

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-209</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TRANSCENDED ADOLESCENT RESIDENTIAL TREATMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>504 KINTYRE DRIVE MONROE, NC 28112</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 11/6/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have completed fire and disaster drills at least quarterly and repeated on each shift. The findings are:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 114	<p>Continued From page 1</p> <p>Review on 11/6/25 of the facility's fire and disaster drills revealed:                      -1st quarter (January, February, March) 2025: There were no disaster drills conducted on 2nd and 3rd shift.                      -2nd quarter (April, May, June) 2025: There were no disaster drills conducted on 2nd and 3rd shift.                      -3rd quarter (July, August, September) 2025: There were no disaster drills conducted on 1st and 2nd shift.                      -4th quarter (October, November, December) 2024: There were no disaster drills conducted on 3rd shift and no fire drills conducted on 1st and 3rd shift.</p> <p>Interview on 11/4/25 with Client #1 revealed:                      -Fire drills were conducted "once a month or so."                      -"I haven't seen a disaster drill."</p> <p>Interview on 11/4/25 with Client #2 revealed:                      -Participated in a fire drill about a month ago.                      -Had not participated in any disaster drills.</p> <p>Interview on 11/4/25 with Client #3 revealed:                      -Was admitted to the facility a month and 3 days ago.                      -Had not participated in any fire or disaster drills at the facility.</p> <p>Interview on 11/4/25 with Staff #1 revealed:                      -Fire drills were conducted "routinely."                      -Disaster drills were "more spaced out" than fire drills.</p> <p>Interview on 11/6/25 with Staff #2 revealed:                      -Had only been working in the facility for a few weeks.                      -Had not conducted a fire or disaster drill.</p>	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview on 11/6/25 with Staff #3 revealed: -"We don't do fire drills on 3rd shift because they are in bed." -Did a question and answer about fires about a month ago. -Had not conducted fire or disaster drills on her shift.</p> <p>Interview on 11/6/25 with the Program Director revealed: -Fire drills were conducted on each shift each quarter. -Disaster drills were conducted twice annually for each shift.</p> <p>Interview on 11/6/25 with the Chief Operating Officer revealed: -Fire Drills were conducted on each shift each quarter. -Disaster drills were conducted twice annually, in compliance with accreditation requirements. -The facility changed the system for maintaining documentation of drills. Some of the drills may have been lost when uploading to the new system.</p>	V 114		
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a</p>	V 116		

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V 116	<p>Continued From page 3</p> <p>nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 11/4/25 of Client #1's record revealed:</p>	V 116		

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V 116	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-Admission date of 6/22/25.</li> <li>-16 years old.</li> <li>-Diagnoses of other specified feeding or eating disorder, major depressive disorder, generalized anxiety disorder, obsessive compulsive disorder.</li> <li>-Physician's order dated 10/2/25: Fluoxetine 40mg (milligrams) 1 capsule by mouth once a day (depression).</li> </ul> <p>Observation on 11/6/25 at approximately 11:45am of Client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-A bubble pack of green and red capsules with no pharmacy label on the front.</li> <li>-The bubble pack had a pharmacy printed prescription information sheet for Fluoxetine stapled to the back.</li> </ul> <p>Interview on 11/6/25 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-The facility's primary pharmacy did not take Client #1's Medicaid since it was from South Carolina.</li> <li>-The back up pharmacist did not package medications in bubble packs.</li> <li>-She removed Client #1's Fluoxetine from the pharmacy bottle, repackaged it in a bubble pack, and attached the pharmacy printed prescription information sheet to the bubble pack each month.</li> <li>-Was not authorized by the North Carolina Board of Pharmacy to dispense medication.</li> <li>-Did not know that repackaging Client #1's medications would be considered dispensing.</li> </ul> <p>Interview on 11/6/25 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> <li>-Did not know that repackaging Client #1's medications would be considered dispensing.</li> </ul>	V 116		

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V 118 V 118	Continued From page 5 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.  This Rule is not met as evidenced by:	V 118 V 118		

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V 118	<p>Continued From page 6</p> <p>Based on record review and interview, the facility failed to ensure that medications were administered by staff trained by a registered nurse, pharmacist, or other legally qualified person and privileged to prepare and administer medications for 1 of 3 audited staff (#3). The findings are:</p> <p>Review on 11/6/25 of Staff #3's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date of 3/7/22.</li> <li>-Title of Medication Aide.</li> <li>-Certificate from the North Carolina Adult Care Licensure Section indicated that the written exam for Medication Aid had been passed on 5/14/25.</li> <li>-No documentation of medication administration course completion or that staff #3 was trained by a registered nurse, pharmacist, or other legally qualified person.</li> </ul> <p>Interview on 11/6/25 with Staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-Was responsible for administering medications.</li> <li>-Received medication administration training online.</li> <li>-Did not have an instructor for the online medication administration class.</li> <li>-Passed a test and received a certification.</li> </ul> <p>Interview on 11/6/25 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> <li>-Did not have documentation of Staff #3's medication administration training other than a certificate indicating that she passed the test.</li> <li>-Did not know who taught Staff #3's medication administration training or if it was done by a registered nurse, pharmacist, or other legally qualified person.</li> </ul>	V 118		