



Child Care Licensing Unit

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I. Program Information

STATEMENT OF FINDINGS

ISSUE DATE : 10/3/2025

VISIT DATE : 8/20/2025

VISIT TYPE : Renewal

CORRECTIVE ACTION PLAN DUE DATE : 10/24/2025

Name of the program : Seven Hills Foundation at Crotched Mountain

Program address : 1 Verney Drive Greenfield NH 03047

License No. : CCRB-07071

Licensing Coordinator : Amelia Verdrager, Darlene Avery, Heather Dombroski, Danielle Clay, Brian Newbury

In accordance with RSA 170-E, the department finds non-compliance with the following statutes and/or rules:

II. Non-Compliance List

Regulation number : He-C 4001.15(t)(3)

The medication log required in (s) above shall for each medication prescribed, include at a minimum: a. The name of the resident; b. The date and time the medication was taken; c. A notation of any medication occurrence or the reason why any medication was not administered or taken as ordered or approved; d. The dated signature of the authorized staff who administered the medication to the resident; and e. For administration of a PRN, documentation including the reason for administration and the name and title of the person who authorized the PRN.

Observation : A review of program Medication Administration Records (MARs) revealed one entry showing that Resident A, who received their medication on August 19, 2025, had not been initialed by the staff member that administered it. Additionally, it was noted that the key, used to identify initials of current staff authorized to administer medication, had not been updated for some time and therefore did not contain the necessary current staff administering medications.

Corrective Action Plan : The nursing staff member –Staff A- reviewed the MAR in question from August 19, 2025. When the missed signature was identified, Staff A confirmed that she forgot to initial the injection. Staff A has since signed the MAR and documented the late entry in accordance with agency policy. Nursing staff will be reminded to double-check MARs immediately after each medication administration to

prevent missed signatures. Supervisors will continue to perform periodic audits of MARs to ensure compliance with documentation standards. The initial/credentialing tool has been updated by the Director of Nursing to include all current medication administrators on campus, ensuring accurate and up-to-date records.

Completion Date : 8/21/2025

Regulation number : He-C 4001.16(b)(4)

Programs shall provide sturdy, comfortable furniture and furnishings, that are clean and in good repair.

Observation : Two licensing coordinators observed one rolling office chair in the Redwood community space that was broken and leaning over. Staff indicated that they would remove the chair immediately.

Corrective Action Plan : The chair has been removed from Redwood. Staff were reminded to remove broken items from the student's residence as soon as possible.

Completion Date : 8/21/2025

Regulation number : He-C 4001.17(a)(5)

Program staff shall maintain the residential child care environment free of conditions hazardous to residents, including unclean conditions, which demonstrate a lack of regular cleaning.

Observation : Two licensing coordinators' observations that the trays holding silverware in Magnolia and Redwood showed signs that they needed to be cleaned, with visible debris and various streaks of unknown substances.

Corrective Action Plan : All student residences were thoroughly cleaned and sanitized on the weekend of 08.24.25. Staff were reminded to include drawer interiors as part of their routine kitchen cleaning schedule.

Completion Date : 8/24/2025

Regulation number : He-C 4001.17(e)

Program staff shall clearly label and store all toxic materials, including, but not limited to, cleaners, household chemicals, and paint, separate from food items, in cabinets which are locked or otherwise inaccessible to residents.

Observation : Two licensing coordinators' observation that one spray bottle containing a cleaning and disinfecting solution called A.456 was found in the unsecured cabinet under the kitchen sink in Hawthorn. The SDS was reviewed and this product was determined unsafe for resident access.

Corrective Action Plan : Although the cabinet under the sink is not locked, all kitchens in the student's residences are secured and are not accessible to students without staff supervision. This ensures that students do not have unsupervised access to any materials stored in the kitchen. While we accept your decision to submit a deficiency, we consider the kitchen itself, when locked and supervised, to be a secure space. The spray has been removed from the kitchen and locked in the supply closet. Staff have been reminded to store all cleaners in the locked supply closet.

Completion Date : 8/21/2025