Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL088-020 06/21/2021 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 PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and complaint survey was completed on June 21, 2021. The complaints were unsubstantiated (intake #NC00176883 and DHSR - Mental Health #NC00177877). Deficiencies were cited. JAN 3 \_ 2022 This facility is licensed for the following service category: 10A NCAC 27G. 5200 Residential Therapeutic Camps for Children and Adolescents Lic. & Cert. Section of all Disability Groups. V 119 27G .0209 (D) Medication Requirements V 119 Response: 06.21.2021 Medications are logged at intake using the 10A NCAC 27G .0209 MEDICATION medication intake sheet. REQUIREMENTS (d) Medication disposal: Sheets and information will be double (1) All prescription and non-prescription checked by the Health and Wellness Director for any expired medications, if they medication shall be disposed of in a manner that have not already been identified. guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed Expired medications will not be sent into of by incineration, flushing into septic or sewer the field and administered. system, or by transfer to a local pharmacy for destruction. A record of the medication disposal A request to student's guardians for shall be maintained by the program. updated medications will be sent promptly. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Co-Executive Divador

(X6) DATE

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL088-020 06/21/2021 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 PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 119 Continued From page 1 V 119 This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure that medications were disposed of in a manner that guards against accidental ingestion affecting 1 of 7 audited clients (Client #6). The findings are: Review on 6/17/21 of Client #6's record revealed: -Date of Admission: 5/27/21. -Age: 15. -Diagnoses: Attention Deficit Hyperactivity Disorder Combined Type; Parent-Child Relational Problem. Observation on 6/17/21 at 2:00 pm of Client #6's medications revealed: -1 bottle of Melatonin 3 milligrams which had an expiration date of 10/2020 -1 bottle of Natural Fiber capsules which had an expiration date of 8/2019. Review on 6/17/21 and 6/18/21 of Client #6's Medication Administration Record (MAR) for May 2021 and June 2021 revealed: -Client #6 received 1 tablet of the expired Melatonin by mouth daily from 5/27/21 through 6/16/21. -Client #6 received 1 tablet of the the expired Natural Fiber capsules by mouth daily from 5/27/21 through 6/16/21.

Interview on 6/18/21 with the Health and

-The staff member who reviewed the medications

Wellness Director revealed:

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(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made

(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00

collect to the receiving party:

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his private use.

(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes;

(10) Have access to individual storage space for

(c) In addition to the rights enumerated in G.S.

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client's record that indicates the detailed reason for the restriction. The restriction shall be

reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a

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-Age: 16.

The findings are:

-Date of Admission: 6/3/21.

audited clients (Clients #2, #3, #4, #5, #6 and #7).

Review on 6/17/21 of Client #1's record revealed:

-Diagnoses: Major Depressive Disorder in Partial

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-Age: 15.

-Date of Admission: 5/27/21.

-Diagnoses: Attention Deficit Hyperactivity Disorder Combined Type; Parent-Child Relational

Review on 6/17/21 of Client #7's record revealed:

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phone calls.

Interview on 6/18/21 with Client #7 revealed:

-The Therapist would only allow emergency

-He stated, "I'm fine with it because I will be

-He requested to make a phone call. -His Therapist denied the request.

graduating in a few weeks."

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