

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>08/11/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRANSCENDING HEIGHTS, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 ARCHDALE DRIVE CONCORD, NC 28027</b>		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 8/11/25. Deficiencies were cited.</p> <p>The 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 6 and has a current census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000			
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p><b>This Rule is not met as evidenced by:</b> Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The</p>	V 114	<p><b>RECEIVED</b> <b>SEP 11 2025</b> <b>DHSR-MH Licensure Sect</b></p> <p>The agency will conduct fire/disaster drills monthly and quarterly, alternating shifts to ensure the rule is met.</p>	<p><b>08/11/2025 and ongoing</b></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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<p>V 114 Continued From page 1</p> <p>findings are:</p> <p>Review on 7/31/25 of the facility's fire and disaster drill log from July 1, 2024-June 30, 2025 revealed:</p> <p>3rd quarter (July- September 2024):</p> <ul style="list-style-type: none"> <li>- No 1st shift (8am-3pm) disaster drills;</li> <li>- No 3rd shift (11pm-8am) fire and disaster drills;</li> <li>- No weekend (8am-8pm) shift fire and disaster drills;</li> <li>- No weekend (8pm-8am) shift fire and disaster drills.</li> </ul> <p>4th quarter (October- December 2024):</p> <ul style="list-style-type: none"> <li>- No 1st shift and 3rd shift fire and disaster drills;- No weekend (8am-8pm) shift disaster drills.</li> </ul> <p>1st quarter (January- March 2025):</p> <ul style="list-style-type: none"> <li>- No 3rd shift fire and disaster drills;</li> <li>- No weekend (8pm-8am) shift fire drills;- No weekend (8am-8pm) shift disaster drills.</li> </ul> <p>2nd quarter (April- June 2025):</p> <ul style="list-style-type: none"> <li>- No 1st and 3rd shift fire and disaster drills;</li> <li>- No 2nd shift (3pm-11pm) disaster drills;</li> <li>- No weekend shift (8am-8pm) fire and disaster drills;</li> <li>- No weekend shift (8pm-8am) disaster drills.</li> </ul> <p>Interview on 7/30/25 with Client #1 revealed: - Denied completing fire and disaster drills since admitted in facility May 2025.</p> <p>Interview on 7/30/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Denied completing fire and disaster drills;</li> <li>- Denied knowing where to go if there was a fire.</li> </ul> <p>Interview on 7/30/5 with Client #3 revealed: - Denied fire and disaster drill since admitted in July 2025.</p>	<p>V 114</p>	
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V 114	<p>Continued From page 2</p> <p>Interview on 7/30/25 with Staff #1 revealed: - "No fire and disaster drills are being completed."</p> <p>Interview on 7/31/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- Completed fire and disaster drills;</li> <li>- House Manager/Associate Professional and staff on duty were responsible for completing the drills;</li> <li>- Completed a fire and disaster drill last month.</li> </ul> <p>Interview on 7/31/25 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- "I never done one (fire and disaster drill) since I been there," February 2025.</li> </ul> <p>Interview on 8/7/25 with Staff #6 revealed:</p> <ul style="list-style-type: none"> <li>- Completed fire and disaster drills once a month;</li> <li>- Participated in fire and disaster drills;</li> <li>- Completed a fire and disaster drill last month.</li> </ul> <p>Interview on 7/31/25 with the House Manager/Associate Professional revealed:</p> <ul style="list-style-type: none"> <li>- Was responsible for completing fire and disaster drills;</li> <li>- Was not completing fire and disaster drills;-</li> </ul> <p>Planned to complete a fire and disaster drill on 7/31/25.</p> <p>Interview on 7/29/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- There were several shifts (1st-8am-3pm, 2nd 3pm-11pm, 3rd 11pm-8am, weekend 8am-8pm and 8pm-8am) in the facility;</li> <li>- House Manager/Associate Professional was responsible for fire and disaster drills;</li> <li>- "We will start completing a drill every month."</li> </ul> <p>Interview on 8/11/25 with the Human Resource and Compliance Consultant revealed:</p> <ul style="list-style-type: none"> <li>- House Manager/Associate Professional was</li> </ul>	V 114		

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V 114	Continued From page 3  responsible for completing fire and disaster drills or assigning various staff to complete the drills; - Received fire and disaster drills on a spread sheet after they are documented on an electronic form.	V 114		
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to keep the MAR current for 2 of 3 clients (#1, #2) and failed to ensure 6 of 6 audited paraprofessional staff had been trained in medication administration by a registered nurse, pharmacist or other legally qualified person and 1 of 1 Qualified Professional (QP) failed to demonstrate competency. The findings are:</p> <p>Finding #1 Review on 7/31/25 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 5/2/25;</li> <li>- Age 13 years old;</li> <li>- Diagnoses Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder;</li> <li>- Physician's order 3/9/25 Tri-Mili 28 (birth control) tablet, take one tablet by mouth every day;</li> <li>3/17/25 Topiramate (headaches) 100 mg (milligram), take one tablet by mouth every day;</li> <li>5/5/25 Aripiprazole (depression) 10mg, take one tablet by mouth every day;</li> <li>5/11/25 Denta 5000 Plus cream (fluoride toothpaste), apply thin ribbon to toothbrush and brush thoroughly once daily for 2 minutes preferably at bedtime in place of regular toothpaste;</li> <li>7/9/25 Escitalopram (antidepressant) 5mg tablet, take one tablet by mouth every day.</li> </ul> <p>Review on 7/29/25 of Client #1's MARs from May 2, 2025-July 29, 2025 revealed:</p> <ul style="list-style-type: none"> <li>- No staff initials for administration for</li> </ul>	V 118	<p>New and current staff will be trained and/or retrained to ensure medications are administered correctly to residents in care. MARs will be checked daily to ensure that medication has been administered, and staff have signed/initialed and documented properly per the medication orders or discontinuation orders. Medication training will be scheduled with a qualified person privileged to prepare and administer medications on Wednesday, August 13, 2025.</p> <p>Training was completed by and RN on the scheduled date for all staff currently employed by the facility.</p> <div data-bbox="876 808 1357 1159" data-label="Image"> </div>	August 13, 2025, and ongoing

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V 118	<p>Continued From page 5</p> <p>Escitalopram 5mg tablet; Tri-Mili 28 tablet on 5/29;</p> <ul style="list-style-type: none"> <li>- No staff initials for administration for Aripiprazole 10mg on 6/10, 6/13, 6/29;</li> <li>- No staff initials for administration for Topiramate 100mg on 6/10, 6/13;</li> <li>- Denta 5000 Plus cream was not listed on the MAR for May and June.</li> </ul> <p>Review on 7/31/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 2/9/25;</li> <li>- Age 17 years old;</li> <li>- Diagnoses Major Depressive Disorder, Post Traumatic Stress Disorder (PTSD), Conduct Disorder, Generalized Anxiety Disorder;</li> <li>- Physician's Orders 2/10/25 Chlorpromazine (antipsychotic) HCL (hydrochloride) 50mg, take one tablet by mouth at bedtime; Guanfacine ER (extended release) (nonstimulant) 2mg, take one tablet by mouth at bedtime; Benztropine Mesylate (muscle control) 1mg, take one tablet by mouth at bedtime; Triamcinolone (dermatitis) 0.1% cream, apply 1 application on the skin twice a day to affected area; Risperidone (antipsychotic) 2mg, take one tablet by mouth daily; Lamotrigine (major depression) 25 mg, take two tablets by mouth daily; Melatonin (sleep aid) 5mg, take one tablet by mouth at bedtime; Levonorgestrel-Ethinyl Estradiol (birth control) 0.2mg, take one tablet by mouth every day; 3/15/25 Prazosin HCL (PTSD) 2mg take one capsule by mouth every night; 6/10/25 Fluoxetine HCL (antidepressant) 10mg, take one capsule by mouth daily.</li> </ul> <p>Review on 7/29/25 and 8/7/25 of Client #2's MARs from February 22, 2025-July 29, 2025 revealed:</p> <ul style="list-style-type: none"> <li>- No staff initials for administration for Levonorgestrel-Ethinyl Estradiol on 4/1-4/22;</li> </ul>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- No staff initials for administration for Bzotropine Mesylate 1mg on 4/13, 4/16-4/20, 5/5, 5/6, 5/10, 5/11, 5/20, 5/22, 5/23, 5/25, 5/30, 6/9, 6/13;</li> <li>- No initials for administration for Chlorpromazine HCL 50mg on 4/6, 4/7, 4/10, 4/12, 4/13, 4/16-4/20, 5/5, 5/6, 5/10, 5/11, 5/20, 5/23, 5/25, 5/30, 6/9, 6/13;</li> <li>- No initials for administration for Guanfacine ER 2mg on 4/13, 4/16-4/20, 5/5, 5/6, 5/10, 5/11, 5/20, 5/22, 5/23, 5/25, 5/30, 6/9, 6/13, 6/19;</li> <li>- No initials for administration for Triamcinolone 0.1% cream on (7am) 4/16-4/22, 5/5, 5/29, 5/31, 6/14, 6/28; (7pm) 4/13, 4/17-4/20, 4/23, 4/24, 4/30, 5/5, 5/6, 5/11, 5/28, 6/9, 6/10, 6/12, 6/13, 6/17, 6/27, 6/28;</li> <li>- No initials for administration for Lamotrigine 25mg on 4/16, 4/18, 4/19, 4/20, 4/22, 5/5;</li> <li>- No initials for administration for Risperidone 2mg on 4/16, 4/18, 4/19, 4/20, 4/22, 5/5, 6/28; - No initials for administration for Melatonin 5mg on 4/3, 4/13, 4/16, 4/17, 4/18, 4/19, 4/20, 5/5, 5/6, 5/11, 5/28, 6/9, 6/10, 6/12, 6/13, 6/23, 6/27, 6/28;</li> <li>- No initials for administration for Prazosin HCL 2mg on 5/5, 5/6, 5/11, 5/28, 6/9, 6/10, 6/12, 6/13, 6/23, 6/27, 6/28;</li> <li>- No initials for administration for Fluoxetine HCL 10mg on 5/5, 6/28.</li> </ul> <p>Interview on 7/30/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- Was administered her medications daily.</li> </ul> <p>Interview on 7/30/25 with Client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Was administered her medications daily;- "I don't know the name of the medications, I take too many."</li> </ul> <p>Finding #2 Review on 7/31/25 of Staff #1's personnel record revealed:</p>	V 118		

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V 118	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Date of hire 1/7/25;</li> <li>- No documentation for medication administration training.</li> </ul> <p>Interview on 7/30/25 with Staff #1 revealed: - The QP was responsible for making sure the client's medication was listed accurately on the MARs and checked the MARs to ensure the staff initialed the MARs after administration of medications;</p> <ul style="list-style-type: none"> <li>- Signed the MARs when administered medications to clients;</li> <li>- Was trained by the facility's Human Resources/Compliance Consultant in medication administration when hired.</li> </ul> <p>Review on 7/31/25 of Staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 10/1/24;</li> <li>- No documentation for medication administration training.</li> </ul> <p>Interview on 7/31/25 with Staff #2 revealed: - "[QP] is responsible for making sure we signed the MARs;"</p> <ul style="list-style-type: none"> <li>- Was trained by the facility's House Manager/Associate Professional and former QP in medication administration</li> <li>- Administered medications to clients.</li> </ul> <p>Review on 7/31/25 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 2/26/25;</li> <li>- No documentation for medication administration training.</li> </ul> <p>Interview on 7/31/25 with Staff #3 revealed: -The House Manager/Associate Professional was responsible for making sure staff signed off on the MARs after administering medications;</p>	V 118		

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- Was trained by the House Manager/Associate Professional in medication administration.</li> </ul> <p>Review on 8/7/25 of Staff #4's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 11/25/24;</li> <li>- No documentation for medication administration training.</li> </ul> <p>Attempted interview on 8/7/25 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>- Attempted telephone call to Staff #4 but there was no return call before exit of survey.</li> </ul> <p>Review on 8/7/25 of Staff #5's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 5/26/25;</li> <li>- A certificate dated 6/2025, which reflected Staff #5 had received training in medication administration from the facility's Human Resources/Compliance Consultant.</li> </ul> <p>Attempted interview on 8/7/25 with Staff #5 revealed:</p> <ul style="list-style-type: none"> <li>- Attempted telephone call to Staff #5 but there was no return call before exit of survey.</li> </ul> <p>Review on 8/7/25 of Staff #6's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 1/28/25;</li> <li>- No documentation for medication administration training.</li> </ul> <p>Interview on 8/7/25 with Staff #6 revealed: - The QP was responsible for the MARs and medications;</p> <ul style="list-style-type: none"> <li>- Was "trained" by the House Manager/Associate Professional and QP in medication administration.</li> </ul>	V 118		

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V 118	<p>Continued From page 9</p> <p>Review on 7/31/25 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 3/15/25;</li> <li>- Was trained in medication administration on 5/4/22.</li> </ul> <p>Interview on 7/31/25 with the QP revealed:</p> <ul style="list-style-type: none"> <li>- Worked at the facility in the past and was rehired the end of March 2025;</li> <li>- Was responsible for the MARs and medications;- Checked the MARs when the clients were admitted and at the end of the month;</li> <li>- "I am supposed to review the MARs monthly, but I have not done that;"</li> <li>- 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;</li> <li>- Was retrained in medication administration by the Human Resources/Compliance Consultant when rehired.</li> </ul> <p>Interview on 8/1/25 with the House Manager/Associate Professional revealed: - The QP was responsible for the medications and MARs;</p> <ul style="list-style-type: none"> <li>- Transferred medication administration training from previous employer but was retrained by the facility's Human Resources/Compliance Consultant.</li> </ul> <p>Interview on 8/5/25 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- The Human Resources/Compliance Consultant "handled all the trainings for the staff;"</li> <li>- Was not aware that staff had to be trained in medication administration by a registered nurse, pharmacist or legally qualified person. Interview on 8/11/25 with the Human</li> </ul>	V 118		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-240</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____  (X3) DATE SURVEY COMPLETED  <b>08/11/2025</b>

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  <b>TRANSCENDING HEIGHTS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 ARCHDALE DRIVE CONCORD, NC 28027</b>		
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 10</p> <p>Resources/Compliance Consultant revealed: - Contracted with Licensee for "close to a year now;"</p> <ul style="list-style-type: none"> <li>- Was responsible for staff trainings.</li> <li>- Assigned task for former employee to ensure staff trainings were being completed;</li> <li>- "I was in the 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;"</li> <li>- Scheduled medication administration training for all staff for August 13, 2025.</li> </ul> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 8/11/25 of the facility's Plan of Protection dated 8/11/25 and completed by the Licensee revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Transcending Heights LLC will ensure medication requirements are followed per the rule 10A NCAC 27G .0209.</li> </ul> <p>All staff will be trained per the rule, 'by a registered nurse, pharmacist, or a legally qualified person and privileged to prepare and administer medications'.</p> <p>In the context of healthcare, legally qualified persons privileged to prepare and administer medications generally include licensed medical professionals, such as:</p> <p>Physicians (MDs(Doctor of Medicine) and DOs (Doctor of Osteopathic Medicine)): They have the broadest prescriptive authority and can administer a wide range of medications.</p>	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2025</b>
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  <b>TRANSCENDING HEIGHTS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>550 ARCHDALE DRIVE CONCORD, NC 28027</b>		
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V 118	<p>Continued From page 11</p> <p>Registered Nurses (RNs): They are typically responsible for administering medications prescribed by a healthcare provider and often oversee the administration by other personnel.</p> <p>Licensed Practical Nurses (LPNs): They can also administer medications under the supervision of a registered nurse or doctor.</p> <p>Physician Assistants (PAs): They can administer medications in accordance with their approved practice, under physician supervision.</p> <p>Pharmacists: They verify prescriptions, dispense medications, and may administer certain medications like vaccines, depending on state laws and collaborative practice agreements.</p> <p>Advanced Practice Registered Nurses (APRNs): This includes Nurse Practitioners (NPs), who have advanced education and can prescribe and administer medications.</p> <p>- Describe your plans to make sure the above happens.</p> <p>Medication training will be scheduled with a qualified person privileged to prepare and administer medications on Wednesday, August 13, 2025."</p> <p>Review on 8/11/25 of the revised facility's Plan of Protection dated 8/11/25 and completed by the Licensee revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Only staff having current and up-to-date medication certificates will administer medications. MAR's will be checked daily for accuracy and to ensure that the appropriately trained person has signed. Audit will be conducted on staff files to ensure that current employees are up to date on required training. - Describe your plans to make sure the above happens.</p> <p>New and current staff will be trained and/or</p>	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2025</b>
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V 118	<p>Continued From page 12</p> <p>retrained to ensure medications are administered correctly to residents in care. MAR's will be checked daily to ensure medication has been administered, and staff have signed/initialed and documented properly per the medication orders or discontinue orders. Medication training will be scheduled with a qualified person privileged to prepare and administer medications on Wednesday, August 13, 2025."</p> <p>The facility served children aged 13-17 years old which included diagnoses Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Major Depression, Generalized Anxiety Disorder and Conduct Disorder. From February 22 to July 29, 2025 there were a total of 42 dates in which medications were not documented as administrated. Six paraprofessional staff members who administered medications had not received the required training by a registered nurse, pharmacist, or other legally qualified person, with the longest serving staff having commenced employment in October 2024. The Qualified Professional was responsible for ensuring the MARs were current on a monthly basis but failed to do so.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients and must be corrected within 45 days.</p>	V 118		

*Steven Lanham*  
Steven Lanham (Sep 5, 2025 15:43:59 EDT)



**Signature:** *Steven Lankham*

Steven Lankham (Sep 3, 2023 15:43:58 EDT)

**Email:** faruqam31073@gmail.com

**Title:** CEO