	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE S	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPL	1160
		MHL013-240	B. WING		01/1	; 5/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
TDANSCE	NDING HEIGHTS III C	550 ARCH	DALE DRIVE			
TRANSCE	NDING HEIGHTS, LLC	CONCOR	D, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaint was ur #NC00224971). Defice This facility is license.	d for the following service 27G .1700 Residential				
Adolescents.						
	This facility is licensed for 6 and has a current census of 3. The survey sample consisted of audits of 1 current client.					
V 366	27G .0603 Incident R	esponse Requirements	V 366			
	implement written pol response to level I, II shall require the prov (1) attending to of individuals involved (2) determining (3) developing measures according timeframes not to exc (4) developing to prevent similar incispecified timeframes (5) assigning p for implementation of preventive measures (6) adhering to set forth in G.S. 75, A	REMENTS FOR B PROVIDERS B providers shall develop and icies governing their or III incidents. The policies ider to respond by: The health and safety needs in the incident; The cause of the incident; The cause o				
	164; and	and 45 CFR Parts 160 and documentation regarding				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

MHL013-240  MHL013	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SUR COMPLETE	
MANUE OF PROVIDER OR SUPPLIER  TRANSCENDING HEIGHTS, LLC  STREET ADDRESS, CITY, STATE, ZIP CODE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  CONCORD, NC 28027   V 366  Continued From page 1  V 366  Continued From page 1  V 366  Continued From page 1  V 366  Subparagraphs (a)(1) through (a)(6) of this Rule, (b) In addition to the requirements set forth in Paragraph (a) of this Rule, (C) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider to respond by:  (1) immediately securing the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who				A. BUILDING			
NAME OF PROVIDER OR SUPPLIER  TRANSCENDING HEIGHTS, LLC  S50 ARCHDALE DRIVE CONCORD, NC 28027  (K4) ID  (K4) ID			MHI 013-240	B. WING			2025
TRANSCENDING HEIGHTS, LLC    (X4)   (ID)   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)    V 366   Continued From page 1						1 01/13/2	2023
(x4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL PREFIX TAG WITH REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 1  Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:  (1) immediately securing the client record by:  (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy sompleteness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	NAME OF PI	ROVIDER OR SUPPLIER			TE, ZIP CODE		
CONCORD, NC 28027    CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PR	TRANSCE	NDING HEIGHTS, LLC					
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 366  Continued From page 1  Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, (ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider to respond by: (1) immediately securing the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team; (2) convening a meeting of in internal review team within 24 hours of the incident. The internal review team within 24 hours of the incident and who		·	CONCOR	D, NC 28027			
Subparagraphs (a)(1) through (a)(6) of this Rule.  (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises.  The policies shall require the provider to respond by:  (1) immediately securing the client record by:  (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.  (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises.  The policies shall require the provider to respond by:  (1) immediately securing the client record by:  (A) obtaining the client record;  (B) making a photocopy;  (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team;  (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	V 366	Continued From page	e 1	V 366			
were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:  (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;  (B) gather other information needed;  (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the		Subparagraphs (a)(1) (b) In addition to the Paragraph (a) of this shall address incident regulations in 42 CFF (c) In addition to the Paragraph (a) of this providers, excluding I develop and implement their response to a lewhile the provider is corwhile the client is corwhile the cortifying the corwhile the corview team within 24 internal review teams who were not involved were not responsible with direct profession services at the time or review team shall cormological corrections and make recommen occurrence of future in the corwhile the facts and make recommen occurrence of future in the corwhile the facts and make recommen occurrence of future in the corwhile the facts and make recommen occurrence of future in the corwhile the facts and make recommen occurrence of future in the corwhile the corwhile the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the corwhile the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of future in the facts and make recommen occurrence of	o through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers ts as required by the federal R Part 483 Subpart I. requirements set forth in Rule, Category A and B CF/MR providers, shall ent written policies governing wel III incident that occurs delivering a billable service on the provider's premises. uire the provider to respond a securing the client record the copy's completeness; and the copy to an internal a hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or all oversight of the client's if the incident. The internal implete all of the activities as sopy of the client record to and causes of the incident dations for minimizing the incidents; or information needed; on preliminary findings of fact bys of the incident. The				

Division of Health Service Regulation

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DIVISION	it Health Service Regu	liation	_			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1			
					C	;
		MHL013-240	B. WING	<del></del>	01/1	5/2025
NAME OF D	20/4DED OD 01/DD1/ED	OTDEET AS	DDE00 01TV 0TA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	I E, ZIP CODE		
TRANSCE	NDING HEIGHTS, LLC	550 ARCI	HDALE DRIVE			
THAITOOL	CONCOL					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE	DATE
				DEFICIENCY)		
V/ 266	0	- 0	V 366			
V 366	Continued From page	e 2	V 300			
	located and to the LM	IE where the client resides,				
	if different; and	,				
	•	written report signed by the				
	` '	onths of the incident. The				
	· · · · · · · · · · · · · · · · · · ·	ent to the LME in whose				
	-	rovider is located and to the				
		resides, if different. The				
		all address the issues				
		nal review team, shall				
	include all public doci	uments pertinent to the				
	incident, and shall ma	ake recommendations for				
	minimizing the occurr	ence of future incidents. If				
	all documents needed	d for the report are not				
	available within three	months of the incident, the				
		ovider an extension of up to				
		nit the final report; and				
		notifying the following:				
		sponsible for the catchment				
	` ,	ces are provided pursuant to				
	Rule .0604;					
	(B) the LME wh different;	nere the client resides, if				
	•	r agency with responsibility				
	for maintaining and u					
		erent from the reporting				
	provider;	1 3				
	(D) the Departm	nent·				
	• •	legal guardian, as				
	applicable; and	legal guardian, as				
		uthorities required by law.				
	(F) any other a	unonities required by law.				
	This Rule is not met	as evidenced by:				
		ews and interviews, the				
	facility failed to implei					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
AND FLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLI	-160
		MHL013-240	B. WING		01/1	5/2025
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	TE, ZIP CODE		
TRANSCE	NDING HEIGHTS, LLC		DALE DRIVE ), NC 28027			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 366	Continued From page	÷ 3	V 366			
	governing their respo required. The finding	nse to level II incidents as is are:				
	Response Improvemedates 10/1/24-12/9/24 -No incident report was former client (FC) #4 going to the hospital of	as submitted regarding having suicidal ideation and on 11/9/24. mitted regarding FC #4 on, and going to the hospital as submitted regarding FC eation and going to the ort completed by staff #3 e took an abundant amount he was feeling unwell. hake a phone call to the vas outside of that facility at t. Once consumer was told mer fled the facility."				
	the incidents which or 11/20/24, 11/23/24, at Interview on 1/12/25 -Completed the IRIS	nd 12/8/24. with staff #3 revealed:				
	incidentDid not know the IRI fully to include the ris	S report was not completed k cause analysis.				
	Professional (QP) rev -Incident reports were there when it happen: [Director]." -On 11/9/24 FC #4 "b	e completed by "whoever is s. We send the code to roke a piece of plastic and he was transported by				

Division of Health Service Regulation

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL013-240	B. WING		C <b>01/15/2025</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE ZIP CODE	
TO UNIC OF T	to vibert of tool i eleft		IDALE DRIVE	12, 211 3322	
TRANSCE	TRANSCENDING HEIGHTS, LLC CONCO				
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 4	V 366		
	-On 11/20/24 FC #4 "trying to cut herself. Scontacted [Director]; sto the hospital because observations." -On 11/23/24 FC #4 "and saying she wanteneeds further help. I was told to return hereform -Completed IRIS reported incomplete and were Interviews on 12/19/2 Director revealed: -IRIS reports are typic occasionally by staff and not know IRIS reform 11/9/24, 11/20/24, 11/2	took a fake nail and was She said she was not safe. I she said to take her (FC #4) se she needed further started destroying property ed to harm herself and contacted [Director] and to the hospital. orts for 11/9/24, 11/20/24, s. Did not know they were not submitted.  4 and 1/13/24 with the cally done by the QP and #3. ports for incidents on (23/24, and 12/8/24 were exports for the incidents on (23/24 were not submitted. and implemented corrective and implemented measures			
	-Had not assigned persons to be responsible for implementation of the corrections and				
	preventative measure				
	local Management Er	submitted findings to the htitv/Managed Care			
	Organization in the re				
	-"We are going to restructure (procedure for				
		rts) because obviously it			
	was not getting subm	itted properly."			
V 367	27G .0604 Incident R	eporting Requirements	V 367		
	10A NCAC 27G .0604 REPORTING REQUI				

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D WING		С
		MHL013-240	B. WING		01/15/2025
NAME OF B	ROVIDER OR SUPPLIER	STDEET VI	DRESS, CITY, STA	TE ZID CODE	
NAME OF T	NOVIDEN ON 3011 LIEN		, ,	TE, ZII GODE	
TRANSCE	NDING HEIGHTS, LLC		IDALE DRIVE		
	,	CONCOR	D, NC 28027		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE
				DEI IOIENOT)	
V 367	Continued From page	5	V 367		
	Continuou i rom page	, ,			
	CATEGORY A AND E	3 PROVIDERS			
	(a) Category A and B	providers shall report all			
		ept deaths, that occur during			
		le services or while the			
		roviders premises or level III			
		deaths involving the clients			
		rendered any service within			
	· · · · · · · · · · · · · · · · · · ·				
	90 days prior to the in				
	responsible for the ca				
	services are provided				
	_	e incident. The report shall			
	be submitted on a for				
		t may be submitted via mail,			
	in person, facsimile o	r encrypted electronic			
	means. The report sh	nall include the following			
	information:				
	(1) reporting pr	ovider contact and			
	identification informat				
		fication information;			
	(3) type of incid				
	(4) description				
		e effort to determine the			
	` '				
	cause of the incident;				
	\ <i>\</i>	duals or authorities notified			
	or responding.				
		providers shall explain any			
		e information. The provider			
	shall submit an updat	ed report to all required			
	report recipients by th	ne end of the next business			
	day whenever:				
	(1) the provider	has reason to believe that			
	information provided				
	· · · · · · · · · · · · · · · · · · ·	g or otherwise unreliable; or			
		obtains information			
		ent form that was previously	1		
	unavailable.	o.m and was proviously	1		
		providers shall submit	1		
		providers shall submit,	1		
		ME, other information			
	obtained regarding th	e incident, including:			

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	or riealth Service Regu					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	בובט
					c	·
		MHL013-240	B. WING		ı	5/2025
		WITIL013-240			01/1	5/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		550 ARCH	DALE DRIVE			
TRANSCE	NDING HEIGHTS, LLC		), NC 28027			
			7, 140 20027			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
		,	17.0	DEFICIENCY)		
V 367	Continued From page	e 6	V 367			
	(1) hospital rec	ords including confidential				
		ords including confidential				
	information;	41				
		ther authorities; and				
	. ,	's response to the incident.				
		providers shall send a copy				
		reports to the Division of				
		opmental Disabilities and				
		vices within 72 hours of				
		e incident. Category A				
	providers shall send a	a copy of all level III				
	incidents involving a	client death to the Division of				
	Health Service Regula	ation within 72 hours of				
	becoming aware of th	e incident. In cases of				
	client death within sev	en days of use of seclusion				
	or restraint, the provid	der shall report the death				
	immediately, as requi	red by 10A NCAC 26C				
	.0300 and 10A NCAC	27E .0104(e)(18).				
		providers shall send a				
	. ,	LME responsible for the				
		e services are provided.				
		ıbmitted on a form provided				
		electronic means and shall				
	include summary info					
	,	errors that do not meet the				
	definition of a level II					
		terventions that do not meet				
		el II or level III incident;				
		a client or his living area;				
		client property or property in				
	the possession of a c					
	•	nber of level II and level III				
	( - /					
	incidents that occurre					
	` '	indicating that there have				
	been no reportable in					
		ed during the quarter that				
		ia as set forth in Paragraphs				
		e and Subparagraphs (1)				
	through (4) of this Par	ragraph.				

Division of Health Service Regulation

STATE FORM 6899 2WYS11 If continuation sheet 7 of 9

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MHL013-240	B. WING		01	C I <b>/15/2025</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	. ZIP CODE		
			CHDALE DRIVE	,		
TRANSCE	ENDING HEIGHTS, LLC		RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From page	÷7	V 367			
	facility failed to report	ews and interviews, the level II incidents in the aprovement System (IRIS)				
	former client (FC) #4 going to the hospital of -No incident was substantial deation on 11/20/24No incident report was	aled: as submitted regarding having suicidal ideation and				
	Professional (QP) rev- -Incident reports were there when it happen: [Director]"On 11/9/24 FC #4 "b scraped her thigh. SI myself to the hospital -On 11/20/24 FC #4 " trying to cut herself. s contacted [Director]; s to the hospital because observations."	e completed by "whoever is s. We send the code to roke a piece of plastic and ne was transported by				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
		MHL013-240	B. WING		01	C / <b>15/2025</b>
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	TE, ZIP CODE	, ,	710/2020
TRANSCE	ENDING HEIGHTS, LLC		CHDALE DRIVE RD, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 367	and saying she wanteneeds further help. It was told to return her -Completed IRIS report and 11/23/24 incident incomplete and were Interviews on 12/19/2 Director revealed: -IRIS reports are typic occasionally by staff #-Did not know IRIS re 11/9/24, 11/20/24, and completed fully or sub-"We are going to resi	ed to harm herself and contacted [Director] and to the hospital."  orts for 11/9/24, 11/20/24, s. Did not know they were not submitted.  4 and 1/13/24 with the cally done by the QP and 43. ports for incidents on d 11/23/24 had not been omitted. tructure (procedure for tts) because obviously it	V 367			

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