility's response to those incidents were completed as required.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367		

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V 367	<p>Continued From page 10</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 11</p> <p>by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit level II incident reports as required. The findings are:</p> <p>Review on 5/17/24 of the facility's level I incident reports revealed: -On 3/21/24, 3/24/24 and 3/25/24, FC #1 eloped from the facility and the police responded</p> <p>Further review on 5/17/24 of the facility's level II incident reports revealed: -No level II incident reports were submitted on 3/21/24, 3/24/24 and 3/25/24 when the police responded to the facility due to FC #1's</p>	V 367		

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V 367	Continued From page 12 elopement. Interview on 5/17/24 with the Qualified Professional revealed: -Was responsible for submitting level II incident reports into IRIS (Incident Response Improvement System). -Had completed only level I incident reports on 3/21/24, 3/24/24 and 3/25/24 when FC #1 left the facility Interview on 5/20/24 with the Director/Licensee revealed: -Was aware the police responded to the facility due to FC #1's behaviors -Was not sure why level II incidents were not submitted into IRIS	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds was not maintained in a safe and attractive manner. The findings are: Observations on 5/17/24 at 11:25am of the facility revealed: -The flooring (2 feet by 18 inches) in the staff's office, under the Qualified Professional's desk was missing the wood and had deep grooves in it. -Molding was missing on the left side of the office	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2024
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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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 736	<p>Continued From page 13</p> <p>door</p> <ul style="list-style-type: none"> -In the first hallway, an old non-working thermostat was on the wall. -Outside client #4's bedroom door was writing on the wall that stated "Frosty the Snowman." -The bottom of client #4's bedroom door scraped across the floor when opened. -There was no light fixture cover on client #4's overhead light -In client #3's bedroom, the door handle was loose -Client #3's dresser was missing a drawer -One of the doors to the closet was missing the wooden frame -There was no vent covering on the duct on the floor -The bedroom door was cracked and needed to be repaired -There was no rod to hang clothing in client #3's closet -There was no cover over the light fixture -The clients' bathroom had caulking inside the tub that was separated from the wall and needed to be repaired -In client #2's bedroom, the light fixture was not flush with the ceiling -The living room's three seat sofa had torn fabric on the top right of the cushion and the middle bottom cushion was missing fabric -The some of the tile in the kitchen was missing, some had cracks and they were not flush with the countertop -One of the kitchen's drawers was missing -The air conditioning vents were dirty -The wooden plank step to the recreation room had exposed cardboard -The sofa in the recreation room had the middle cushion that was missing part of the wooden frame -On the back patio, a drawer from the kitchen 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2024
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC RESIDENTIAL CAF	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 736	<p>Continued From page 14</p> <p>was leaning against the vinyl -The electrical outlet in the dining area was missing a cover</p> <p>Interview on 5/17/24 with the Qualified Professional revealed: -The Director/Licensee (D/L) was making repairs to the facility himself</p> <p>Interview on 5/20/24 with the D/L revealed: -Was working hard to make the repairs to the facility -"The next project will be to replace all the flooring in the house." -Would continue to make all the required repairs to the facility</p>	V 736		