STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
,			A. BUILDING:			
		MHL088-020	B. WING	<del></del>	06/1	₹ 9/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TRAILS CAROLINA			ING GAP RO XAWAY, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	6/19/19. Deficienci	survey was completed on es were cited.				
	category: 10A NCAC 27G .52 THERAPEUTIC (H.	200 RESIDENTIAL ABILITATIVE) CAMPS FOR DOLESCENTS OF ALL				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	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 administering the drug.					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	SURVEY LETED	
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(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
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V 118	Continued From pa	age 1	V 118			
		corded and kept with the MAR appointment or consultation				
	Based on observat interviews, the facil current and failed to	et as evidenced by: ion, record review and ity failed to keep the MAR o follow the written order of a 3 of 6 audited clients (Client e findings are:				
	Operations (V278) review and interview implement procedu	OA NCAC 27G .5203 Based on observation, record ws the facility failed to the care and safety lited clients (Client #3).				
	-Admission date of Generalized Anxiet	6/18/19 for Client #1 revealed: 4/4/19 with diagnoses of y Disorder, Attention Deficit der (ADHD) and Major er.				
	revealed:Amoxicillin (antibi administered twice 5/17/19 am dose. (	of MARs for 5/9/19-6/18/19 otic) was initialed as daily from 5/10/19 pm dose to 14 doses) ed physician's order available.				
	-Admission date of Generalized Anxiet Age-14 years	5/18/19 for Client #2 revealed: 5/15/19 with diagnoses of y Disorder and ADHD. medications on 5/16/19				

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STATE FORM 6899 VYBG11 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL088-020			B. WING			R 9/2019
TRAILS CAROLINA 500 WINE			DRESS, CITY, S ING GAP RO KAWAY, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	included:Tazarotene (acner to face once in the apply medication if on a daily basis for  Review on 6/18/19 revealed:Tazarotene - there administered at allMAR instructions reface twice weekly. Is sunhat. If items are unwilling, please do documentation was  Record review on 6-Admission date of unspecified Anxiety Use Disorder, Majo Asthma and Hashir Age-16 years -Physician ordered included:Minocycline (antibested and the compact of the compac	skin rash) 0.1% cream apply evening. "Patient should not she will be exposed to the sun long periods of time."  of MARs for 5/16/19-6/18/19  e were no initials as being (33 doses). noted to "apply to spots on Must wear sunscreen and e available or student is not apply cream." No other made on MARs.  /18/19 for Client #3 revealed: 6/6/19 with diagnoses of Disorder, ADHD, Cannabis r Depressive Disorder, noto Thyroiditis.  medications on 6/10/19  iotic) 75mg take twice daily05% cream apply to chest  am (antifungal) 2% apply to 2 weeks per flare. ream (steroid) 2.5% apply to	V 118			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	SURVEY LETED	
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TRAILS CAROLINA 500 WINE LAKE TO			ING GAP RO			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	Ketoconazole Cre 6/7/19-6/10/19 (4 de-Hydrocortisone Cre 6/6/19-6/10/19 (8 de Medication administincluded: Duloxetine HCL (a AM-administered 6/Levothyroxine (hy daily- administered Camila (birth cont daily-administered 6/Albuterol Sulfate (	am was administered oses). ream was administered oses). tered without physician's order antidepressant) 60mg 1 tab in (7/19-6/18/19 (12 doses). pothyroidism) 88mcg once 6/6/19-6/17/19 (12 doses).				
	Wellness Coordinar-She was responsibilist or calling pharm or changes to order-She was responsibilities weekly. The Friday. She and the Coordinator (HWC) week and placed with the Coordinator Wednested and Placed with the HWC was on She was not aware were missing or the incorrectly.	ole for packing the medication pharmacy delivered meds on the Health and Wellness typed MARs for the upcoming the packed meds for shift the days.  I wacation during this survey. The some orders for Client #3 at MARs were written				
	revealed: -All field staff receive administration train surveyAdmissions office to up with families to g	9 with the Program Manager red updated medication ing following the previous was responsible for following get physicians orders prior to that didn't always happen.				

Division of Health Service Regulation

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		
TRAU C CARCUNA 500 WIND			ING GAP RO	DAD		
TRAILS CAROLINA LAKE TOX			KAWAY, NC	28747		
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V 118	Continued From pa	ge 4	V 118			
	They preferred to have families make the necessary contacts with community doctors to get the orders. They also questioned the ethical dilemma of not administering the needed medications kids arrived with.					
	Program Manager of "What will you immediate on the importance of and supporting program distribution orders will be clearly shared with admissions person. Updated with each of orders for medication and will of the designated a family, to obtain order all of the known incoming students in for various departments.	for Students: Im members will be retrained of informing spective families to have by time of intake. Ilements/requirements of y defined and ions and medical team pective families. Ing Admissions*" email, a red regarding status ations and designated In This will be day leading up to the be the responsibility dmissions staff person for that lers prior to  ing Admissions email" lays out				
	and Wellness depa	ail to a family reiterating the				

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STATE FORM 6899 VYBG11 If continuation sheet 5 of 9

NAME OF PROVIDER OR SUPPLIER  TRAILS CAROLINA  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  V 118  Continued From page 5  date of enrollment Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the  STREET ADDRESS, CITY, STATE, ZIP CODE  STATE, ZIP CODE  STATEMENT OF CORRECTIVE ACTION SHOULD BE  (EACH CORR	l a semila
TRAILS CAROLINA  500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747  (X4) ID PREFIX TAG  CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5 date of enrollment Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the	L088-020 B. WING 06/19/2019
CX4) ID   SUMMARY STATEMENT OF DEFICIENCIES   ID   PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   V 118   Continued From page 5   date of enrollment.	STREET ADDRESS, CITY, STATE, ZIP CODE
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  date of enrollment.  - Upon admissions counselor/program director) will review medications and corresponding orders and document the	
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 5  date of enrollment.  - Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the	
date of enrollment Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the	PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE / DATE / DATE
- Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the	V 118
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 assigned admissions facilitator oversight to assure compliance A checklist will be created for intake process, specifically around medications. It will include a section to be signed by staff member counting medication and building MAR, acknowledging that orders have been referenced in the building of the MAR. Coordination of Care (Operations): - For future incoming clients, if orders are unclear, intended to change, or provide more latitude than is typical, Health and Wellness Department will ensure family and/or prescribing physician are contacted in a timely manner. Orders will be reviewed upon admission by admission facilitator and presented to Health and Wellness Department if clarity is needed. Program Director will provide oversight of process. 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. Items above will be audited intermittently by HR [Human Resources] Director	sions facilitator am ons and cument the If there is a s parents rescribing physician ons orementioned review that to assure or intake process, ns. It gned by staff and g that orders have ng of tions): if orders are or provide Health and Wellness y are contacted in a a admission facilitator y is needed. oversight sure the above or and communicate rities daily, et. Items above will

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STATE FORM 6899 VYBG11 If continuation sheet 6 of 9

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    MALDENING	DIVISION	of Health Service Re	guiation				
MHL088-020  MHL088-020  STREET ADDRESS, CTY, STATE, ZIP CODE  STRAILS CAROLINA  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 6  Client #3 was admitted on 6/6/19 without orders for 8 medications of ro annel/skin rashes, depression, hypothyroidism and birth control. She was administered from 4 to 12 doses of each of those medications without orders. The one physician's order available at admission for Topamax to prevent migraines, was to allow the 16-year-old client to adjust the dosage as she saw fit. The facility failed to follow up with the prescribing physician for clarification about administration and Client #3 continued to receive the medication as written on the bottle not as per order. Client #2 was admitted on 6/15/19 with medication for skin rash. That medication had not been administered since admission and was incorrectly recorded on the MAR, which is the guide for field staff to follow. Client #1 was admitted on 4/4/19 and was administered an antibiotic for 7 days without an order. There was no system put into place following the original survey on 3/25/19 to ensure physician orders were obtained at admission for all medications to be administered to clients; to ensure MARs matched the orders and to ensure coordination with other medicate providers around medications to be administered to clients; to ensure MARs matched the orders and to ensure coordination with other medicate providers around medications to be administered to clients; to ensure MARs matched the orders and to ensure coordination with other medicate providers around medication. An administrative penalty of \$2,00.00 per day is imposed for failure to correct within 45th days.  V 278 27G .5203 Res. Tx. Camp - Operations  V 278	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  500 WINDING GAP ROAD  LAKE TOXAWAY, NC 28747  (PA) ID  PREFIX TAG  CIENT AS ASSISTED AS ASSIS	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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NAME OF PROVIDER OR SUPPLIER  TRAILS CAROLINA  SUMMARY STATEMENT OF DEFICIENCIES  (A4) ID PREETIX TAG  SUMMARY STATEMENT OF DEFICIENCIES TAG  (EACH DEFICIENCY MAY IS ENTRECEDED BY FULL TAG  (EACH DEFICIENCY MAY IS ENTRECEDED BY FULL TAG  CONTINUED From page 6  Client #3 was admilted on 6/6/19 without orders for 8 medications for acne/skin rashes, depression, hypothyroidism and birth control. She was administered from 4 to 12 doses of each of those medications without orders. The one physician's order available at admission for Topamax to prevent migraines, was to allow the 16-year-old client to adjust the dosage as she saw fit. The facility failed to follow up with the prescribing physician for clarification about administration and Client #3 continued to receive the medication as written on the bottle not as per order. Client #2 was admitted on 5/15/19 with medication for shir rash. That medication had not been administered since admission and was incorrectly recorded on the MAR, which is the guide for field staff to follow. Client #1 was admitted on 4/4/19 and was administered an antibiotic for 7 days without an order. There was no system put into place following the original survey on 3/25/19 to ensure physician orders were obtained at admission for all medications to be administered to clients; to ensure MARs matched the orders and to ensure coordination with other medical providers around medication changes. These failures are detrimental to health, safety and welfare of the clients and constitute an imposed Type B rule violation. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45th days.  V 278 27G .5203 Res. Tx. Camp - Operations				D WING	D WING		
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V 118 Continued From page 6  V 118 Continued From page 6  Client #3 was admitted on 6/6/19 without orders for 8 medications for acne/skin rashes, depression, hypothyroidism and birth control. She was administered from 4 to 12 doses of each of those medications without orders. The one physician's order available at admission for Topamax to prevent migraines, was to allow the 16-year-old client to adjust the dosage as she saw fit. The facility failed to follow up with the prescribing physician for claiffication about administration and Client #3 continued to receive the medication as written on the bottle not as per order. Client #2 was admitted on 5/15/19 with medication for skin rash. That medication had not been administered since admission and was incorrectly recorded on the MAR, which is the guide for field staff to follow. Client #1 was admitted on 4/4/19 and was administered an antibiotic for 7 days without an order. There was no system put into place following the original survey on 3/25/19 to ensure physician orders were obtained at admission for all medications to be administered to clients; to ensure MARs matched the orders and to ensure coordination with other medical providers around medication changes. These failures are detrimental to health, safety and welfare of the clients and constitute an imposed Type B rule violation. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45th days.  V 278  V 278  27G .5203 Res. Tx. Camp - Operations	(X4) ID			ID			
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10A NCAC 27G .5203 OPERATIONS	V 278	27G .5203 Res. Tx	. Camp - Operations	V 278			
10A NCAC 27G .5203 OPERATIONS							
		10A NCAC 27G .52	03 OPERATIONS				
(a) Each facility shall develop and implement		(a) Each facility sha	all develop and implement				
written policies and procedures on basic care and							
safety.			p i i i i i i i i i i i i i i i i i i i				
(b) In accordance with the schedules developed			with the schedules developed				

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Division of Health Service Regulation STATE FORM

VYBG11 If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MHL088-020	B. WING			२ 9/2019
NAME OF PROVIDER OR SUPPLIER TRAILS CAROLINA	500 WIND	DRESS, CITY, S ING GAP RO XAWAY, NC			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
following distance from (1) During walk within sight or voice of (2) During sleet located within voice of This Rule is not met Based on observation interviews the facility procedures for the cast audited clients (Client Record review on 6/12-Admission date of 6 unspecified Anxiety Elementary Elem	ctor, staff shall maintain the om the campers: king hours, staff shall be range of the campers. Eping hours, staff shall be range of the campers.  It as evidenced by: In, record review and railed to implement are and safety for 1 of 6 at #3). The findings are:  18/19 for Client #3 revealed: 16/6/19 with diagnoses of Disorder, Attention Deficition, Cannabis Use Disorder, sorder, Asthma and sening for chronic migraine entation that was included in the [Client #3] should be dose as needed increasing ements to a maximum dose ning. She may decrease the nents as well if she sees fit of Medication Administration 16/18/19 revealed: 18/19 at approximately 25 site revealed: 19/19 at approximate	V 278			

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Division of Health Service Regulation STATE FORM

VYBG11 If continuation sheet 8 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL088-020	B. WING			R 19/2019
NAME OF PROVIDER OR SUPPLIER  STREET AD  TRAIL S CAROLINA  500 WINE			DRESS, CITY, S ING GAP RO KAWAY, NC		·	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 278	Interview on 3/25/19 revealed: -He could locate 2 e #3's mom regarding reference to clarific -They should have from the prescribing administer the Topa -The Health and Withe MARs match the bottles.  This deficiency is concave.	9 with the Program Director emails connecting with Client g needed prescriptions but no ation of the Topamax order. obtained specific information g physician about how to	V 278			

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Division of Health Service Regulation STATE FORM

VYBG11 If continuation sheet 9 of 9