

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2024
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NAME OF PROVIDER OR SUPPLIER SUCCESSFUL TRANSITIONS, LLC-LONDON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1458 LONDON DRIVE HIGH POINT, NC 27262
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 18, 2024. The complaint was unsubstantiated (intake #NC00222800). 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 3. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <ol style="list-style-type: none"> a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. 	V 132		

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

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V 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report allegations of abuse, neglect or exploitation to the Health Care Personnel Registry (HCPR) and failed to protect the clients during an investigation of abuse, neglect or exploitation. The findings are:</p> <p>Review on 10/16/24 of the facility's level II incident reports revealed: -No documentation the HCPR was notified of an allegation of staff #2 slamming FC #1 onto the ground.</p> <p>Interview on 10/16/24 with the Qualified Professional #1 revealed: -Was aware FC #1 made an allegation he was "slammed" by staff #2 when the Child Protective Services Social Worker came to investigate the incident. -Had not reported the allegation to the HCPR -Had reviewed the camera footage and "the incident did not happen the way [Former Client #1] said it happened." -Had not suspended staff #2 after becoming aware of the allegation</p> <p>Interview on 10/16/24 with the Qualified Professional #2/Licensee revealed:</p>	V 132		

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V 132	Continued From page 2 -Since he was not aware the incident was a level III with the allegation against staff, the HCPR was not notified.	V 132		
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; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that	V 367		

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V 367	<p>Continued From page 3</p> <p>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 by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III</p>	V 367		

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V 367	<p>Continued From page 4</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to submit a level III incident report as required. The findings are:</p> <p>Review on 10/16/24 of the facility's level III incident reports revealed: -No documentation of a level III incident report regarding the allegation by Former Client #1 (FC #1) being slammed to the ground by staff #2.</p> <p>Interview on 5/17/24 with the Qualified Professional #1(QP #1) revealed: -Was responsible for submitting level III incident reports into IRIS (Incident Response Improvement System). -Was aware FC #1 made an allegation he was "slammed" by staff #2 when the Child Protective Services Social Worker came to investigate the incident. -Was not aware all allegations against staff was a level III incident report -Had reviewed the camera footage and "the incident did not happen the way [FC #1] said it happened."</p>	V 367		

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V 367	Continued From page 5 Interview on 5/20/24 with the Qualified Professional #2/Licensee revealed: -Was aware level III incidents were to be submitted into IRIS -Submission of level III incident reports were the responsibility of QP #1 -Would ensure, in the future, level III incidents and the facility's response to those incidents were completed as required.	V 367		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect to the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure there was an accessible area for personal privacy affecting 1 of 3 audited clients (#2). The findings are:	V 539		

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V 539	<p>Continued From page 6</p> <p>Review on 10/15/24 of client #2 ' s record revealed: -An admission date of 5/29/24 -Diagnoses of Reactive Attachment Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Fetal Alcohol Syndrome -DOB: 10/25/08 -Age 15 -An "external" admission assessment dated 3/27/24 noted "has had an increase in risk taking behaviors, continues to wander all day, has been found in the crawl spaces of his neighbors, there have been days where his whereabouts were unknown, during this time it was discovered he had broken into the school and was staying in the gym, he was stealing food from gas stations, stolen a government laptop, has a history of making false allegations such as that he has been beaten, not being fed, that he was put out of the house, is not in school at this time, has long-term suspension from school for stealing keys from school, is not allowed to be home alone, so his mom had to take him to work with her and leave him in the car, mom was at risk of losing her home because of his behaviors in the community, poor behavioral control, was putting himself in situations where he can be harmed due to his wandering behaviors, needs to be in a place where he can receive mental health treatment, and where he will be safe while receiving services, needs to work to verbalize and express his emotions while learning positive coping techniques by refraining from leaving the home without permission or without known whereabouts, exploring his trauma in treatment, utilize coping strategies during an increase in anxiety or anger, effectively communicate thoughts and feelings with others, learn to exhibit better self-control in all settings by thinking before</p>	V 539		

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V 539	<p>Continued From page 7</p> <p>making reactive or impulsive decisions, listening and processing what is said by authority before reacting to it, using effective strategies to calm himself when he is agitated to prevent property destruction and respecting authority figures." -An updated treatment plan dated 8/12/24 noted "will increase his ability to engage in healthy relationships and pro-social interactions with others by meeting at least 3 of his objects below 5-7 days a week: cooperate with staff and engage in assessment, treatment planning, and engage in therapy as required. Adhering to the treatment recommendations of the team, assessments and physicians, client will follow the rules of the treatment program, attend school and engage in therapeutic activities. Staff will utilize the 53 skills curriculum, utilize behavior modification plan to teach accountability and allow the client to experience consequences in a non-punitive manner to deter and discourage future anti-social or inappropriate behaviors, search and seize consumer's belongings if warranted, will transport consumer with one staff when necessary and provide close supervision to appointments, community outings, school and any other place that might require transportation away from the facility, will improve his Oppositional Defiant Behaviors by following directions from adults with no more than 3 prompts per day, will refrain from unauthorized departure from the treatment center, breaking and entering into the facility and other residences and stealing 7-7 days per week by meeting the following objectives as evidenced by sleeping directly in front of 3rd shift awake staff in the living room and to be reviewed every 7 days until the goal has been met and other unsafe or dangerous behaviors, will participate in therapeutic visits with his family (no more than 15 days per quarter, no more than 45 days annually) once he has received the appropriate level as</p>	V 539		

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V 539	<p>Continued From page 8</p> <p>well as exhibited stable behavior, Will increase ability to practice healthy living skills by meeting his objective and will improve impulse control as demonstrated by meeting stated objectives 5-7 days per week. "</p> <p>Interview on 10/16/24 with client #2 revealed: -Had been sleeping in his room off and on. -Sometimes slept in the living room on a mattress where staff could monitor him during sleep hours -Had been caught stealing and eloping from the facility in the past.</p> <p>Interview on 10/16/24 with staff #1 revealed: -Client #2 had been sleeping in the living room on a mattress where staff could monitor him at night due to his issues with stealing</p> <p>Interview on 10/16/24 with staff #4 revealed: -"[Client #2] is sleeping in the living room on his mattress. That has been going on for a month or two. Because he gets up at night and steals things."</p> <p>Interview 10/16/24 with Qualified Professional #1 revealed: -Client #2 slept in the living room area on a mattress due to stealing and elopement issues -Client #2's Legal Guardian was aware client #2 slept in the living room and approved it -There was a goal and strategy in client #2's treatment plan which addressed the issues and it was reviewed every 7 days with client #2's treatment team.</p>	V 539		