

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-414	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/23/2026
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NAME OF PROVIDER OR SUPPLIER BREAK OUT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 412 PINELAND AVENUE DURHAM, NC 27704
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 23, 2026. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 4 and has a current census of 3. 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 drug.</p>	V 118		

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APR 27 2026
DHSR-MH Licensure Sect

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

Vanilla Wath

TITLE
Aves

(X6) DATE
04/22/2026

Division of Health Service Regulation

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V 118	<p>Continued From page 1</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 observation, record review and interview, the facility failed to keep the MAR current affecting one of three audited clients (#2). The findings are:</p> <p>Review on 3/23/26 of Client #2's record revealed: -Admission date of 10/31/19. -Diagnoses of Moderate Intellectual Developmental Disability; Specified Mood Disorder; Impulse Control Disorder. -Physician's orders for the following medications: -8/29/25: -Bisacodyl 10 milligrams (mg) (Constipation) Suppositories- Place 1 suppository rectally once weekly. -2/25/26: -Ramelteon 8 mg (Insomnia)- Take 1 tablet by mouth at night. -No physician orders for Belsomra 20 mg (Insomnia)- Take 1 tablet by mouth at night.</p> <p>Observation on 3/23/26 at approximately 10:45 am of Client #2's medications revealed: -Bisacodyl 10 mg was available for administration. -Ramelteon 8 mg was available for administration. -Belsomra 20 mg was not available for</p>	V 118		

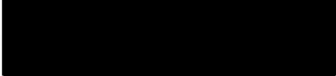
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V 118	<p>Continued From page 2 administration.</p> <p>Review on 3/23/26 of Client #2's MAR from January 1, 2026 through March 23, 2026 revealed:</p> <p>-January: -Bisacodyl 10 mg Suppository- Was not marked as administered fir the whole month.</p> <p>-February: -Bisacodyl 10 mg Suppository- No staff initials to indicate administration on the weeks of 2/3 and 2/17. -Ramelteon 8 mg- No staff initials to indicate administration on 2/21, 2/22 and 2/26.</p> <p>-March: -Bisacodyl 10 mg- Was not marked as administered for the whole month. -Ramelteon 8 mg - No staff initials to indicate administration on 3/7, 3/8, 3/14/, 3/15, 3/18. -Belsomra 20 mg- Marked as administered from 3/1-3/22.</p> <p>Interview on 3/23/26 with the Qualified Professional revealed:</p> <p>-Client #2's pharmacy had been making some mistakes on the MAR. -She believed Client #2's Bisacodyl was an "as needed" medication. -The weekend staff was supposed to have marked some of the dates as administering the medications, but did not know why they were not marked. -Client #2 had originally been prescribed a sleeping medications (Belsomra) but his insurance would not cover it, his doctor then wrote for Ramelteon instead. -Client #2's pharmacy printed Belsomra on his MAR by error. -Staff should not have marked anything on the MAR for the Belsomra.</p>	V 118		

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V 118	Continued From page 3 -Staff #1 should have reviewed Client #2's MAR for accuracy when she received them. -They would be conducting a medication administration refresher course for all the staff. -She acknowledged there were discrepancies on Client #2's MAR.	V 118	On April 8, 2026, Break Out, LLC provided mandatory Medication Administration retraining for all staff. The training was conducted by  Please see her attached credentials (License) training agenda + staff sign-in sheet	

Hattie J Dunham

RN Permanent License # [REDACTED]

Approval Date

03/16/1982

License Status

Active

Expiration Date

11/30/2026

Charges/Discipline

No

Confirmation/Reference #

[REDACTED]

Compact Status

Multi State

Important notes:

- Multi State: Authority to practice as a licensed nurse in a remote state under the current license provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- Single State: Authority to practice as a licensed nurse only in the state of North Carolina and the privilege is not otherwise restricted.
- The North Carolina Board of Nursing certifies that it maintains the information for the license verification function of this website and considers it to be a secure, primary source for license verification.

Information loaded from this database is current as of 4/22/2026 11:50:09 AM.



BREAK OUT, LLC
Break Out of Stereotypes...

- Sign-In -

Break Out, LLC – Plan of Correction (POC) Supporting Documentation

Deficiency: V118 – 10A NCAC 27G .0209 Medication Requirements

Corrective Action Taken:

On April 8, 2026, Break Out, LLC provided a mandatory medication administration retraining for all staff. The training was conducted by [REDACTED] from 3:30 PM to 5:10 PM at 1107 Allgood Street, Durham, NC 27704, with a Zoom option available. 100% of staff attended.

Agenda: Medication Administration Retraining Agenda

1. Review of V118 Deficiency
2. NC Medication Administration Requirements
3. The 5 Rights of Medication Administration
4. How to Properly Administer Medication
5. MAR Documentation Requirements
6. Physician Orders Verification
7. Medication Availability Procedures
8. Error Prevention and Correction
9. Staff Accountability
10. Competency Review

The training included detailed instruction on:

- The 5 Rights of Medication Administration (right client, right medication, right dose, right time, right route)
- Proper procedures for administering medication safely
- Step-by-step medication pass procedures
- Ensuring medications are administered only with valid physician orders
- Accurate and immediate MAR documentation after administration
- Ensuring medications are available prior to administration
- Identifying and correcting MAR discrepancies

- Staff accountability and responsibility in medication administration

Staff participated in return demonstration to show competency in medication administration, MAR documentation, and understanding of the 5 rights of medication administration.

All MARs were reviewed and corrected for accuracy as of April 8, 2026.

System Changes Made to Prevent Recurrence:

- Daily MAR checks completed by on-duty staff
- Weekly MAR audits completed by Program Director and/or Qualified Professional
- Shift-to-shift medication verification process implemented
- Pharmacy communication protocol reinforced
- Increased supervisory oversight
- Immediate correction of MAR errors

Monitoring Plan:

The Program Director and Qualified Professional will conduct daily MAR reviews and weekly audits. Any discrepancies will be addressed immediately with staff retraining. Monitoring will ensure continued compliance with 10A NCAC 27G .0209.



BREAK OUT, LLC
Break Out of Stereotypes...

Training Attendance Verification

Staff Name	Signature	Date attended Training	In Person Via Zoom
			Zoom
			Zoom
			Zoom
			Zoom
			Zoom



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

March 25, 2026

Darnella Warthen
Break Out, LLC
512 Colvard Woods Way
Durham, NC 27713

Re: Annual Survey Completed March 23, 2026
Break Out, LLC, 412 Pineland Avenue, Durham, NC 27704
MHL# 032-414
E-mail Address: darnellawarthen@yahoo.com

Dear Ms. Warthen:

Thank you for the cooperation and courtesy extended during the annual survey completed March 23, 2026.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is 5/22/26.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

March 25, 2026
Break Out, LLC
Break Out, LLC

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at (919) 218-4942.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Maggie Clapp, Durham County DSS
Michael Blake, Administrative Supervisor