PRINTED: 08/22/2025 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		MHL013-240	B. WING		08/1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
TRANSCE	NDING HEIGHTS, LLC		HDALE 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was Deficiencies were cite	s completed on 8/11/25. ed.				
		d for the following service 27G .1700 Residential re for Children or				
		d for 6 and has a current rey sample consisted of ents.				
V 114	27G .0207 Emergence	y Plans and Supplies	V 114			
	AND SUPPLIES (a) Each facility shall and a disaster plan at these plans available to the county emerge request. The plans ship procedures and route (b) The plans shall be and evacuation procedures and evacuation procedures and evacuation procedures and disaster (c) Fire and disaster (c)	ncy services agencies upon nall include evacuation is. emade available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be				
	•	ted under conditions that response to fire				
	facility failed toensure	as evidenced by: ew and interviews, the e fire and disaster drills were and on each shift. The				

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

TITLE (X6) DATE

DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING		COMPL	.ETED
			7 50.2510.			
		MHL013-240	B. WING		08/1	11/2025
NAME OF D	ROVIDER OR SUPPLIER	QTDEET AF	DRESS, CITY, STA	ATE ZIR CODE		
NAME OF T	NOVIDER OR SOLT LIER			ATE, ZII CODE		
TRANSCE	NDING HEIGHTS, LLC		HDALE DRIVE			
	, 	CONCOR	D, NC 28027			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				52.10.2.10.1,		
V 114	Continued From page	2 1	V 114			
	findings are:					
	Review on 7/31/25 of	-				
		July 1, 2024-June 30, 2025				
	revealed:					
	3rd quarter (July- Sep					
	- No 1st shift (8am-3p	om) disaster drills;				
	- No 3rd shift (11pm-8	Bam) fire and disaster drills;				
	- No weekend (8am-8	8pm) shift fire and disaster				
	drills;					
	- No weekend (8pm-8	Bam) shift fire and disaster				
	drills.	,				
	4th quarter (October-	December 2024):				
		shift fire and disaster drills;				
		pm) shift disaster drills.				
	rto trockeria (cam c	prin) orinic diodotor drinio.				
	1st quarter (January-	March 2025).				
	- No 3rd shift fire and					
	- No weekend (8pm-8	•				
		Bpm) shift disaster drills.				
	- No weekend (oan-c	spiri) shiit disaster driiis.				
	2nd quarter (April- Ju	no 2025):				
		fire and disaster drills;				
	- No 2nd shift (3pm-1	•				
	· ·	am-8pm) fire and disaster				
	drills;					
	- No weekend shift (8	pm-8am) disaster drills.				
	1.1 . 7/00/07	::I O!: . ! ! 4				
		with Client #1 revealed:				
		ire and disaster drills since				
	admitted in facility Ma	y 2025.				
		with Client #2 revealed:				
	- Denied completing f					
	- Denied knowing who	ere to go if there was a fire.				
		ith Client #3 revealed:				
	- Denied fire and disa	ster drill since admitted in	1			1

Division of Health Service Regulation

July 2025.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING: _			
		MHL013-240	B. WING		00	3/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
TRANSCE	ENDING HEIGHTS, LLC		IDALE DRIVE			
	· T		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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 114	Continued From page	÷ 2	V 114			
		with Staff #1 revealed: r drills are being completed."				
	- Completed fire and completed fire and completed fire and complete an	sociate Professional and possible for completing the				
	Interview on 7/31/25	d disaster drill last month. with Staff #3 revealed: ire and disaster drill) since I				
	Interview on 8/7/25 w - Completed fire and - Participated in fire a - Completed a fire and Interview on 7/31/25 w Manager/Associate P - Was responsible for drills; - Was not completing	ith Staff #6 revealed: disaster drills once a month; nd disaster drills; d disaster drill last month. with the House				
	3pm-11pm, 3rd 11pm and 8pm-8am) in the - House Manager/Ass responsible for fire ar - "We will start comple	l: shifts (1st-8am-3pm, 2nd -8am, weekend 8am-8pm facility; sociate Professional was ad disaster drills; eting a drill every month."				
	and Compliance Cons	with the Human Resource sultant revealed: sociate Professional was				

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STATE FORM 6899 4KII11 If continuation sheet 3 of 13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MUI 042 240	B. WING		00/44/06	105
		MHL013-240			08/11/20	J25
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	ΓE, ZIP CODE		
TRANSCE	ENDING HEIGHTS, LLC	550 ARC	HDALE DRIVE			
TRANCOL	INDINO HEIGHTO, LEG	CONCOR	D, NC 28027			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE C	(X5) OMPLETE DATE
V 114	Continued From page	3	V 114			
	or assigning various s - Received fire and di	eting fire and disaster drills taff to complete the drills; saster drills on a spread ocumented on an electronic				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered order of a person authoriugs. (2) Medications shall clients only when authorient's physician. (3) Medications, included administered only by unlicensed persons to the privileged to prepare a current. Medication Administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, and (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorded.	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, regally qualified person and and administer medications. inistration Record (MAR) of it to each client must be kept administered shall be after administration. The following:				

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Division of Health Service Regulation

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPLETED	
		MHL013-240	B. WING		08/11/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		550 ARC	HDALE DRIVE			
TRANSCE	ENDING HEIGHTS, LLC		RD, NC 28027			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)	
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	
V 118	Continued From page	· 1	V 118			
V 110	Continued From page	÷ 4	V 110			
	This Rule is not met	as evidenced by:				
	Based on record revie	<u> </u>				
		failed to keep the MAR				
		nts (#1, #2) and failed to				
		paraprofessional staff had				
		ation administration by a				
	registered nurse, pha	rmacist or other legally				
		1 of 1 Qualified Professional				
		strate competency. The				
	findings are:					
	Finding #1					
	_	Client #1's record revealed:				
	- Admission date 5/2/	25;				
	- Age 13 years old;					
	- Diagnoses Opposition					
	Attention Deficit Hype					
	· •	9/25 Tri-Mili 28 (birth control)				
	tablet, take one tablet 3/17/25 Topiramate (/					
		tablet by mouth every day;				
	, ,	epression) 10mg, take one				
	tablet by mouth every	. , ,				
	5/11/25 Denta 5000 F					
		n ribbon to toothbrush and				
	brush thoroughly once					
	preferably at bedtime	in place of regular				
	toothpaste;					
		antidepressant) 5mg tablet,				
	take one tablet by mo	outh every day.				
	Review on 7/29/25 of	Client #1's MARs from May				
	2, 2025-July 29, 2025					
	- No staff initials for a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL013-240	B. WING		08/1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TRANSCE	NDING HEIGHTS, LLC		DALE DRIVE			
	QUILLEN/ QT), 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 118	Continued From page	5	V 118			
V 118	Escitalopram 5mg tab. 5/29; No staff initials for a Aripiprazole 10mg on No staff initials for a 100mg on 6/10, 6/13; Denta 5000 Plus cre MAR for May and Jur Review on 7/31/25 of Admission date 2/9/2 Age 17 years old; Diagnoses Major De Traumatic Stress Disc Disorder, Generalized Physician's Orders 2 (antipsychotic) HCL (I one tablet by mouth at (extended release) (n tablet by mouth at bet (muscle control) 1mg bedtime; Triamcinolor apply 1 application or affected area; Risperitake one tablet by mouth at bet (major depression) 25 mouth daily; Melatoni tablet by mouth at bet Levonorgestrel-Ethiny 0.2mg, take one tablet 3/15/25 Prazosin HCl capsule by mouth every staff or a	administration for 6/10, 6/13, 6/29; dministration for 70 Topiramate eam was not listed on the fie. Client #2's record revealed: 25; epressive Disorder, Post order (PTSD), Conduct d'Anxiety Disorder; 2/10/25 Chlorpromazine hydrochloride) 50mg, take at bedtime; Guanfacine ER constimulant) 2mg, take one dtime; Benztropine Mesylate de (dermatitis) 0.1% cream, in the skin twice a day to done (antipsychotic) 2mg, buth daily; Lamotrigine form, take two tablets by in (sleep aid) 5mg, take one dtime; plestradiol (birth control) et by mouth every day; in (PTSD) 2mg take one ery night; CL (antidepressant) 10mg,	V 118			
	MARs from February revealed: - No staff initials for a	nd 8/7/25 of Client #2's 22, 2025-July 29, 2025 dministration for /I Estradiol on 4/1-4/22;				

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<u>Division c</u>	<u>of Health Service Regu</u>	ılation				
STATEMENT	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	
			7 50.12510.			
			D WING			
		MHL013-240	B. WING		08/1	1/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE ZIP CODE		
TAMINE OI	TOVIDER OR GOLL ELER			7E, 2II 005E		
TRANSCE	ENDING HEIGHTS, LLC		HDALE DRIVE			
	<u>, </u>	CONCOR	RD, NC 28027			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX	,	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	KEGULATURT ON L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	(IAIE	DAIL
				,		——
V 118	Continued From page	e 6	V 118			ı ,
ļ	Communication page				ļ	ı ,
	- No staff initials for a					ı
	Benztropine Mesylate	e 1mg on 4/13, 4/16-4/20,				ı .
		5/20, 5/22, 5/23, 5/25, 5/30,				ı
	6/9, 6/13;					ı
		nistration for Chlorpromazine				ı
	HCL 50mg on 4/6, 4/7	•				ı
	_	/10, 5/11, 5/20, 5/23, 5/25,				ı
	5/30, 6/9/, 6/13;	10, 0,, 0, 20, 0,,				ı
	, , ,	nistration for Guanfacine ER				ı
		20, 5/5, 5/6, 5/10, 5/11, 5/20,				ı
	_					ı .
	5/22, 5/23, 5/25, 5/30					ı
		histration for Triamcinolone				ı
	` ,) 4/16-4/22, 5/5, 5/29, 5/31,				ı
ļ		3, 4/17-4/20, 4/23, 4/24,			ļ	ı
		5/28, 6/9, 6/10, 6/12, 6/13,				ı
	6/17, 6/27, 6/28;					ı
	- No initials for admin	nistration for Lamotrigine				ı
	25mg on 4/16, 4/18,	4/19, 4/20, 4/22, 5/5;				ı
	- No initials for admin	nistration for Risperidone				ı
		/19, 4/20, 4/22, 5/5, 6/28;				ı
ļ		nistration for Melatonin 5mg			ļ	ı
		17, 4/18, 4/19, 4/20, 5/5, 5/6,				ı
		6/12, 6/13, 6/23, 6/27, 6/28;				ı
ļ		nistration for Prazosin HCL			ļ	ı
		1, 5/28, 6/9, 6/10, 6/12, 6/13,				ı
	6/23, 6/27, 6/28;	, 3/20, 0/3, 0/10, 0/12, 0/10,				ı
		sistration for Elypyoting HCI				ı
		nistration for Fluoxetine HCL				ı
	10mg on 5/5, 6/28.					ı
ļ		'U. Olivert #4 environment			ļ	ı
		with Client #1 revealed:				ı
ļ	- Was administered h	er medications daily.			ļ	ı
	I					ı
		with Client #2 revealed:				ı
	- Was administered h	•				ı
	- "I don't know the na	ime of the medications, I				ı
	take too many."					ı
	1					1
	Finding #2					ı
		f Staff #1's personnel record				1

revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL013-240	B. WING		08	3/11/2025
NAME OF D				710.0005		<u>-</u>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
TRANSCE	ENDING HEIGHTS, LLC		HDALE DRIVE RD, NC 28027			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	÷ 7	V 118			
	training.	or medication administration				
	- The QP was respon client's medication wa MARs and checked the initialed the MARs aft medications; - Signed the MARs will medications to clients: - Was trained by the Resources/Compliance administration when here were some control of the control	hen administered ; facility's Human ce Consultant in medication nired. Staff #2's personnel record				
	- Date of hire 10/1/24 - No documentation for training.	; or medication administration				
	- "[QP] is responsible the MARs;" - Was trained by the f	rofessional and former QP tration				
	revealed: - Date of hire 2/26/25	Staff #3's personnel record or medication administration				
	-The House Manager	with Staff #3 revealed: /Associate Professional was g sure staff signed off on histering medications;				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74121 2741	or contraction	IDENTIFICATION NO.	A. BUILDING: _		OOM EETED
		MHL013-240	B. WING		08/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TRANSCE	NDING HEIGHTS, LLC	550 ARCH	IDALE DRIVE		
TIVANOOL		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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 118	Continued From page	e 8	V 118		
	- Was trained by the H Professional in medic	House Manager/Associate ation administration.			
	Review on 8/7/25 of S revealed:	Staff #4's personnel record			
	 Date of hire 11/25/24 No documentation for training. 	4; or medication administration			
	Attempted interview on 8/7/25 with Staff #4 revealed: - Attempted telephone call to Staff #4 but there				
	was no return call bef	ore exit of survey.			
	Review on 8/7/25 of 9 revealed:	Staff #5's personnel record			
	- Date of hire 5/26/25				
	#5 had received traini	/2025 which reflected Staff ing in medication			
	administration from th	ne facility's Human			
	Resources/Compliand	ce Consultant.			
	Attempted interview or revealed:	on 8/7/25 with Staff #5			
	- Attempted telephone was no return call bef	e call to Staff #5 but there ore exit of survey.			
	Review on 8/7/25 of 8 revealed: - Date of hire 1/28/25	Staff #6's personnel record			
	- No documentation for training.	or medication administration			
	medications;	sible for the MARs and House Manager/Associate			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MUI 042 240	B. WING		00/44/0005
		MHL013-240	B. WING		08/11/2025
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
TRANSCENDING HEIGHTS. LLC			IDALE DRIVE D, NC 28027		
040.45	CHMMADV CT		<u> </u>	DDOVIDEDIS DI ANI OF CODDECTIO	N 0/5
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	Continued From page	9	V 118		
	revealed: - Date of hire 3/15/25	the QP's personnel record ; cation administration on			
	Interview on 7/31/25 with the QP revealed: - Worked at the facility in the past and rehired the end of March 2025; - Was responsible for the MARs and medications; - Checked the MARs when the clients were admitted and at the end of the month; - "I am supposed to review the MARs monthly, but I have not done that;" - Was unable to provide an explanation for why the MARs were not being checked monthly; - " I'm going to start checking the MARs every few days" to ensure medications were being signed off on; - Was retrained in medication administration by the Human Resources/Compliance Consultant				
	and MARs; - Transferred medical from previous employ facility's Human Reso Consultant. Interview on 8/5/25 w - The Human Resourd "handled all the training Was not aware that	rofessional revealed: sible for the medications tion administration training ver but was retrained by the burces/Compliance ith the Licensee revealed: ces/Compliance Consultant ngs for the staff;" staff had to be trained in ation by a registered nurse,			
	Interview on 8/11/25 v	with the Human			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) E			
			A. BUILDING:			
		MHL013-240	B. WING		08	3/11/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
			HDALE DRIVE	•		
TRANSCE	ENDING HEIGHTS, LLC		RD, NC 28027			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETE DATE
V 118	Continued From page	e 10	V 118			
	Pesources/Complian	ce Consultant revealed:				
		nsee for "close to a year				
	now:"	noce for close to a year				
	- Was responsible for	staff trainings:				
		rmer employee to ensure				
	staff trainings were be					
	- " I was in process of	completing an audit on staff				
	files and noticed trainings were not completed;" - Contacted the pharmacist, who is contracted to complete the medication administration training with staff and learned that the trainings were scheduled but "it fell through the cracks;"					
		on administration training for				
	all staff for August 13	, 2025.				
	Due to the failure to a	accurately document				
	medication administra					
		eceived their medications				
	as ordered by the phy	ysician.				
	Review on 8/11/25 of	the facility's Plan of				
		/25 and completed by the				
	Licensee revealed:					
		tion will the facility take to				
		he consumers in your care?				
		s LLC will ensure medication				
	· ·	owed per the rule 10A NCAC				
	27G .0209.					
	All staff will be trained					
		rmacist, or a legally qualified				
	person and privileged medications'.	I to prepare and administer				
		thcare, legally qualified				
		prepare and administer				
		/ include licensed medical				
	professionals, such a					
		ctor of Medicine) and DOs				
		ic Medicine)): They have the				
	broadest prescriptive					
	administer a wide ran					

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DIVISION	or riealin Service Regu	liation				
	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
		MHL013-240	B. WING		00/	44/2025
		WITE013-240			00/	11/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		550 ARC	HDALE DRIVE			
TRANSCE	ENDING HEIGHTS, LLC	CONCOR	RD, NC 28027			
0/10/15	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT		0(5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 118	Continued From page	a 11	V 118			
			"			
		RNs): They are typically				
	responsible for admir	nistering medications				
	prescribed by a healt	hcare provider and often				
	oversee the administr	ration by other personnel.				
	Licensed Practical N	urses (LPNs): They can also				
	administer medication	ns under the supervision of a				
	registered nurse or do	octor.				
	Physician Assistants	(PAs): They can administer				
		dance with their approved				
	practice, under physician supervision.					
		erify prescriptions, dispense				
	medications, and may					
		cines, depending on state				
		e practice agreements.				
		Registered Nurses (APRNs):				
		Practitioners (NPs), who				
		ation and can prescribe and				
	administer medication					
		to make sure the above				
	happens.	to make care are agove				
		ill be scheduled with a				
	qualified person privil					
	I	ns on Wednesday, August				
	13, 2025."	is on wednesday, August				
	10, 2020.					
	 Review on 8/11/25 of	the revised facility's Plan of				
		/25 and completed by the				
	Licensee revealed:	720 and completed by the				
		ction will the facility take to				
		he consumers in your care?				
	Only staff having curr					
	medication certificate	•				
		will be checked daily for				
		re that the appropriately				
	trained person has sign	-				
		es to ensure that current				
		date on required training.				
		to make sure the above				
	happens.					
	New and current staff	f will be trained and/or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL013-240		B. WING	B. WING		08/11/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TRANSCENDING HEIGHTS, LLC STREET ADDRESS, CITY, STATE, ZIP CODE							
CONCORD, NC 28027							
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE		
V 118	correctly to residents MAR's will be checked has been administere signed/initialed and do medication orders or of Medication training with qualified person privile administer medication 13, 2025." The facility served chi which included diagnor Disorder, Attention De Post Traumatic Stress Depression, Generaliz Conduct Disorder. Fro 2025 there were a total medications were not administrated. Six paramembers who administrated. Six paramembers who administrated nurse, pharmacist, or person, with the longer commenced employm Qualified Professional ensuring the MARs who basis but failed to do strength of the professional training the MARs who administrated to do strength of the professional ensuring the MARs who are the professional ensuring the deficiency constitution is detrimental to the professional deficiency constitution is detrimental to the professional deficiency constitution of the professional deficiency constitution is detrimental to the professional deficiency constitution is detrimental to the professional definition of the professional deficiency constitution is detrimental to the professional deficiency constitution is detrimental to the professional definition of the professiona	edications are administered in care. d daily to ensure medication d, and staff have ocumented properly per the discontinue orders. ill be scheduled with a leged to prepare and les on Wednesday, August seldren aged 13-17 years old loses Oppositional Defiant leficit Hyperactivity Disorder, so Disorder, Major losed Anxiety Disorder and lose for the property 22 to July 29, all of 42 dates in which documented as largorfessional staff lestered medications had not training by a registered lost serving staff having lent in October 2024. The lawas responsible for legally qualified lest serving at monthly	V 118				

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