

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/31/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUCCESSFUL VISIONS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1906 GREENSTONE PLACE HIGH POINT, NC 27265
--	--

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on 5/31/24. According to the Licensee there are no clients being served at the facility. The last time clients were served at the facility was 12/19/23.</p> <p>This facility is licensed for the following service category: 10NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>Observations at approximately 1:33 pm on 5/31/24 of the front yard of the facility revealed: - A realtor's "for sale" sign.</p> <p>Interview on 5/31/24 with the Licensee revealed: - She was not exactly sure when the last clients were discharged but would provide their discharge plans. - The landlord wanted to put the facility on the market and she had to move the clients out of the facility.</p> <p>Review on 5/31/24 of former client (FC) 1's Discharge Plan revealed: - Admission date: 6/22/23 - Discharge date: 12/19/23</p> <p>Review on 5/31/24 of FC #2's Discharge Plan revealed: - Admission date: 11/3/22 - Discharge date: 12/19/23</p>	V 000		

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