STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411172	A. BUILDING: _____ B. WING _____	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUCCESSFUL VISIONS, LLC	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	INITIAL COMMENTS An annual and follow up survey was attempted on 8/20/24. 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. This facility is licensed for the following service category: 10NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. Interview on 8/20/24 with the Licensee revealed: - The last clients served, former client (FC) #1 and FC #2, were discharged on 12/19/23. - She sold her license to a new provider. The new provider had filled out the licensing application. Review on 8/20/24 of FC 1's Discharge Plan revealed: - Admission date: 6/22/23 - Discharge date: 12/19/23 Review on 8/20/24 of FC #2's Discharge Plan revealed: - Admission date: 11/3/22 - Discharge date: 12/19/23	V 000		