PRINTED: 10/04/2019 FORM APPROVED

Division of Health Service Regulation

| NAME OF PROVIDER OR SUPPLIER TRAILS CAROLINA STREET ADDRESS, CITY, STATE, ZIP CODE LAKE TOXAWAY, NC 28747 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE) | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---|---|--|-------------------------------|--------------------------|--|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TRAILS CAROLINA LAKE TOXAWAY, NC 28747 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey was completed on 10/1/19. No 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 | | | | A. BUILDING: | | P | | |
| TRAILS CAROLINA SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DEFICIENCY | | | MHL088-020 | B. WING | | | | |
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| | - | This facility is licens category: 10A NCAC 27G .52 THERAPEUTIC (H. CHILDREN AND A | sed for the following service 200 RESIDENTIAL ABILITATIVE) CAMPS FOR DOLESCENTS OF ALL | | | | | |

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

TITLE (X6) DATE