	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-818	B. WING		07	7/07/2025
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	FUL TRANSITIONS, LL		NDON DRIVE			
	I DE INANGINONS, EL	HIGH PC	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	5	V 000			
	An annual and follow on July 7, 2025. Defi	/ up survey was completed ciencies were cited.				
		ed for the following service 27G .1700 Residential ure for Children or				
		ed for 4 and has a current vey sample consisted of ients.				
V 108	27G .0202 (F-I) Pers	onnel Requirements	V 108			
	10A NCAC 27G .020 REQUIREMENTS					
	(g) Employee trainin	ation shall be documented. Ig programs shall be inimum, shall consist of the				
	(1) general organiza(2) training on clientdelineated in 10A NC	ational orientation; t rights and confidentiality as CAC 27C, 27D, 27E, 27F and				
		the mh/dd/sa needs of the the treatment/habilitation				
	(4) training in infect bloodborne pathoger	ns.				
	.5602(b) of this Subc member shall be ava	ted under 10a NCAC 27G shapter, at least one staff ailable in the facility at all				
	times when a client is member shall be trai	s present. That staff ned in basic first aid				
		nagement, currently trained nonary resuscitation and				
	trained in the Heimlid	ch maneuver or other first aid hose provided by Red Cross,				
	the American Heart A					

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		MHL041-818			07	//07/2025
NAME OF PI	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE, NDON DRIVE	, ZIP CODE		
SUCCESS	FUL TRANSITIONS, LLC	C-LONDON HOUSE	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 108	Continued From page	e 1	V 108			
	(i) The governing bo implement policies an reporting, investigatir	<i>v</i> ing airway obstruction. dy shall develop and nd procedures for identifying, ng and controlling infectious iseases of personnel and				
	failed to ensure the h Cardiopulmonary Re	ew and interview, the facility ands-on skills component in suscitation (CPR) training for Staff #1, #2 and Qualified				
	revealed: -Hire date of 9/14/18	ing certificate did not include				
	revealed: -Hire date of 10/10/24	ing certificate did not include				
	revealed: -Hire date of 6/5/14.	the QP's personnel record ing certificate did not include ning component.				
	Interview on 7/7/25 w -There were always 2 -The CPR training for alth Service Regulation					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
			HI 041-818 B. WING			
		MHL041-818			07	//07/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
SUCCESS	FUL TRANSITIONS, LLC	C-LONDON HOUSE	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From page	e 2	V 108			
	conducted by an in-p included the practice -She would arrange f hands-on skill training	on mannequins.				
		vith the Director revealed: staff received CPR training training techniques.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluading administered only by unlicensed persons to pharmacist or other lap privileged to prepare (4) A Medication Administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, autous (C) instructions for autous 	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL041-818	B. WING	B. WING		/07/2025
NAME OF PF	ROVIDER OR SUPPLIER	1	ADDRESS, CITY, STATE		07	101/2025
SUCCESS	FUL TRANSITIONS, LL	C-LONDON HOUSE	NDON DRIVE			
		HIGH PC	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pag	e 3	V 118			
	checks shall be reco	or medication changes or rded and kept with the MAR opointment or consultation				
	immediately after ad	•				
	-Admission date of 3 -Diagnoses of Attenti Disorder (ADHD), Po Disorder (PTSD), Ma (MDD). -Age 16 years. -3/27/25, physician-p mg (anti-depressant)	ion-Deficit Hyperactivity				
	MAR revealed:	Client #1's 7/1/25- 7/3/25 on 7/3/25 at 8:00 am dosage nd Risperidone.				
	-Admission date of 3 -Diagnoses of Oppos	sitional Defiant Disorder al Phobia, and Reactive to				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL041-818			07	7/07/2025	
AME OF PH	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE, NDON DRIVE	, ZIP CODE			
UCCESS	FUL TRANSITIONS, LLC	C-LONDON HOUSE	DINT, NC 27262				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page	e 4	V 118				
	-Concerta Extende (ADHD), 1 tab every -Hydroxyzine HCL twice daily. -Prazosin 1 mg (Sy personality), 1 cap at -Latuda 80 mg (Mo Review on 7/3/25 of MARs revealed: -No documentation o time for Concerta and -No documentation o	25 mg (Social Phobia), 1 tab mptoms of dissociative bedtime. od regulation), 1 tab daily. Client #2's 5/1/25-7/3/25 n 7/3/25 at 8:00 am dosage					
	-Admission date of 10 -Diagnosis of Disrupt Disorder. -Age: 16 years. -10/18/24, physician- mg (Allergies), 1 tab -12/19/24, physician- ER 2 mg (Anxiety), 1 Review on 7/3/25 of 0 MAR revealed: -No documentation o time for Cetirizine and Interview on 7/2/25 w	vive Mood Dysregulation prescribed Cetirizine HCL 10 every day. prescribed Guanfacine HCL tab every day. Client #3's 7/1/25-7/3/25 n 7/3/25 at 8:00 am dosage					
	sleep. -Staff gave him his m -He never refused his	nedications.					
	Interview on 7/2/25 w	vith Client #2 revealed:					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-818	B. WING		07/07/2025	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
SUCCESS	FUL TRANSITIONS, LLC	C-LONDON HOUSE	NDON DRIVE DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From page	e 5	V 118			
	medications at bedtin	at his medications were for.				
	and #3's medications immediately on their dosage time. -Client #2 was admin 5/31/25. -"They definitely take -She would make sur	d: by Staff #1 that Client #1, #2 s were not recorded MARs on 7/3/25 at 8:00 am istered his medications on their medications." re client medications were y after administration and the				
V 296	Staffing 10A NCAC 27G .170 REQUIREMENTS (a) A qualified profest telephone or page. A able to reach the faci	al Tx. Child/Adol - Min. 4 MINIMUM STAFFING ssional shall be available by A direct care staff shall be lity within 30 minutes at all	V 296			
	required when childred present and awake is (1) two direct of one, two, three or fou					

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If continuation sheet 6 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-818	B. WING		07/07/2025	
AME OF PE	ROVIDER OR SUPPLIER	1	.DDRESS, CITY, STATE,		07	107/2025
		1458 LO	NDON DRIVE			
UCCESS	FUL TRANSITIONS, LL	C-LONDON HOUSE HIGH PC	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 296	Continued From pag	e 6	V 296			
	nine, ten, eleven or t adolescents. (c) The minimum nu during child or adole follows: (1) two direct of and one shall be awa children or adolescen (2) two direct of and both shall be awa children or adolescen (3) three direct of which two shall be asleep for nine, ten, adolescents. (d) In addition to the care staff set forth in Rule, more direct can the facility based on individual needs as a plan. (e) Each facility sha supervision of childre are away from the fan	care staff shall be present for welve children or imber of direct care staff scent sleep hours is as care staff shall be present ake for one through four nts; care staff shall be present vake for five through eight nts; and t care staff shall be present e awake and the third may be eleven or twelve children or e minimum number of direct Paragraphs (a)-(c) of this re staff shall be required in the child or adolescent's specified in the treatment Il be responsible for ensuring en or adolescents when they icility in accordance with the individual strengths and				
	This Rule is not met	as evidenced by:				
	Based on record rev					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
	ROVIDER OR SUPPLIER	MHL041-818	DDRESS, CITY, STATE,		07	//07/2025
		1458 LO	NDON DRIVE			
SUCCESS	FUL TRANSITIONS, LL	C-LONDON HOUSE HIGH PC	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pag	e 7	V 296			
	of two direct care sta	cility vehicle to community				
	-Admission date of 3, -Diagnoses of Attenti Disorder (ADHD), Po Disorder (PTSD), Ma	on-Deficit Hyperactivity				
	"monitored 24/7, "alw staff sight," having "in	an included his need to be vays staying in the line of mpulsive behaviors," and ealing, vaping, and cussing				
	Review on 7/3/25 of -Admission date of 3, -Diagnoses of Oppos (ODD), ADHD, Social Severe Stress-unspe -Age: 17 years. -History of excessive peers and staff, and -4/25/25 treatment pl AWOL (Away Without	sitional Defiant Disorder Il Phobia, and Reactive to				
	-Admission date of 1 -Diagnosis of Disrupt Disorder. -Age: 16 years. -History of "severe at verbal aggression." -11/2024 updated tre	ive Mood Dysregulation				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-818	B. WING	B WING		//07/2025
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	. ZIP CODE		10772025
	FUL TRANSITIONS, LLC	1458 LO	NDON DRIVE			
		HIGH PC	DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From page	e 8	V 296			
	"issues with his ange	r management."				
	-Admission date of 9	, PTSD, Disruptive Mood				
	-Clients #2, #3 and #	5 at 11:23 am and 5 at 2:09 pm revealed: 4 were getting into the facility he van driver and only staff				
	and to pick up lunch -Clients #2, #3 and # swimming this afterner staff on the van. -She understood as I statement in each clie they could be transpo- okay. -She usually went wit clients to activities av -She understood the on the van for superv during transportation -She would ensure a	d: 4 were transported to a gym this morning by Staff #1. 4 were transported to bon with Staff #1 as the only ong as there was a ent's treatment plan where orted by one staff, this was th Staff #1 to transport the vay from the facility. rationale for having 2 staff vision and safety of clients t least 2 staff were with d #4 while they were being				
V 752	27G .0304(b)(4) Hot		V 752			
	EQUIPMENT	4 FACILITY DESIGN AND lity shall be designed,				

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If continuation sheet 9 of 12

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-818			07	/07/2025
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
UCCESS	FUL TRANSITIONS, LLC	C-LONDON HOUSE	NDON DRIVE DINT, NC 27262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 752	Continued From page	e 9	V 752			
	ensures the physical visitors. (4) In areas of exposed to hot water	ipped in a manner that safety of clients, staff and the facility where clients are r, the temperature of the ained between 100-116				
	failed to maintain the 100-116 degrees Fal	as evidenced by: n and interview, the facility water temperature between nrenheit in areas where I to hot water. The findings				
	pm of the hot water to -The temperature of shared bathroom sin Fahrenheit. -The temperature of shared bathtub was	the water at the clients' 134 degrees Fahrenheit. the water at the kitchen sink				
	-Did not identify a pro	nse to any concerns or				
	-Did not identify a pro	nse to any concerns or				
	-Did not identify a pro	nse to any concerns or				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-818	B. WING		07	/07/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
SUCCESS	FUL TRANSITIONS, LL	C-LONDON HOUSE	NDON DRIVE DINT, NC 27262			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 752	Continued From pag	e 10	V 752			
	Interview on 7/7/25 v	vith the Qualified				
	Professional reveale					
		out to the facility last month				
	and worked on the h					
	water temperature fro	of any complaints about the				
		incidents of clients having				
	been burned by hot v	•				
		nd #4 were able to adjust the				
		n the bathroom and at the				
		e able to tell staff if the water				
	temperature was too	hot.				
	Interview on 7/7/25 v	vith the Director revealed:				
		emperature valve was				
	installed on the hot w					
	-Instructions he rece	ived from the plumber were				
		0-45 minutes to cycle the				
		water tank and reset the				
	temperature on the v					
	•	ve a new hot water heater maintain the hot water				
	temperature within th					
	Review on 7/7/25 of	a Plan of Protection				
		ector on 7/7/25 revealed:				
		tion will the facility take to				
		the consumers in your care?				
		owers will be taken at				
	brought within range	n) if temperature cannot be				
		ew temperature valve				
		ted running the water for				
		5 mins to cycle old hot water				
	• •	nperature. Will cycle water				
	-	es and recheck temperature.				
		ve the issue a new water				
		ed. Staff will continue to				
	document water tem alth Service Regulation	perature on each shift (3				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL041-818	 В. WING		07/07/2025
AME OF P	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE,	ZIP CODE	07/07/2025
	FUL TRANSITIONS, LL	1458 LO	NDON DRIVE		
0000233	FOL TRANSITIONS, LE	HIGH PC	DINT, NC 27262		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
V 752	Continued From pag	e 11	V 752		
	and Director immedia be installed on the cli- heater is housed to en- Describe your plans happens. -Review water temper and instruct staff to in out-of- range condition install a new water the can't be brought with described above." The facility served cli- and 17 years old with Attention-Deficit Hyp Post-Traumatic Stress Depressive Disorder Disorder and Disrupt Disorder. The water of degrees Fahrenheit a 134 degrees Fahrenheit a 135 degrees Fahrenheit a 135 degrees Fahrenheit a 136 degrees Fahrenheit a 137 degrees Fahrenheit a 138 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 135 degrees Fahrenheit a 136 degrees Fahrenheit a 137 degrees Fahrenheit a 138 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 135 degrees Fahrenheit a 136 degrees Fahrenheit a 137 degrees Fahrenheit a 138 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 139 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 130 degrees Fahrenheit a 131 degrees Fahrenheit a 132 degrees Fahrenheit a 133 degrees Fahrenheit a 134 degrees Fahrenheit a 135 degrees Fahrenheit a 136 degrees Fahrenheit a 137 degrees Fahrenheit a 138 degrees Fahrenheit a 138 degrees Fahrenheit a 139 degrees Fahrenheit a 130 degrees Fahrenheit a 139 degrees Fahrenheit a 130 degrees	ss Disorder, Major , Oppositional Defiant ive Mood Dysregulation temperature was 136 at the clients' bathroom sink, heit in the bathroom tub and heit at the kitchen sink. d #4 were exposed to hot grees Fahrenheit which tantial risk of harm.			