

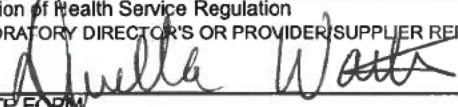
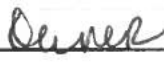
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BREAK OUT, LLC II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1107 ALLGOOD STREET DURHAM, NC 27704</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on March 26, 2026. The complaint was substantiated (intake #NC00236441). A deficiency was 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 1. The survey sample consisted of audits of 1 current client and 2 former clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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>	V 118	<p style="text-align: right;"><b>RECEIVED</b> <b>APR 27 2026</b> DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE <b>04/22/26</b>
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Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>(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.</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 (#1). The findings are:</p> <p>Review on 3/25/26 of Client #1's record revealed: -Admission date of 2/27/26. -Diagnoses of Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder (ADHD); Conduct Disorder; Trauma and Stressor-Related Symptoms. -He was 12 years old. -Physician's orders for the following medications: -3/2/26: -Guanfacine 2 milligrams (mg)(ADHD)- Take two tablets daily twice a day. -Olanzapine 5 mg (Mood/Behavior)- Take one tablet daily at bedtime. -3/4/26: -Methylphenidate 5 mg (ADHD)- Take two tablets daily twice a day. -No physician orders for Melatonin 3 mg- Take two tablets daily at bedtime.</p> <p>Observation on 3/25/26 at approximately 10:00</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>am of Client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-Guanfacine 2 mg was available for administration.</li> <li>-Olanzapine 5 mg was available for administration.</li> <li>-Methylphenidate 5 mg was available for administration.</li> <li>-Melatonin 3 mg was not available for administration.</li> </ul> <p>Review on 3/25/26 of Client #1's MAR for March 2026 revealed:</p> <ul style="list-style-type: none"> <li>-Guanfacine 2 mg was not marked as administered on 3/7 and 3/12 @ 7 pm.</li> <li>-Olanzapine 5 mg was not marked as administered on 3/7 and 3/12.</li> <li>-Methylphenidate 5 mg was not marked as administered on 3/3, 3/9, 3/12,3/13 @ 7pm.</li> <li>-Melatonin 3 mg was marked as administered from 3/1-3/6 and 3/12-3/24.</li> </ul> <p>Interview on 3/25/26 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Pharmacy facility uses had been making some mistakes on the MARs.</li> <li>-Second shift staff were supposed to have marked some of the dates as administered the medications, but did not know why they were not marked.</li> <li>-All staff had been trained in Medication Administration; however, it seemed like "they just do whatever they want to do."</li> <li>-Pharmacy had printed Melatonin on Client #1's MAR by error.</li> <li>-Staff should have caught it and not marked anything on the MAR for Melatonin.</li> <li>-Staff should have reviewed Client #1's MAR for accuracy when they received his medications and new MAR.</li> <li>-They would be conducting a medication</li> </ul>	V 118		

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V 118	Continued From page 3 administration refresher course for all the staff. -Administrative actions may be taken against staff regarding future errors made by them. -She acknowledged there were discrepancies on Client #1's MAR.	V 118	On April 8, 2026, Break Out LLC provided a mandatory Medication Administration retraining for all staff. The training was conducted by [REDACTED] Please see her attached <sup>RN</sup> 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

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**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 Angood 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.

# Training Sign-In Sheet

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Training Title: Medication Administration

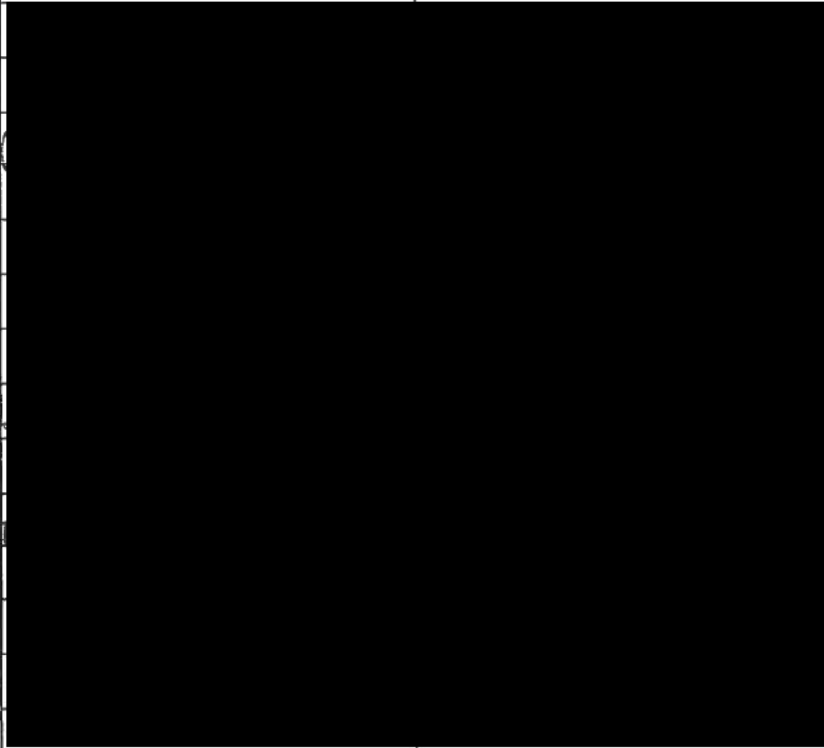
Organization: BreakOut, LLC

Date: April 8, 2026

Location: \_\_\_Virtual/ BreakOut, LLC #2\_\_\_\_\_

Trainer: \_\_\_\_\_

## Attendee Sign-In

Employee Name ( printed)	Employee Signature	Position
		BHS
		BHS
		BHS
		BHS
		BHS
		BHS
		BHS 4/18/2026
		BHS
		BHS
		BHS 4/16/2026
		BHS
		BHS
		BHS



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**JOSH STEIN** • Governor  
**DEVPUTTA SANGVAI** • Secretary  
**MARK PAYNE** • Director, Division of Health Service Regulation

March 30, 2026

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

Re: Annual and Complaint Survey Completed March 25, 2026  
Break Out, LLC II, 1107 Allgood Street, Durham, NC 27704  
MHL# 032-641  
E-mail Address: darnellawarthen@yahoo.com  
(Complaint Intake #NC00236441)

Dear Ms. Warthen:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed March 25, 2026. The complaint was unsubstantiated.

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 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 5/24/26.

**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.**

RECEIVED

APR 27 2026

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

DHSR-MH Licensure Sect

March 30, 2026  
Break Out, LLC  
Break Out, LLC II

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