

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-451</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/02/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HEALING TRANSITIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1251 GOODE STREET RALEIGH, NC 27603</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 7/2/24. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse.</p> <p>This facility is licensed for 22 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 223	<p><b>27G .3203 Social Setting Detox. - Operations</b></p> <p><b>10A NCAC 27G .3203 OPERATIONS</b></p> <p>(a) Monitoring Clients. Each facility shall have a written policy that requires:</p> <p>(1) procedures for monitoring each client's general condition and vital signs during at least the first 72 hours of the detoxification process; and</p> <p>(2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least four times daily for the first 72 hours after admission.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. The facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment or rehabilitation facility.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Discharge Planning was completed for three of three audited clients (#1, #2, &amp; #3). The findings are:</p>	V 223		

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

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V 223	<p>Continued From page 1</p> <p>Review on 7/2/24 of client #1's record revealed: -Admission date of 6/30/24 -Diagnoses of Cocaine Dependency, Cannabis Dependence and Alcohol Dependency -No goals or discharge planning present</p> <p>Review on 7/2/24 of client #2's record revealed: -Admission date of 6/30/24 -Diagnoses of Alcohol Dependency, Cocaine Dependency and Type II Diabetes -No goals or discharge planning present</p> <p>Review on 7/2/24 of client #3's record revealed: -Admission date of 7/2/24 (4:45 AM) -Diagnoses of Alcohol Dependency, Cocaine Dependency and Hepatitis C -No goals or discharge planning present</p> <p>Interview on 7/2/24 the Detox Coordinator stated: -When clients were admitted to the facility, staff was to complete a form that included goals and plans for discharge. -The average stay for clients is 72 hours. -If a client needed longer stay, they will refer them out to a higher level of care. -Residential staff were to complete the "Recovery Support Plans" within 24 hrs of admission and depends on their level of sobriety. -Had not been checking behind staff to ensure those plans were created. -Will start writing staff up if they are not completing these plans. -This issue will be addressed with all staff as these plans should be completed.</p>	V 223		