Division of Health Service R STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		PRINTED: 07/17 FORM APPR		
		The state of the s			(X3) DA	(X3) DATE SURVE COMPLETED	
		MHL088-020					
NAME OF	NAME OF PROVIDER OR SUPPLIER		B. WING		1 00	R	
TRAILS	CAROLINA	STREET	ADDRESS, CIT	TY, STATE, ZIP CODE	1 06	/19/201	
		300 W	NDING GAP	ROAD			
(X4) ID PREFIX	SUMMARY STAT	. DEI ICIENCIES	OXAWAY, N				
TAG	REGULATORY OR LS	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION OF	CTION		
			TAG	CROSS-REFERENCED TO THE APPRI	ULD BE	(X5 COMPL	
V 000	INITIAL COMMENTS		+	DEFICIENCY)	ROPRIATE	DAT	
			V 000			-	
	6/19/10 Definited follow up su	rvey was completed on					
	6/19/19. Deficiencies	were cited.					
	This facility is licensed	forthe fu		_			
	This facility is licensed for the following service category:			RECEIVED			
1.	10A NCAC 27G .5200	RESIDENTIAL					
				JUL 29 2019			
1	CHILDREN AND ADO DISABILITY GROUPS	LESCENTS OF ALL		DHSR-MH Licensure Sect			
				Ticensure Sect			
V 118 2	27G .0209 (C) Medication Requirements 0A NCAC 27G .0209 MEDICATION REQUIREMENTS c) Medication administration:		9				
1			V 118	Obtaining Orders for Students:			
R			4	Autilissions coupocla			
					issions		
()) Flescription or non "	ALC: V IV	0	orders. Trails will inform for	octor's		
or	nly be administered to der of a person author	a client on the write-		Poctor's orders it will hinder Trails ability properly administer students	ithout		
dr	der of a person author ugs.	a client on the written ized by law to prescribe	þ	roperly administer student's medication For "Daily Incoming A	to		
(2)	Medications should	, we prescribe	Se	ection has been added	ail, a		
clie	Medications shall be self-administered by ents only when authorized in writing by the nt's physician		01	of			
clie	ent's physician.	zed in writing by the		rders for medications and designated dmissions person. This will be updated by leading up to the admissions.	Anch		
(3)	Medications : ! !!	I injections shall be	re	ay leading up to the admission date. It is sponsibility of the decimant.	s the		
unli	ninistered only by licer censed persons traine	ised persons, or by	sta	aff to communicate the investment admission	าร		
pha	rmacist or other locally	d by a registered nurse.					
priv	leged to prepare	qualified person and			-lealth		
(4)	leged to prepare and administer medications. Medication Administration Record (MAR) of rugs administered to each client must be kept ent. Medications administered shall be reded immediately after administration. The is to include the following:		introduction email to a family reiterating the need for orders prior to or on the date of enrollment. - Upon admission the admissions facilitator and/or HWD will review medications and corresponding orders and definitions.			- 1	
Curr						- 1	
reco						- 1	
MAR						- 1	
(, ,)						- 1	
(C) in	ame, strength, and quistructions for adminis	antity of the drug-	on a	tracking document.	view	- 1	
(D) da	istructions for administrate and time the driver	tering the drug;	refer	Once the MAR is created it will be cross renced by the HWD.		- 1	
(E) na	ate and time the drug ame or initials of perso	s administered; and	- R	eceipt of order will be trank		- 1	
drug.	and of perso	n administering the				- 1	
(5) Cli	ent requests for medic	cation changes ==	- P	rocess will be overseen by Program tor with support from HR Director as		- 1	
	nie D	ER REPRESENTATIVE'S SIGNAPURI	121160	WITH SUPPORT from U.D. D.		- 1	

TITLE Program Director

(X6) DATE 7/24/

Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(V0) 1111		PRINTED: FORM A	
- SOURCE HON	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			
		A. BUILDING	G:	(X3) DATE S COMPL	
	MHL088-020	1.		JOSIVII	
NAME OF PROVIDER OR SUPPLIER		B. WING		R	
	STREETA	DDRESS CITY	STATE, ZIP CODE	06/19	
TRAILS CAROLINA	500 WIN	DING GAP R	OAD CODE		
(X4) ID SUMMARY STAT	IAVETO	XAWAY, NC	OAD		
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TAG REGULATORY OR LSC	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF COR	RECTION	
	M ORMATION)	TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	
V 118 Continued From page	2.1		DEFICIENCY)	APPROPRIATE	
sheet with page	3 1	V 118			
file followed	ded and kept with the MAR				
with a physician.	pointment or consultation				
with a physician.					
This Rule is not met a	s evidenced by:				
current and failed to fol	llow the written order of a				
#1, #2 and #3). The find	dings are:				
Cross reference: 10A N	1040			,	
review and interviews th	e facility fails to				
implement procedures for effecting 1 of 6 audited a	or the care and and				
effecting 1 of 6 audited of	clients (Client #2)				
Record review on 6/18/1	9 for Client #1 revealed				
-Admission date of 4/4/19 Generalized Anxiety Disc	9 with diagnoses of				
Generalized Anxiety Disorder (A)	rder, Attention Deficit				
Hyperactivity Disorder (Al Depressive Disorder.	טאט) and Major				
Age-16 years					
	1				
Review on 6/18/19 of MAR	Rs for 5/9/19 6/19/19				
revealed:	.0.0/19-0/18/19				
	as initialed				
Amoxicillin (antibiotic) wa	as iriillaled as				
Amoxicillin (antibiotic) was administered twice daily from 5/17/19 and the second sec					
5/17/19 am dose (14 dose	om 5/10/19 pm dose to				
5/17/19 am dose (14 dose	om 5/10/19 pm dose to				
5/17/19 am dose. (14 dose There was no signed physic	om 5/10/19 pm dose to es) ician's order available.				
5/17/19 am dose. (14 dose There was no signed physical Record review on 6/18/10 at	om 5/10/19 pm dose to es) ician's order available.				
5/17/19 am dose. (14 dose There was no signed physical Record review on 6/18/19 f -Admission date of 5/15/10	om 5/10/19 pm dose to es) ician's order available. for Client #2 revealed:				
5/17/19 am dose. (14 dose There was no signed physical Record review on 6/18/10 at	om 5/10/19 pm dose to es) ician's order available. for Client #2 revealed: with diagnoses of ler and ADHD.				

PRINTED: 07/11/2019

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL088-020 R B. WING 06/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA **500 WINDING GAP ROAD** LAKE TOXAWAY, NC 28747 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 2 V 118 included: --Tazarotene (acne/skin rash) 0.1% cream apply to face once in the evening. "Patient should not apply medication if she will be exposed to the sun on a daily basis for long periods of time." Review on 6/18/19 of MARs for 5/16/19-6/18/19 revealed. -- Tazarotene - there were no initials as being administered at all. (33 doses). -MAR instructions noted to "apply to spots on face twice weekly. Must wear sunscreen and sunhat. If items are available or student is unwilling, please do not apply cream." No other documentation was made on MARs. Record review on 6/18/19 for Client #3 revealed: -Admission date of 6/6/19 with diagnoses of unspecified Anxiety Disorder, ADHD, Cannabis Use Disorder, Major Depressive Disorder, Asthma and Hashimoto Thyroiditis. Age-16 years -Physician ordered medications on 6/10/19 included: --Minocycline (antibiotic) 75mg take twice daily. --Tretinoin (acne) 0.05% cream apply to chest scar daily. --Ketoconazole Cream (antifungal) 2% apply to skin twice daily for 2 weeks per flare. --Hydrocortisone Cream (steroid) 2.5% apply to chest rash twice daily. Review on 6/18/19 of MARs for 6/6/19-6/18/19 revealed: --Minocycline was administered 6/8/19-6/10/19 prior to date of order (5 doses). Instructions on MAR noted medication was to be given as 2 capsules every AM rather than 1 cap twice daily. --Tretinoin was administered 6/7/19-6/10/19 (4

PRINTED: 07/11/2019 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL088-020 B. WING 06/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 WINDING GAP ROAD** TRAILS CAROLINA LAKE TOXAWAY, NC 28747 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 3 V 118 --Ketoconazole Cream was administered 6/7/19-6/10/19 (4 doses). --Hydrocortisone Cream was administered 6/6/19-6/10/19 (8 doses). Medication administered without physician's order included: --Duloxetine HCL (antidepressant) 60mg 1 tab in AM-administered 6/7/19-6/18/19 (12 doses). --Levothyroxine (hypothyroidism) 88mcg once daily- administered 6/6/19-6/17/19 (12 doses). --Camila (birth control) .035mg once daily-administered 6/7/19-6/18/19 (12 doses). --Albuterol Sulfate (bronchodilator) inhale 1 puff every 4 hours as needed-administered 6/13/19 (1 dose). Interview on 6/18/19 with the Assistant Health and Wellness Coordinator (AHWC) revealed: -She was responsible for making the pharmacy list or calling pharmacy daily with any new orders or changes to orders. -She was responsible for packing the medication boxes weekly. The pharmacy delivered meds on Friday. She and the Health and Wellness Coordinator (HWC) typed MARs for the upcoming week and placed with packed meds for shift change on Wednesdays. -The HWC was on vacation during this survey. -She was not aware some orders for Client #3 were missing or that MARs were written incorrectly. Interview on 6/19/19 with the Program Manager revealed: -All field staff received updated medication administration training following the previous -Admissions office was responsible for following

arrival but admitted that didn't always happen. Division of Health Service Regulation

up with families to get physicians orders prior to

PRINTED: 07/11/2019 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL088-020 B. WING R NAME OF PROVIDER OR SUPPLIER 06/19/2019 STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA 500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 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. Review on 6/19/19 of Plan of Protection signed by Program Manager dated 6/19/19 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: - All admissions team members will be retrained on the importance of informing and supporting prospective families to have medication orders by time of intake. - Additionally, key elements/requirements of orders will be clearly defined and shared with admissions and medical team members and prospective families. - For "Daily Incoming Admissions*" email, a section will be added regarding status of orders for medications and designated admissions person. This will be updated with each day leading up to the admission and will be the responsibility of the designated admissions staff person for that family, to obtain orders prior to admission.* - *The "Daily Incoming Admissions email" lays out all of the known incoming students for the future and gives

pertinent staff.

specific, relevant information

and Wellness department will send

for various departments and is sent to all

- Upon confirmation of enrollment date Health

an introduction email to a family reiterating the

PRINTED: 07/11/2019 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL088-020 B. WING 06/19/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA 500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 5 V 118 date of enrollment. - Upon admission the admissions facilitator (admissions counselor/program director) will review medications and corresponding orders and document the review with a provided form. 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 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,

as an additional check and balance." Division of Health Service Regulation

Resources] Director

until objectives have been met. Items above will

be audited intermittently by HR [Human

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL088-020 B. WING R NAME OF PROVIDER OR SUPPLIER 06/19/2019 STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA **500 WINDING GAP ROAD** LAKE TOXAWAY, NC 28747 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 118 | Continued From page 6 V 118 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 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 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 27G .5203 Res. Tx. Camp - Operations V 278 Coordination of Care (Operations): - If orders are unclear, intended to change, or 10A NCAC 27G .5203 **OPERATIONS** provide more latitude than is typical, HWD will (a) Each facility shall develop and implement ensure family and/or prescribing physician are written policies and procedures on basic care and contacted for clarification. safety. (b) In accordance with the schedules developed

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL088-020 B. WING R NAME OF PROVIDER OR SUPPLIER 06/19/2019 STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA **500 WINDING GAP ROAD** LAKE TOXAWAY, NC 28747 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 278 | Continued From page 7 V 278 by the Program Director, staff shall maintain the following distance from the campers: During waking hours, staff shall be (1)within sight or voice range of the campers. 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 the care and safety for 1 of 6 audited clients (Client #3). The findings are: Record review on 6/18/19 for Client #3 revealed: -Admission date of 6/6/19 with diagnoses of unspecified Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Cannabis Use Disorder, Major Depressive Disorder, Asthma and Hashimoto Thyroiditis. Age-16 years -Physician's order dated 6/4/19 for Topamax 25mg daily in the evening for chronic migraine prevention. Documentation that was included in this order noted, "...she [Client #3] should be allowed to adjust her dose as needed increasing weekly in 25mg increments to a maximum dose of 100mg in the evening. She may decrease the dose in 25mg increments as well if she sees fit -Review on 6/18/19 of Medication Administration Records from 6/6/19-6/18/19 revealed: Topiramate (Topamax) 25mg was documented as being administered 3 tabs at bedtime. Observation on 6/18/19 at approximately 11:30am at the camp site revealed: -Medication bottle of Topamax 25mg for Client #3 with instructions- Take 3 tabs at bedtime.

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If continuation sheet 9 of 9

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: __ COMPLETED MHL088-020 B. WING NAME OF PROVIDER OR SUPPLIER 06/19/2019 STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA **500 WINDING GAP ROAD** LAKE TOXAWAY, NC 28747 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 278 Continued From page 8 V 278 Interview on 3/25/19 with the Program Director revealed: -He could locate 2 emails connecting with Client #3's mom regarding needed prescriptions but no reference to clarification of the Topamax order. -They should have obtained specific information from the prescribing physician about how to administer the Topamax. -The Health and Wellness staff should make sure the MARs match the orders not the medication bottles. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a failure to correct Type B rule violation. Division of Health Service Regulation STATE FORM

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