

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-292	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER TRIUMPHANT HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 911 NORTH JOHN STREET GOLDSBORO, NC 27530		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on September 4, 2025. Deficiencies were cited.</p> <p>This 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 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to have physician's orders affecting one of three clients (#2). The findings are:</p> <p>Review on 9/3/25 of client #2's record revealed: -14 year old male. -Date of admission: 6/17/25. -Diagnoses: Disruptive Mood Regulation, Conduct Disorder, Childhood-Onset and Bee Sting Allergy. -There were no physician's orders for the medications below.</p> <p>Observation on 9/3/25 at approximately 10:45 am of medication for client #2 revealed: The following medications were available for administration: -Sodium Fluoride toothpaste 1.1% gel (prevents tooth decay). -Retin-A 0.1% Cream (treats acne). -Epinephrine (Epi) Pen 0.3 milligram (mg) (for allergic reaction).</p> <p>Interview on 9/3/25 client #2 stated: -He took his medication daily. -He was allergic to bee stings.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-He had not had to use the Epi-pen since he had been admitted to the facility. -He had used the Sodium Fluoride toothpaste and Retin-A cream daily.</p> <p>Interview on 9/3/25 staff #1 stated: -She did not have an physician order for the Sodium Fluoride toothpaste, Retin-A cream or Epi-pen for client #2. -Client #2 brought the above medications with him when he was admitted. -Client #2 had not used the Epi-Pen since he had been admitted to the facility. -He took all of his other medications daily.</p> <p>Interview on 9/3/25 staff #7 stated: -Client #2 took his medications daily. -She had not seen client #2 use his Epi-pen. -She was "not aware" that client #2 had an Epi-pen prescribed.</p> <p>Interview on 9/3/25 the Owner/Qualified Professional stated: -She was responsible to check all medications and the MARs. -Client #2 brought his Sodium Fluoride toothpaste, Retin-A cream and Epi-pen with him when he was admitted to the facility. -She did not have a physician order for the Sodium Fluoride toothpaste, Retin-A cream or Epi-pen for client #2. -"It was an oversight" and the facility did not have the physician orders for the above medications for client #2. -She would make an appointment with client #2's physician to get an order for the medications.</p>	V 118		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P	V 297		

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V 297	<p>Continued From page 3</p> <p>10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS</p> <p>(a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure face to face clinical consultation was provided in the facility at least four hours a week by a Licensed Professional (LP). The findings are:</p> <p>Record review on 9/4/25 of the facility's records revealed no written documentation to determine if the Licensed Professional had conducted face to face clinical consultation at least four hours a week.</p>	V 297		

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V 297	<p>Continued From page 4</p> <p>Review on 9/3/25 of client #1's record revealed: -13 year old male. -Date of admission: 5/14/25. -Diagnoses: Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Asthma.</p> <p>Review on 9/3/25 of client #2's record revealed: -14 year old male. -Date of admission: 6/17/25. -Diagnoses: Disruptive Mood Regulation, Conduct Disorder, Childhood-Onset, Bee Sting Allergy.</p> <p>Review on 9/3/25 of client #3's record revealed: -13 year old male. -Date of admission: 6/5/25. -Diagnoses: Disruptive Mood Regulation Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Interview on 9/3/25 client #1 stated: -He had lived at the facility for a few months. -The LP came to the facility "sometimes" and did online therapy the other times. -The LP had not been in the facility in the "last few weeks." -He did not know how many hours he meet with the LP each week for therapy sessions.</p> <p>Interview on 9/3/25 client #2 stated: -He had lived at the facility a little over a month. -He meet with the LP on Tuesdays and Thursdays. -"Sometimes she (LP) comes here and sometimes she is on-line." -He did not know how often she came to the facility.</p> <p>Interview on 9/3/25 client #3 stated: -He had lived at the facility a few months.</p>	V 297		

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V 297	<p>Continued From page 5</p> <p>-He met with the LP once a week (not able to determine time of how long the therapy was conducted).</p> <p>-The LP comes to the facility "sometimes."</p> <p>-The LP did online therapy about "half of the time (not able to determine how many times or when on line therapy was conducted)."</p> <p>Interview on 9/3/25 staff #1 stated:</p> <p>-She had worked at the facility a little over a year.</p> <p>-"The LP visits are more virtual she will come once or twice a month to have in person therapy (not able to determine the duration of the therapy sessions) with the boys (clients)."</p> <p>-"She (LP) sees them every other week, I don't think it's every week."</p> <p>Interview on 9/3/25 staff #7 stated:</p> <p>-She worked at the facility for about a month.</p> <p>-The LP completed virtual therapy with the clients.</p> <p>-She was not sure how often the therapy sessions where.</p> <p>Interview on 9/3/25 the Associate Professional stated:</p> <p>-She had worked at the facility about 6 months.</p> <p>-The LP completed therapy with the clients every week "for a few hours at a time."</p> <p>-"Sometimes it (therapy) is virtual and sometimes it is in person."</p> <p>Interview on 9/3/25 the LP stated:</p> <p>-She had been working at the facility over a year.</p> <p>-She did behavioral therapy with clients and monthly supervision with the QP.</p> <p>-She did face to face therapy for an hour at a time with clients.</p> <p>-"The appointments are in person 99% of the time."</p> <p>-"If they (client) are in school or if there is a crisis I</p>	V 297		

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V 297	Continued From page 6 will do a virtual appointment." -She did face to face consultations at the facility about 6 hours a week. Interview on 9/3/25 and 9/4/25 the Owner/Qualified Professional stated: 9/3/25 -The LP completed 4 hours of face to face consultation with the clients weekly. -The consultations were divided between in person and virtual appointments. -"The therapist comes every other week to the facility for four hours, the weeks she does virtual with the clients she is physically here 1-2 hours." -"The last three weeks have been virtual visits because the LP had been out of the country." -She completed monthly consultations with the LP to discuss any concerns with the clients or treatment goals. 9/4/25 -She would create a documentation form that included an indication of the location for the face to face session and the duration of the session. -She would ensure that the LP had at least 4 hours of face to face consultations weekly at the facility.	V 297		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME	V 367		

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V 367	<p>Continued From page 7</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 9/4/25 of the facility records revealed: -Accident Incident Report Form dated 8/2/25 -Date of incident: 8/2/25 -Client Name: [client #1] -"....client was placed in an NCI (Nonviolent Crisis Intervention) hold from 8:30 pm- 8:35 pm.."</p> <p>Review on 9/3/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No IRIS report had been submitted for the restrictive intervention on 8/2/25 for client #1.</p> <p>Review on 9/3/25 of client #1's record revealed: -13 year old male. -Date of admission: 5/14/25. -Diagnoses: Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Asthma.</p> <p>Interview on 9/3/25 client #1 stated: -The incident happened a "a couple of weeks ago." -Former Staff (FS) #14 had to place him in a "hold" when he was being aggressive with staff. -He was not hurt or injured during the restrictive intervention.</p> <p>Interview on 9/4/25 the Owner/Qualified Professional stated: -She was responsible for incident and IRIS reports. -Client #1 was placed in a "hold" due to aggressive behavior towards FS #14 on 8/2/25. -She "submitted" an IRIS report for a restrictive intervention for client #1 on 8/2/25.</p>	V 367		

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V 367	Continued From page 10 -She was "unaware" of the additional information that was required in IRIS before the report would submit. -She would input the additional information to submit the IRIS report.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility was not maintained in a safe, clean and attractive manner. The findings are: Observation on 9/3/25 at approximately 10:00 am of the facility revealed: -The smoke detector in client #3 and client #4's bedroom chirped every 30 seconds . -A section of white paint approximately 3 by 3 inches was missing on the wall above the dresser in client #1 and client #2's bedroom. Interview on 9/3/25 client #3 stated: -"I don't even hear it (smoke detector) really." -He did not know when the smoke detector started chirping. Interview on 9/3/25 staff #1 stated: -She did not know how long the smoke detector had chirped. -A former client had pulled the paint off the wall when they removed a picture.	V 736		

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V 736	Continued From page 11 Interview on 9/3/25 staff #7 stated: -She did not know how long the smoke detector had chirped. Interview on 9/3/25 the Owner/QP stated. -She was responsible for having maintenance request filled. -She did not know how long the smoke detector had chirped. -"It was not chirping a few days ago." -The batteries had been replaced today. -She would contact the landlord to get the smoke detector fixed.	V 736			