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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/25/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5200 RESIDENTIAL THERAPEUTIC (HABILITATIVE) CAMPS FOR CHILDREN AND ADOLESCENTS OF ALL DISABILITY GROUPS.	V 000		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal	V 107		

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V 107	Continued From page 1 conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a file for each individual employed indicating training, experience and other qualifications for the position, including verification of education for 3 of 3 sampled staff (Lead Field Staff (LFS) #1, LFS #2 and Health and Wellness Medical Coordinator). The findings are: Record review on 3/20/19 for the LFS #1 revealed: -Date of Hire- 10/24/18. -There was no documentation of education verification. Record review on 3/20/19 for the LFS #2 revealed: -Date of Hire- 8/29/18.	V 107		

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V 107	Continued From page 2 -There was no documentation of education verification. Record review on 3/20/19 for the Health and Wellness Coordinator revealed: -Date of Hire- 6/22/11. -There was no documentation of education verification. Interview on 3/21/19 with Human Resources Manager revealed: -She had never verified education any further than reviewing the staff application and resume. -No one had ever told her verification was required.	V 107		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or	V 112		

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V 112	Continued From page 3 responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to develop and implement a treatment plan within 30 days of admission affecting 2 of 6 sampled clients (Client #5 and Client #6) and failed to obtain legally responsible signature indicating participation in the development of the treatment plans for 5 of 6 sampled clients (Client #1, Client #2, Client #3, Client #4 and Client #5). The findings are: Record review on 3/20/19 for Client #1 revealed: Date of admission-2/19/19. Age-16 years old. Diagnosis- Anxiety Disorder, Depression, Attention Deficit Hyperactivity Disorder, and Panic Disorder. Goals of treatment plan dated 2/21/19 included: -Increase organization skill, time management, goal setting and decrease interruption; -Increase anger management skill and coping skills; -Increase self-esteem and health, increase resolving grief, increase communication and awareness of depression and positive thinking; -Decrease panic, decrease self-harm; -Increase awareness of anxiety cycle and concentration on task; -Increase healthy communication and quality of relationships and healthy boundaries;	V 112		

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V 112	Continued From page 4 Signed by the client only. Record review on 3/20/19 for Client #2 revealed: Date of admission-1/19/19. Age-14 years old. Diagnosis- Generalized Anxiety Disorder, Depression, and Parent-Child Relational Problem. Goals of treatment plan dated 1/25/19 included: -Decrease risk of self-harm; -Increase self-esteem; -Increase health via nutrition, exercise, sleep; -Increase communication and coping skill; -Increase resolving grief Signed by client only. Record review on 3/20/19 for Client #3 revealed: Date of admission-1/23/19. Age-15years old. Diagnosis- Depression, Attention Deficit Hyperactivity Disorder and Parent-Child Relational Problem. Goals of treatment plan dated 1/25/19 included: -Increase organization skill, time management, goal setting and decrease interruption; -Increase anger management skill and coping skills; -Increase self-esteem and health, increase resolving grief, increase communication and awareness of depression and positive thinking; -Increase healthy communication and quality of relationships and healthy boundaries; Signed by the client only. Record review on 3/25/19 for Client #5 revealed: Date of admission-1/31/19. Age-14 years old. Diagnosis- Generalized Anxiety Disorder. Goals included: -Increase awareness of anxiety through body scans;	V 112		

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V 112	Continued From page 5 -Increase concentration via specific tasks assignment, check off, time frames; -Increase health via nutrition, exercise, sleep; -Decrease anxiety via journaling; -Increase coping via active listening, accepting limits/consequences; -Increase self-esteem through group participation, phase work; -Decrease the fear of anxiety through strategic prescription of the symptom. Electronically signed by the Clinical Director on 3/24/19 (52 days after admission). Client signed without a date. -Staff followed the standard strategies for targeted behaviors described on the initial screening assessment dated 1/25/19 as well as from his previous admission screening dated 7/1/18. Record review on 3/21/19 for Client #6 revealed: Date of admission-12/13/18. Age-17 years old. Diagnoses- Unspecified Anxiety Disorder. Goals included: -Increase health via nutrition, exercise, sleep; -Increase self-esteem via group participation, phase work, group responsibilities; -Decrease anxiety via journal; -Increase coping via active listening, accepting limits/consequences. Signed by Therapist on 1/29/19 with a note indicating client elected not to sign (46 days after admission). Parent signature dated 2/1/19. -Staff followed the standard strategies for targeted behaviors from the biopsychosocial dated 12/13/18. Interview on 3/25/19 with the Clinical Director revealed: -She had worked at the facility for 3 years.	V 112		

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V 112	Continued From page 6 -Parents don't generally sign the plans but review it. They have access to electronic notes so they can keep up with progress. -Each clinician wrote goals and treatment plans for their own caseloads of about 10 students. -Clinicians saw their students weekly as well as updated families by phone weekly. -She was aware of the rule and the facility policy to complete treatment plans which she believed was within 2 weeks of admission.	V 112		
V 118	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.	V 118		

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V 118	Continued From page 7 (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: Based on observation, record review and interviews the facility failed to ensure medications were administered as ordered, failed to ensure that all medications administered were ordered by a person authorized by law to prescribe drugs for 2 of 6 audited clients (#1, #2) and failed to ensure 2 of 3 audited staff (Lead Field Staff (LFS) #1, LFS #2) were trained to administer medications. The findings are: Cross reference: 10A NCAC 27G .5203 Operations (V 278) Based on observation, record review and interviews the facility failed to implement procedures for care and safety of clients effecting 1 of 6 audited clients (#1). Finding #1: Observation on 3/20/19 at 11:49AM of the medications for Client #1 revealed: -Midodrine (for low blood pressure when standing), 10mg, dispensed 3/8/19. Record review on 3/20/19 for Client #1 revealed: -Admitted on 2/19/19 with diagnoses of Anxiety Disorder, Attention Deficit Hyperactivity Disorder, and Panic Disorder. -Age 16. -Physician's order dated 11/1/18 for Midodrine 10mg, three times daily. Documentation that was	V 118		

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V 118	Continued From page 8 included with this order dated 2/21/19, indicated "Plan to wean off Midodrine ...This is to be done prior to her treatment at [facility] ..." -Physician's order dated 2/21/19 indicated " ...wean off Midodrine in 1 week ..." Review on 3/20/19 and 3/21/19 of the February and March 2019 MARs (medication administration records) for Client #1 revealed: -Midodrine 10mg was administered three times daily since admission on 2/19/19. Observation on 3/20/19 at 12:14 PM of the medications for Client #2 revealed: -Vitamin D3, 2000IU, over the counter. -Aripiprizole (Abilify) (for Mood Disorders) 2mg, dispensed 2/22/19. -Venlafaxine (Effexor) (for Depression) 37.5 mg, dispensed 2/1/19. -Over the counter multivitamin and cranberry supplement. Record review on 3/20/19 for Client #2 revealed: -Admitted on 1/19/19 with diagnoses of Depression, generalized Anxiety Disorder, and parent-child relational problems. -Age 14. -Physician's orders dated 3/21/19 (obtained during the survey) for Abilify 2mg, one daily, and Effexor XR 37.5mg, 3 daily. No physician's order dated at the time of admission for either medication. -No physician orders for the Vitamin D3, multivitamin, or cranberry supplement. Review on 3/20/19 and 3/21/19 of the January, February, and March 2019 MARs (medication administration records) for Client #2 revealed: -Abilify, Effexor and the vitamin D3 had been administered daily since admission.	V 118		

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V 118	Continued From page 9 -Neither the multivitamin or cranberry supplement had been administered. Interviews on 3/20/19 and 3/21/19 with Client #1 revealed: -She received her medications three times daily. -She started taking the Midodrine because of dizziness especially when she stood up. -She was still taking the Midodrine daily. -She had not experiences any physical issues since she had been at camp. Interview on 3/21/19 with the Admissions Director revealed: -The application for program admission was done on line and submitted. The Clinical Director and Executive Director reviewed all applications. -If applications were approved then she scheduled a date for admission and sent enrollment paperwork which included information about current medications. -She reviewed all enrollment paperwork to make sure it was complete. -Sometimes enrollment paperwork was collected on the date of admission. They may not know until the date of admission if some physician's orders were missing. -She gave the parent a "to do list" if additional information was needed. -Sometimes parents signed a release of information at admission which enabled them to contact the prescribing physician directly for follow up information. -She had advised the admission coordinator in another state about physician's orders needed for Client #2. That person assumed the needed orders had been sent. She did not follow up with the admissions coordinator. Interview on 3/21/19 with the Health and	V 118		

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V 118	Continued From page 10 Wellness Coordinator revealed: -Her responsibilities were to monitor the general health of clients, schedule doctor appointments, maintain the medication supply, communicate with parents around health related issues, and keep staff current on training in first aid and CPR (cardiopulmonary resuscitation). -Parents were asked to bring a 30 day supply of medication and a prescription for each medication their child was on. -At each admission medications were counted, and matched to the bottle, prescription and information in the enrollment paperwork. The MARs were then created and sent into the field. -She tried to catch any issues at admission. -They dealt with families in crisis and she stated it was a struggle sometimes to get the prescriptions. -If a client had not had a physical exam completed at home prior to admission one was scheduled within 48 hours. That physician would sign orders for over the counter medications. -Client #1 had taken the Midodrine since admission. No taper of this medication had been implemented. Finding #2: Record review on 3/20/19 for the LFS #1 revealed: -Date of Hire - 10/24/18. -There was no documentation of medication administration training. Record review on 3/20/19 for the LFS #2 revealed: -Date of Hire - 8/29/18. -There was no documentation of medication administration training.	V 118		

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V 118	Continued From page 11 Interview on 3/21/19 with LFS#1 and LFS #2 revealed: -They were responsible for carrying locked backpack with medications as well as administering meds at the appropriate times. -They had medication administration training with The Health and Wellness Coordinator. Interview on 3/25/19 with the Human Resources Director revealed: -She had an agenda of the medication training provided by the Field Director in a 1 to 1 situation but no documentation of the training. The Field Director was not a RN, Pharmacist or other licensed professional. -She was not aware that a RN, pharmacist or other licensed professional was required to teach medication administration. Review on 3/25/19 of Plan of Protection signed by Program Manager dated 3/25/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk and/or additional harm? - Obtaining Orders for Students: - Starting immediately, upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders. If there is a discrepancy with medications parents will be asked to contact the prescribing physician for clarity during the admissions process. - As a result of the aforementioned review it will be the Health and Wellness Department oversight to assure compliance. - Coordination of Care: - Student father has been contacted to coordinate care and gain specifics on titration plan for	V 118		

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medication in question, but has not responded to date. Health and Wellness department will continue to reach out.
- If father does not respond by March 26, Trails consulting physician will be contacted in request for orders for titration.
- For future incoming clients, if orders are unclear or intended to change, Health and Wellness Department will ensure family and/or prescribing physician are contacted in a timely manner. Program Director will provide oversight of process.
- Medication Administration Training:
- HR Director will identify qualified medical professional and schedule medication administration training for leads who will be administering medication to clients.
- We will ensure incoming staff are properly trained by qualified medical professional at the beginning of each shift, completed by 3/27/2019.
- HR Director will ensure training is completed and documented.
Describe your plans to make sure the above happens.
- Program Director will monitor and communicate with identified responsible parties daily, until objectives have been met.

Client #1 was admitted on 2/19/19 without orders for a medication prescribed for low blood pressure. When orders were received 4 days later the prescribing physician ordered that Client #1 be weaned off the medication within a week. The facility failed to follow up with the prescribing physician for clarification about how to taper down the medication and Client #1 has continued to receive the medication since admission. Client #2 was admitted on 1/19/19 with medications for depression and mood disorder. Those medications had been administered since

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V 118	Continued From page 13 admission without physician orders. Physician authorization for over the counter medications was also never obtained for Client #2. She had taken a vitamin supplement since admission. Additionally, medications have been administered by staff who were never properly trained. There was no system in place to ensure staff were properly trained or to ensure physician orders were followed as written. Furthermore, there were no checks and balances in place to ensure coordination with other medical providers around medication changes. These failures are detrimental to health, safety and welfare and constitute a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 278	27G .5203 Res. Tx. Camp - Operations 10A NCAC 27G .5203 OPERATIONS (a) Each facility shall develop and implement written policies and procedures on basic care and safety. (b) In accordance with the schedules developed by the Program Director, staff shall maintain the following distance from the campers: (1) During waking hours, staff shall be within sight or voice range of the campers. (2) During sleeping hours, staff shall be located within voice range of the campers. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to implement procedures for care and safety of clients effecting 1 of 6 audited clients (#1). The findings are:	V 278		

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V 278	Continued From page 14 Record review on 3/20/19 for Client #1 revealed: -Admitted on 2/19/19 with diagnoses of Anxiety Disorder, Attention Deficit Hyperactivity Disorder, and Panic Disorder. -Age 16. -Physician's order dated 11/1/18 for Midodrine 10mg, three times daily. Documentation that was included with this order dated 2/21/19, indicated "Plan to wean off Midodrine ...This is to be done prior to her treatment at [facility] ..." -Physician's order dated 2/21/19 indicated " ...wean off Midodrine in 1 week ..." Interview on 3/25/19 with the local pharmacist revealed: -Midodrine was used for orthostatic hypotension which was dizziness that can occur when standing up. -A taper of Midodrine would most likely be to reduce to twice daily for a week and then once a week. -Common side effects of Midodrine were itching/rash, painful urination, or the possible development of high blood pressure in a reclined position. -Continued use of Midodrine was not harmful to the client. Interview on 3/21/19 with the Health and Wellness Coordinator revealed: -She had reached out to the prescribing physician for the original Midodrine order for Client #1. That doctor did not have a release of information to send them the information. -The orders for Midodrine were received on 2/23/19 and uploaded into the electronic record. She received the hard copies in the mail on 3/20/19. -The order to wean Client #1 off the Midodrine	V 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL088-020	A. BUILDING: _____ B. WING _____	R 03/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRAILS CAROLINA	500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747

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V 278	Continued From page 15 was not clear. There were no instructions how to taper the medication. -She had not followed up to determine how the physician wanted Client #1 to taper off the Midodrine. -She indicated she called Client #1's father on 3/20/19 about the medication. Interview on 3/25/19 with the Program Director revealed: -Admission counselors usually coordinated with the family about all enrollment paperwork to include medication orders. The Health and Wellness Coordinator may get involved. -They should have obtained specific information from the prescribing physician about how to administer the Midodrine taper. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 278		