



Child Care Licensing Unit

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I. Program Information

STATEMENT OF FINDINGS

ISSUE DATE : 9/25/2025

VISIT DATE : 9/5/2025

VISIT TYPE : Licensed Complaint

CORRECTIVE ACTION PLAN DUE DATE : 10/16/2025

Name of the program : Seven Hills New Hampshire

Program address : 1 Verney Drive Greenfield NH 03047

License No. : CCRB-07071

Licensing Coordinator : Amelia Verdrager

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(c)(2)

Authorized staff shall administer only those prescription medications for which there is a medication order.

Observation : The program self-reported that on August 31, 2025, Staff A administered Resident B's medication to Resident A in error. Staff A confirmed that they erroneously gave Resident A medication prescribed for Resident B and that they immediately realized the error and complied with program policies regarding errors in medication administration.

Corrective Action Plan : The program self-reported that on August 31, 2025, Staff A administered Resident B's medication to Resident A in error. Staff A confirmed that they erroneously gave Resident A medication prescribed for Resident B and that they immediately realized the error and complied with program policies regarding errors in medication administration. On August 31, 2025, shortly after administering the wrong medication to a Student A, Staff A immediately contacted their supervisor and followed program policy. The Director of Nursing reached out to Student A's primary care physician and it was determined that the student would be sent to the emergency department to be evaluated. Student A was returned to campus with no findings with instructions to monitor for diarrhea. The incident was reported to MA DCF and called into CCLU and NHDCYF. The medication room cameras were reviewed, and Staff A was observed "pre-pouring" the medications for all students. This is a practice that is

specifically not permitted and is against policy. Staff A reported that there was not enough time to administer all of the medications during the 1 hour window of time around meals. As a response to this incident, the Director of Nursing reviewed current policies and referenced the H-M1201 DHHS policy (state nursing regulation 404). As a result of this review, a new policy was drafted to reflect a two-hour window for medication administration around mealtimes. As a result of this new revised policy (Administration and Storage of Medication Policy), Staff A and other nursing staff will have more time to dispense medications. In addition to the revised policy, as a result of this incident, all nursing staff received a refresher training on the Five Rights of Medication Administration (right student, right medication, right dose, right route, and right time). Staff A also received a written warning in her personnel file. Moving forward there will be increased supervisory spot checks and/or random audits of medication administration to ensure compliance. All nursing staff were provided a copy of the new revised Administration and Storage of Medication Policy during a nursing department meeting and via email. Receipt of the revised policy is documented by sign-in log and email.

Completion Date : 9/2/2025