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TRANSCENDING HEIGHTS, LLC	550 ARCHDALE DRIVE CONCORD, NC 28027

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V 000	INITIAL COMMENTS A complaint survey was completed on February 26, 2025. The complaints were unsubstantiated (intake #NC00226279, #NC00226420,#NC00226539 and #NC00227177). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children and Adolescents. This facility is licensed for 6 and has a current census of 3. The survey sample consisted of 1 current. This survey originally closed on February 11, 2025 but was reopened on February 12, 2025 due to additional complaints.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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: 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	V 132		

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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.
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.

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). The findings are:

Review of photographs received from Client #1's Guardian at Litem Social Worker and the Facility on 1/23/25 revealed:
-Client #1 had a one inch scratch on her chin and and a half inch scratch on her neck.
-Client #1 had a scratch on the corner of her mouth.
-Client #1 had a bruise the size of a quarter and 2 one inch scratches on her left shoulder.
-The bruise on Client #1's left shoulder was a light brown color.

Review on 1/29/25 of the facility's Internal Investigation Report revealed:
-On 1/21/25 the facility was notified by the local Department of Social Services (DSS) that an allegation of abuse was reported against Staff #2.
-DSS alleged Staff #2 injured Client #1 during a

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restraint on 1/16/25.
-Staff #2 was suspended on 1/21/25 pending investigation and had not returned.
-Pictures were taken of Client #1's injuries on 2/21/25.
-The internal investigation was still pending.
-No documentation of incident being reported to the Healthcare Personnel Registry (HCPR).

Interview on 2/11/25 with Client #1 revealed:
-On 1/16/25 she became upset because Staff #2 was "provoking" her.
-Hit Staff #2 in the face.
-Staff #2 put her in a restraint to stop her (Client #1) from hitting her.
-Staff #2's bracelets scratched her face during the restraint.
-Staff #2 apologized for scratching her face.
-No injuries.
-The bruise in the picture was "old".
-Was not injured.
-Felt safe at the facility.

Interview on 2/11/25 with Client #3 revealed:
-On 1/16/25 Client #1 hit Staff #2 in the face.
-Staff #2 put Client #1 in a restraint.
-Witnessed Staff #2's bracelets scratch Client #1's face.
-Did not witness how Client #1 got the bruise on her left shoulder.

Interview on 2/11/25 with Client #4 revealed:
-"I don't know what was going on (1/16/25). I saw [Client #1] in a restraint. [Staff #2's] bracelets scratched her (Client #1) face, but it was not intentional."

Attempted to interview Staff #2 on 2/11/25, 2/14/25 and 2/26/25, and left a voice message. Staff #2 did not return calls. The Human

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V 132	Continued From page 3 Resource (HR)/Clinical Consultant said she would have Staff #2 call me, but Staff #2 never called. Interview on 2/4/25 with House Manager/Qualified Professional (QP) revealed: -Gathered information for the incident report regarding the restraint Staff #2 performed on Client #1 on 1/16/25. -Submitted the incident report to Clinical Consultant #1. -Did not know if the internal investigation was complete. -It was Clinical Consultant #1's responsibility to do the internal investigation. -It was Clinical Consultant #1's responsibility to report to the HCPR. Interview on 2/10/25 with Clinical Consultant #1 revealed: -Staff #2 was suspended upon notification of the allegation of abuse on 1/21/25. -It is the House Manager/ QP's responsibility to submit incident reports and report to HCPR. -Would review job duties with the House Manager/QP.	V 132		
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these	V 537		

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procedures are retrained and have demonstrated competence at least annually.
(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
(g) Acceptable training programs shall include, but are not limited to, presentation of:
(1) refresher information on alternatives to the use of restrictive interventions;
(2) guidelines on when to intervene (understanding imminent danger to self and others);
(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);

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(4) strategies for the safe implementation of restrictive interventions;
(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
(6) prohibited procedures;
(7) debriefing strategies, including their importance and purpose; and
(8) documentation methods/procedures.
(h) Service providers shall maintain documentation of initial and refresher training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may review/request this documentation at any time.
(i) Instructor Qualification and Training Requirements:
(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.
(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and

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measurable methods to determine passing or failing the course.
(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) evaluation of trainee performance; and
(D) documentation procedures.
(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
(8) Trainers shall be currently trained in CPR.
(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
(11) Trainers shall complete a refresher instructor training at least every two years.
(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcome (pass/fail);
(B) when and where they attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may

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V 537	Continued From page 7 review/request this documentation at any time. (l) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times, the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 3 audited staff (#2) demonstrated competency in the proper use of restrictive interventions. The findings are: Review on 1/28/25 of Staff #2's employee record revealed: -Hire date of 2/22/23. -National Crisis Intervention Plus (NCI+) training dated 2/19/24. Review on of 2/11/25 the facility's incident report dated 1/21/25 revealed: -Client #1 had to be restrained by Staff #2 due to physical aggression by Client #1. -Client #1 was scratched on her chin and chin on the left side of her face by Staff #2's bracelets while trying to put her (Client #1) in a restraint. Interview on 2/11/25 with Client #1 revealed: -On 1/16/25 she became upset because Staff #2 was "provoking" her.	V 537		

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-Hit Staff #2 in the face.
-Staff #2 put her in a restraint to stop her (Client #1) from hitting her.
-Staff #2's bracelets scratched her face during the restraint.
-Staff #2 apologized for scratching her face.
-No injuries.
-The bruise in the picture was "old".
-Was not injured.
-Felt safe at the facility.

Interview on 2/11/25 with Client #3 revealed:
-On 1/16/25 Client #1 hit Staff #2 in the face.
-Staff #2 put Client #1 in a restraint.
-Witnessed Staff #2's bracelets scratch Client #1's face.

Interview on 2/11/25 with Client #4 revealed:
-"I don't know what was going on. I saw [Client #1] in a restraint. [Staff #2's] bracelets scratched her (Client #1) face, but it was not intentional."

Attempted to interview Staff #2 on 2/11/25, 2/14/25 and 2/26/25, and left a voice message. Staff #2 did not return calls. The Human Resource (HR)/Clinical Consultant said she would have Staff #2 call me, but Staff #2 never called.

Interview on 2/11/25 with the HR/Clinical Consultant #2/ NCI+ Instructor revealed:
-Last did NCI+ refresher training on 2/19/24.
-"If she (Staff #2) had performed the restraint correctly she would not have scratched [Client #1]."
-Staff #2 will receive more training in NCI+ before she could return to work.