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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.110127.11	or dorate of the transfer of t	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL T	A. BUILDING: _		JOHN EETEB	
		MHL088-020	B. WING		06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
TRAILS C	AROLINA		ING GAP ROAD			
		LAKE TO	KAWAY, NC 287	<b>'47</b>		
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V 000	INITIAL COMMENTS	;	V 000			
		up survey was completed eficiencies were cited.				
	category: 10A NCAC	d for the following service 27G. 5200 Residential or Children and Adolescents ss.				
	census of 37. The su	d for 108 and currently has a rvey sample consisted of ents and 7 former clients.				
V 536	27E .0107 Client Rigl Int.	hts - Training on Alt to Rest.	V 536			
	to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood co or injury to a person of property damage is p (c) Provider agencies based on state compo compliance and demo gathered. (d) The training shall include measurable le	plement policies and size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully a communication skills and reating an environment in of imminent danger of abuse with disabilities or others or revented. s shall establish training etencies, monitor for internal constrate they acted on data				
	behavior) on those of	pjectives and measurable passing or failing the				

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

(X6) DATE TITLE

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Division of Health Service Regulation

DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DRESS, CITY, STA	TE. ZIP CODE	
TRAILS C	AROLINA		OING GAP ROAL		
		LAKE IC	XAWAY, NC 28	747	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( -/
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MAIE DAIL
				,	
V 536	Continued From page	e 1	V 536		
	. •				
	course.				
	` '	training must be completed			
	-	der periodically (minimum			
	annually).				
	(f) Content of the trai	ning that the service			
	provider wishes to em	nploy must be approved by			
	the Division of MH/DD	D/SAS pursuant to			
	Paragraph (g) of this	Rule.			
	(g) Staff shall demon	strate competence in the			
	following core areas:	•			
	-	and understanding of the			
	people being served;				
		and interpreting human			
	behavior;	and morproung names			
	,	the effect of internal and			
		it may affect people with			
	disabilities;	it may anost poople with			
	,	or building positive			
	relationships with per				
		cultural, environmental and			
		that may affect people with			
	disabilities;	that may ancet people with			
	·	the importance of and			
		n's involvement in making			
	decisions about their	•			
		essing individual risk for			
	` '	essing individual risk for			
	escalating behavior;	ti			
		tion strategies for defusing			
	- ·	tentially dangerous behavior;			
	and				
		navioral supports (providing			
		n disabilities to choose			
	activities which direct				
	behaviors which are u				
	(h) Service providers				
		al and refresher training for			
	at least three years.				
	(1) Documenta	tion shall include:			
		ated in the training and the			

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 2 of 22

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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			B. WING		
		MHL088-020	B. WING		06/12/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		500 WINI	DING GAP ROAL		
TRAILS C	AROLINA		XAWAY, NC 28		
	OUR MAR DV OT			T	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()
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				DEFICIENCY)	
14.500	- · · · -	_	14.500		
V 536	Continued From page	2	V 536		
	outcomes (pass/fail);				
	**	vhere they attended; and			
	(C) instructor's				
		n of MH/DD/SAS may			
		ocumentation at any time.			
	(i) Instructor Qualification	-			
	Requirements:	anono ana maning			
	•	all demonstrate competence			
		esting in a training program			
		reducing and eliminating the			
	need for restrictive in	_			
		all demonstrate competence			
		grade on testing in an			
	instructor training pro				
	(3) The training				
		nclude measurable learning			
		le testing (written and by			
	•	ior) on those objectives and			
		to determine passing or			
	failing the course.	to determine passing or			
	•	t of the instructor training the			
	service provider plans				
	· ·	sion of MH/DD/SAS pursuant			
	to Subparagraph (i)(5				
		instructor training programs			
		not limited to presentation of:			
		ng the adult learner;			
	` '	r teaching content of the			
	course;	r teaching content of the			
	·	r evaluating trainee			
		i cvaluating traillee			
	performance; and	ion procedures.			
		all have coached experience			
		ogram aimed at preventing,			
	_	ting the need for restrictive			
		one time, with positive			
	review by the coach.	-11 4			
		all teach a training program			
	airned at preventing,	reducing and eliminating the	1		

STATE FORM 6899 MUHO11 If continuation sheet 3 of 22

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL088-020	B. WING		06/1:	2/2023
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V 536	annually.  (8) Trainers shainstructor training at legal (j) Service providers documentation of inition training for at least the (1) Docume (A) who particip outcomes (pass/fail); (B) when and verice (C) instructor's (2) The Division request and review the (k) Qualifications of (1) Coaches share requirements as a train (2) Coaches share course which is be (3) Coaches share competence by competrain-the-trainer instructions of (3)	all complete a refresher east every two years. shall maintain al and refresher instructor ree years. entation shall include: ated in the training and the where attended; and name. In of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation iner. hall teach at least three times eing coached. hall demonstrate bletion of coaching or	V 536			
	review, the facility fail alternatives to restrict approved by the Divis implementation, affect	n, interview and record ed to ensure training on				

Division of Health Service Regulation

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	n rieaitii Service Negu		1		1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
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				DEFICIENCY)		
V 536	Continued From page	2.4	V 536			
V 330	Continued From page	<del>5</del> 4	0300			
	clients (FC #9, #10, #	#11, #12, #13, #14 and #15).				
	The findings are:					
	Di	04-# #41				
		Staff #1's employee record				
	revealed: -Hired 7/13/22.					
		Crisis Prevention and				
	De-escalation" trainin					
	De-escalation trainin	ig // 12/23.				
	Review on 6/6/23 of S	Staff #2's employee record				
	revealed:					
	-Hired 5/10/23.					
		Crisis Prevention and				
	De-escalation" trainin					
	20 000011011011 110111111	.g .,				
	Review on 6/6/23 of t	the Associate Primary				
	Therapist's employee	•				
	-Hired 5/29/18.					
	-"The Aegis System -	Crisis Prevention and				
	De-escalation" trainin	ng 6/27/22.				
	Review on 6/6/23 of t	the Clinical Director/Primary				
	Wilderness Therapist	's employee record				
	revealed:					
	-Hired 7/3/15.					
	-"The Aegis System -	Crisis Prevention and				
	De-escalation" training	ng 6/27/22.				
		the "Approved Curricula for				
	the Use of De-Escala					
		ons" dated 8/12/21 by the				
	Division of MH/DD/SA					
		Crisis Prevention and				
	De-escalation training	g" was not listed.				
	Di	Oli + #41				
		Client #4's record revealed:				
	-Admitted 3/3/23.					
	-Age 13.	5 6 9 11				
		on-Deficit Hyperactivity				
	Disorder (ADHD), An	xiety Disorder and				

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 5 of 22

DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
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		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		500 WINT	ING GAP ROAD		
TRAILS C	AROLINA		XAWAY, NC 28		
			AAVAI, NC 20		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( - /
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iAO		,	IAG	DEFICIENCY)	
V 536	Continued From page	<del>2</del> 5	V 536		
	Depression Disorder.				
	Depression Disorder.				
	Davious on 6/0/22 of (	Client #E's record revealed:			
		Client #5's record revealed:			
	-Admitted 4/11/23.				
	-Age 13.				
	-Diagnosis of ADHD.				
	D : 0/0/00 f	or: 1,401			
	Review on 6/8/23 of Client #6's record revealed: -Admitted 4/29/23.				
	-Age 11.				
		and Post-Traumatic Stress			
	Disorder (PTSD).				
		Client #7's record revealed:			
	-Admitted 4/6/23.				
	-Age 12.				
	-Diagnoses of Autism	Spectrum Disorder (ASD)			
	and ADHD.				
	Review on 6/8/23 of 0	Client #8's record revealed:			
	-Admitted 4/21/23.				
	-Age 11.				
	-Diagnoses of Genera	alized Anxiety Disorder			
	(GAD) and ADHD.				
	Review on 6/12/23 of	FC #9's record revealed:			
	-Admitted 2/24/23.				
	-Discharged 4/7/23.				
	-Age 12.				
	-Diagnoses of ASD, F	PTSD and ADHD.			
	Review on 6/12/23 of	FC #10's record revealed:			
	-Admitted 2/20/23.				
	-Discharged 4/6/23.				
	-Age 14.				
	-Diagnoses of Other S	Specified Bipolar and			
	Related Disorder, PT				
		Attacks, GAD, ADHD and			

Division of Health Service Regulation

Written Expression.

Specific Learning Disorder with Impairment in

STATE FORM 6899 MUHO11 If continuation sheet 6 of 22

PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 6  Review on 6/12/23 of FC #11's record revealed: -Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Discharged 5/1/23Discharged 5/1/23Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Review on 6/12/23 of FC #13's record revealed: -Admitted A/27/23 of FC #13's record revealed: -Admitted 4/27/23 of FC #13's record revealed: -Admitted 4/27/23 of FC #13's record revealed: -Admitted 4/21/23 of FC #13's record revealed: -Admitted 4/21/23 of FC #13's record revealed: -Admitted 4/21/23.	STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER  TRAILS CAROLINA  STREET ADDRESS, CITY, STATE, ZIP CODE  500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747  [K4] ID PREFIX TAG  CALO DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 6  V 536  Review on 6/12/23 of FC #11's record revealed: -Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Discharged 5/1/23Dignoses of Disruptive Mood Dysregulation Disorder, ADHD, Unspecified Anxiety Disorder, Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23Discharged 5/1/23Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.				A. BUILDING			
TRAILS CAROLINA    Summary Statement of Deficiencies   ID   PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   DATE			MHL088-020	B. WING		06/1	2/2023
CAMPAIR CAROLINA   CAMPAIR   CAMPA	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 6  Review on 6/12/23 of FC #11's record revealed: -Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Discharged 5/1/23Discharged 5/1/23Review on 6/12/23 of FC #13's record revealed: -Admitted 4/27/23Discharged 5/1/23Review on 6/12/23 of FC #13's record revealed: -Admitted 4/27/23Discharged 5/1/23Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.	TRAILS C	AROLINA					
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 536  Continued From page 6  Review on 6/12/23 of FC #11's record revealed: -Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Discharged 5/1/23Dispnoses of Disruptive Mood Dysregulation Disorder, ADHD, Unspecified Anxiety Disorder, Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/27/23Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.		T		DXAWAY, NC 287			
Review on 6/12/23 of FC #11's record revealed: -Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Age 13Diagnoses of Disruptive Mood Dysregulation Disorder, ADHD, Unspecified Anxiety Disorder, Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
-Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Other Specified Disruptive Behavior Disorder, ADHD and Parent-Child Relational Problem.  Review on 6/12/23 of FC #12's record revealed: -Admitted 4/27/23Discharged 5/1/23Age 13Diagnoses of Disruptive Mood Dysregulation Disorder, ADHD, Unspecified Anxiety Disorder, Parent-Child Relational Problem and Sibling Relational Problem.  Review on 6/12/23 of FC #13's record revealed: -Admitted 4/21/23.	V 536	Continued From page	e 6	V 536			
-Discharged 5/11/23.  -Age 14.  -Diagnoses of ASD, ADHD, GAD, Persistent Depressive Disorder, Specific Learning Disability with Impairment in Writing and Specific Learning Disability with Impairment in Mathematics.  Review on 6/12/23 of FC #14's record revealed: -Admitted 4/21/23Discharged 5/18/23Age 10Diagnoses of ADHD, GAD and Oppositional Defiant Disorder.  Review on 6/12/23 of FC #15's record revealed: -Admitted 2/9/23Discharged 6/4/23Age 12Diagnoses of Major Depressive Disorder,		-Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Gehavior Disorder, Alelational Problem.  Review on 6/12/23 of -Admitted 4/27/23Discharged 5/1/23Age 13Diagnoses of Disrup Disorder, ADHD, Uns Parent-Child Relation Relational Problem.  Review on 6/12/23 of -Admitted 4/21/23Discharged 5/11/23Discharged 5/11/23Diagnoses of ASD, A Depressive Disorder, with Impairment in W Disability with Impairment in W Disability with Impairment Aleview on 6/12/23 of -Admitted 4/21/23Discharged 5/18/23Discharged 5/18/23Age 10Diagnoses of ADHD Defiant Disorder.  Review on 6/12/23 of -Admitted 2/9/23Discharged 6/4/23Age 12.	Other Specified Disruptive DHD and Parent-Child  If FC #12's record revealed:  Intive Mood Dysregulation specified Anxiety Disorder, and Problem and Sibling  If FC #13's record revealed:  ADHD, GAD, Persistent, Specific Learning Disability (riting and Specific Learning ment in Mathematics.  If FC #14's record revealed:  If GAD and Oppositional  If FC #15's record revealed:				

Division of Health Service Regulation

Severe, Social Communication Disorder,

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DIVISION	of Health Service Regu	liation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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TRAILS C	AROLINA					
		LAKE 10	XAWAY, NC 28	747		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ -/	
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V 536	Continued From page	e 7	V 536			
	· · · · · · · · · · ·					
	•	and/or Stressor Related				
	Disorder, ADHD and Unspecified					
	Neurodevelopmental	Disorder.				
	Review on 6/8/23 of i	ncident reports and				
	restrictive intervention	n reports from March 2023				
	through 6/8/23 reveal	led the following clients were				
	physically restrained:					
	-Client #4 - 3/24/23 - elopement attempt, standing					
	restraint, 43 seconds.					
		elopement attempt, standing				
	restraint, 3 minutes.	oropomoni attompt, otananig				
		elopement attempt, standing				
		5 minutes each and 1 for 3				
	minutes.	Tillinates each and Tiol 5				
		ggrossive behavior and				
		ggressive behavior and				
		tanding restraint, 4 minutes				
	and 2 minutes;					
		ppement attempt and				
		standing restraints, 2 times				
	10 seconds each;					
		ppement attempt, standing				
	restraint, 2 minutes;					
		pement attempt, "staff				
		ve physical intervention,"				
	no type of restraint	or time was documented.				
	-Client #8 - 5/10/23- 6	elopement attempt, standing				
	restraint 1 minute, 2 r	minutes, 1 minute and 3				
	minutes;					
	5/11/23 - elo	pement attempt, standing				
	restraint, 2 times, 5 m	ninutes each;				
		gressive behavior and				
	_	tanding restraint, 8 minutes				
	and 6 minutes;	<b>5</b> , • ······				
	,	gressive behavior and				
	elopement attempt, s	_				
	seconds, 13 minutes					
	5/25/23 - elo	pement attempt, standing				

Division of Health Service Regulation

restraint, 5 minutes.

-FC #9 - 3/5/23 - aggressive behavior and

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Division of	<u>of Health Service Regu</u>	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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TRAILS C	AROLINA	LAKE TO	XAWAY, NC 28	747		
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V 536	Continued From page	e 8	V 536			
	elopement attempt, s	tanding restraint 2 times, 1				
	minute each.	,				
	-FC #10 - 3/6/23 - el	lopement and self-harm				
	attempt, standing res	traint 2 times, 7 minutes				
	each;					
		ressive behavior and				
	attempted self-harm,	_				
	implemented, no hold	I time was recorded; bement and self-harm				
		traint, 1 minute 30 seconds;				
	• • •	ppement attempt, standing				
	restraint for 5 second	•				
	3/21/23 - ag	gressive behavior and				
	elopement attempt, s	tanding restraint, 10				
	seconds.					
	-FC #11 - 3/25/23- a					
	standing restraint, 9 s					
		elopement attempt, standing				
	restraints, 5 minutes a	gressive and destructive				
	behavior and elopem	_				
	restraints, 10 seconds					
		15 minutes, 3 minutes and				
	10 minutes.					
	-FC #13 - 5/4/23 - a	ggressive behavior, standing				
	restraint, 5 minutes;					
		f-harm attempt, standing				
	· ·	different times for 1 minute				
	each.	ggressive and inappropriate				
		ding restraint, 15 seconds;				
	•	ressive and inappropriate				
		elopement attempt, standing				
		s, 1 minute and 10 seconds;				
		gressive behavior, standing				
	restraint, 1 minute an					
		elopement attempt, standing				
	restraint 1 minute		1			

-none of the incidents indicated injuries to the client or that a client was placed on the ground

STATE FORM 6899 MUHO11 If continuation sheet 9 of 22

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		500 WIND	ING GAP ROAI		
TRAILS C	AROLINA		XAWAY, NC 28		
			· ·		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
		_	1,,,,,,		
V 536	Continued From page	9	V 536		
	during the restrictive i	ntervention.			
	Interview and observa	ation on 6/8/23 with Client #4			
	revealed:				
	-Restrained because	"I just tried to runI was like			
		n them (staff)I wanted			
	space."	,			
	•	taff held both arms by the			
	bicep, "they put me on the ground"				
	-Was not hurt.	3			
	Interview and observa	ation on 6/8/23 with Client #5			
	revealed:				
	-"I only ran away once	e(staff) chasing me and			
	put me in an arm lock				
	· · · ·	taff held both arms against			
	sides and bent at the				
	-Was not hurt.				
	Interview and observa	ation on 6/8/23 with Client #6			
	revealed:				
	-"I went out of camp b	ooundariesI wanted space			
	and didn't want people				
	I	taff had hands on both			
	forearms, "forced m				
	buttlegs out like a m				
		cidentally" and it "hurt			
	afterwards."	,			
	-Pointed to left leg jus	st above ankle area.			
	-Had it wrapped in an				
	daysno bruise or sw	•			
	,	3			
	Interview and observa	ation on 6/12/23 with Client			
	#7 revealed:	-			
	-When restrained staf	ff "held arms to the side"			
		arms down against sides of			
	body.	3			
	,	n) felt tingly and I told them			
		ned up a little bitnever			
	been hurt"	•			

STATE FORM 6899 MUHO11 If continuation sheet 10 of 22

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
TRAILS C	AROLINA	500 WIND	ING GAP ROAD	)	
		LAKE TO	XAWAY, NC 287	747	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 536	Continued From page	e 10	V 536		
	#8 revealed: -Restrained for violentStaff "held dominating arm straight up it to the side (demonstrate)." -Was on the ground of timesitting on buttWas hurt once, "sometimesitting on buttThe bruise was "cathered around the edges, apparature was "cathered around the	nt arm up (demonstrated in the air) and the other arm ated left arm down against during a restraint "1 " ne time last week" e on right upper arm, a con the inside and light brown proximately the size of a aused by staff's hand" with the Executive Director of The Aegis System training that name in June 2022 for D/SAS to get the training mation to the trainers with work on getting the			
V 537	27E .0108 Client Right ITO	nts - Training in Sec Rest &	V 537		
	ISOLATION TIME-OU	CAL RESTRAINT AND			

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 11 of 22

PRINTED: 06/16/2023 FORM APPROVED

Division of Health Service Regulation

DIVISION	n Health Service Negu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			B. WING			
		MHL088-020	D. WING		06/1	2/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		500 WIND	ING GAP ROAD	1		
TRAILS C	AROLINA		XAWAY, NC 28			
			TAVAI, NO 20			1
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
1710		,	1,710	DEFICIENCY)		
			1			
V 537	Continued From page	e 11	V 537			
	time-out may be emp	loyed only by staff who have				
	been trained and hav	• • •				
		oper use of and alternatives				
		Facilities shall ensure that				
	•	pploy and terminate these				
		ned and have demonstrated				
	competence at least a					
	(b) Prior to providing direct care to people with					
	disabilities whose treatment/habilitation plan					
	includes restrictive interventions, staff including					
	service providers, em	• •				
		olete training in the use of				
		straint and isolation time-out				
		se interventions until the				
	training is completed	and competence is				
	demonstrated.					
		r taking this training is				
		etence by completion of				
	training in preventing,	, reducing and eliminating				
	the need for restrictive	e interventions.				
	(d) The training shall	be competency-based,				
	include measurable le	earning objectives,				
	measurable testing (v	vritten and by observation of				
	behavior) on those ob	jectives and measurable				
	methods to determine	passing or failing the				
	course.					
	(e) Formal refresher	training must be completed				
		der periodically (minimum				
	annually).	•				
	(f) Content of the trai	ning that the service				
		ploy must be approved by				
	the Division of MH/DI					
	Paragraph (g) of this					
		ng programs shall include,				
	but are not limited to,					
		formation on alternatives to				
	the use of restrictive i					
		on when to intervene				
	(understanding immir	nent danger to self and	1			1

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 12 of 22

DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING	NG OCH A (ADA)		
		MHL088-020	B. WING		06/12/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
TRAILS C	AROLINA		DING GAP ROAL			
		LAKE IC	DXAWAY, NC 28	747		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	IAIE	
				,		
V 537	Continued From page	e 12	V 537			
	-41					
	others);					
		n safety and respect for the				
		III persons involved (using				
	· ·	rictive interventions and				
	incremental steps in a	an intervention);				
	(4) strategies for	or the safe implementation				
	of restrictive intervent	ions;				
	(5) the use of e	mergency safety				
	interventions which in	clude continuous				
	assessment and mon	itoring of the physical and				
	psychological well-be	ing of the client and the safe				
		ghout the duration of the				
	restrictive intervention					
	(6) prohibited p					
		trategies, including their				
	importance and purpo	-				
		tion methods/procedures.				
	(h) Service providers	•				
		al and refresher training for				
	at least three years.	ar and refresher training for				
		tion shall include:				
	` '	ated in the training and the				
		ated in the training and the				
	outcomes (pass/fail);	where they attended; and				
	(C) instructor's					
		n of MH/DD/SAS may				
		ocumentation at any time.				
	(i) Instructor Qualifica	ation and Training				
	Requirements:					
	` '	all demonstrate competence				
		esting in a training program				
		reducing and eliminating the				
	need for restrictive int					
		all demonstrate competence				
		esting in a training program				
	teaching the use of se	eclusion, physical restraint				
	and isolation time-out	i.				
	(3) Trainers sha	all demonstrate competence				
		grade on testing in an				

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 13 of 22

DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
			5			
		MHL088-020	B. WING	<del></del>	06/12/2023	
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE 710 CODE		
NAME OF FI	NOVIDER OR SUFFLIER					
TRAILS C	AROLINA		DING GAP ROAL			
		LAKE TO	XAWAY, NC 28	747		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE	
				DEFICIENCY)		
V 537	Continued From page	. 13	V 537			
• 001	Continued From page	3 10	' ' ' ' '			
	instructor training pro	gram.				
	(4) The training	shall be				
	` '	nclude measurable learning				
		le testing (written and by				
	-	ior) on those objectives and				
		· -				
		to determine passing or				
	failing the course.					
		t of the instructor training the				
	service provider plans					
	• •	sion of MH/DD/SAS pursuant				
	to Subparagraph (j)(6	i) of this Rule.				
	(6) Acceptable	instructor training programs				
	shall include, but not	be limited to, presentation				
	of:	•				
	(A) understandi	ng the adult learner;				
	. ,	r teaching content of the				
	course;	r teaching content of the				
	*	of trainee performance; and				
	` '	ion procedures.				
	` '	all be retrained at least				
		strate competence in the use				
		restraint and isolation				
		in Paragraph (a) of this				
	Rule.					
	(8) Trainers sha	all be currently trained in				
	CPR.					
	(9) Trainers sha	all have coached experience				
		f restrictive interventions at				
		positive review by the				
	coach.	,				
		all teach a program on the				
	` ,	ventions at least once				
		vondons at least office				
	annually.	all complete a refrect				
		all complete a refresher				
	instructor training at le					
	(k) Service providers					
		al and refresher instructor				
	training for at least the	ree years.				
	_	tion shall include:				

Division of Health Service Regulation

STATE FORM 6899 MUHO11 If continuation sheet 14 of 22

DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					_	
		MIII 000 000	B WING		00/40/0000	
MHL088-020				06/12/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE, ZIP CODE		
		500 WINI	ING GAP ROAI			
TRAILS C	AROLINA		XAWAY, NC 28			
	CLIMMA DV CT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	I	
				DEFICIENCY)		
V 537	Continued From page	1/1	V 537			
V 007	Continued i form page	5 14	1 007			
		ated in the training and the				
	outcome (pass/fail);					
	(B) when and w	vhere they attended; and				
	(C) instructor's	name.				
	(2) The Division	n of MH/DD/SAS may				
	review/request this do	ocumentation at any time.				
	(I) Qualifications of C	Coaches:				
	(1) Coaches sh	all meet all preparation				
	requirements as a tra	iner.				
	(2) Coaches sh	all teach at least three				
	times, the course whi	ch is being coached.				
	(3) Coaches sh	all demonstrate				
	competence by comp	letion of coaching or				
	train-the-trainer instru	iction.				
	(m) Documentation s	shall be the same				
	preparation as for trai	iners.				
	This Rule is not met	as evidenced by:				
	Based on observation	n, interview and record				
	review, the facility fail	ed to ensure training in				
	seclusion, physical re	straint and isolation time-out				
		Division of MH/DD/SAS				
		on, affecting 5 of 8 current				
	•	i, #6, #7 and #8) and 7 of 7				
		, #10, #11, #12, #13, #14				
	and #15). The finding					
	, <b>..</b>					
	Review on 6/6/23 of 5	Staff #1's employee record				
	revealed:					
	-Hired 7/13/22.					
		Crisis Prevention and				
	De-escalation" trainin					
	Do-cocalation trailing	9 ., .2.20.				
	Review on 6/6/23 of 5	Staff #2's employee record				

Division of Health Service Regulation

revealed:

STATE FORM 6899 MUHO11 If continuation sheet 15 of 22

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	· · · · · · · · · · · · · · · · · · ·		06/12/2023		
NAME OF PI	E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  500 WINDING GAP ROAD				
TRAILS C	AROLINA				
()(1) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	XAWAY, NC 28	PROVIDER'S PLAN OF CORRECTION	J (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 537	Continued From page	e 15	V 537		
	-Hired 5/10/23.				
	-"The Aegis System - De-escalation" trainin	Crisis Prevention and g 4/25/23.			
	Review on 6/6/23 of t	he Associate Primary			
	Therapist's employee -Hired 5/29/18.				
		Crisis Prevention and			
	De-escalation" trainin				
	Review on 6/6/23 of t Wilderness Therapist	he Clinical Director/Primary 's employee record			
	revealed:	с ср.оусо 1000. ц			
	-Hired 7/3/15.	Crisis Provention and			
	De-escalation" trainin	Crisis Prevention and g 6/27/22.			
	the Use of De-Escala Restrictive Intervention Division of MH/DD/SA	ons" dated 8/12/21 by the AS revealed: Crisis Prevention and			
	-Admitted 3/3/23.	Client #4's record revealed:			
	-Age 13Diagnoses of Attentic Disorder (ADHD), And Depression Disorder.				
	-Admitted 4/11/23. -Age 13.	Client #5's record revealed:			
	-Diagnosis of ADHD.				
	Review on 6/8/23 of 0 -Admitted 4/29/23. -Age 11.	Client #6's record revealed:			

Division of Health Service Regulation

-Diagnoses of ADHD and Post-Traumatic Stress

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Division of	<u>of Health Service Regu</u>	ılation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
		MHL088-020	B. WING		06	/12/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
			ING GAP ROAL			
TRAILS C	AROLINA		XAWAY, NC 28			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
V 537	Continued From page	e 16	V 537			
	Disorder (PTSD).					
	Poviou on 6/8/22 of (	Client #7's record revealed:				
	-Admitted 4/6/23.	Silent #7 s record revealed.				
	-Age 12.					
	-Diagnoses of Autism	Spectrum Disorder (ASD)				
	and ADHD.					
	Davious on 6/9/22 of (	Client #8's record revealed:				
	-Admitted 4/21/23.	Silent #6's record revealed.				
	-Age 11.					
		alized Anxiety Disorder				
	(GAD) and ADHD.	·				
	Review on 6/12/23 of	FC #9's record revealed:				
	-Admitted 2/24/23.	10 #9 3 10001d Tevealed.				
	-Discharged 4/7/23.					
	-Age 12.					
	-Diagnoses of ASD, F	PTSD and ADHD.				
	Review on 6/12/23 of	FC #10's record revealed:				
	-Admitted 2/20/23.	To wro or recent revealed.				
	-Discharged 4/6/23.					
	-Age 14.					
		Specified Bipolar and				
	Related Disorder, PT					
		Attacks, GAD, ADHD and				
	Written Expression.	order with Impairment in				
	willen Expression.					
	Review on 6/12/23 of	FC #11's record revealed:				
	-Admitted 1/2/23.					
	-Discharged 3/29/23.					
	-Age 14.	Other Organified D'				
		Other Specified Disruptive				
	Behavior Disorder, Al Relational Problem.	DHD and Parent-Child				
	Neialionai Fiodiem.					
	Review on 6/12/23 of	FC #12's record revealed:				

-Admitted 4/27/23.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL088-020	B. WING		06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	
TRAILS C	AROLINA		NG GAP ROAD			
		LAKE IOX	AWAY, NC 287			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	Continued From page	e 17	V 537			
	Disorder, ADHD, Uns Parent-Child Relation Relational Problem.  Review on 6/12/23 of -Admitted 4/21/23Discharged 5/11/23Age 14Diagnoses of ASD, A Depressive Disorder, with Impairment in Wi Disability with Impair Review on 6/12/23 of -Admitted 4/21/23.	tive Mood Dysregulation pecified Anxiety Disorder, al Problem and Sibling  FC #13's record revealed:  ADHD, GAD, Persistent Specific Learning Disability riting and Specific Learning ment in Mathematics.  FC #14's record revealed:				
	-Discharged 5/18/23. -Age 10. -Diagnoses of ADHD, Defiant Disorder.	GAD and Oppositional				
	-Admitted 2/9/23Discharged 6/4/23Age 12Diagnoses of Major I Severe, Social Comm	nunication Disorder, and/or Stressor Related Unspecified				
	through 6/8/23 reveal physically restrained: -Client #4 - 3/24/23 - restraint, 43 seconds.	n reports from March 2023 ed the following clients were elopement attempt, standing				

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Division of	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL088-020	B. WING	06/12/2023	
NAME OF PI	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
	500 WINDING GAP ROAD				
TRAILS CAROLINA 500 WINDING GAP ROAD LAKE TOXAWAY, NC 28747					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE
				,	
V 537	Continued From page	e 18	V 537		
	restraint, 3 minutes.				
	-Client #6 - 5/25/23 -	elopement attempt, standing			
	restraint, 2 times for 5	5 minutes each and 1 for 3			
	minutes.				
	-Client #7 - 5/4/23 - a	ggressive behavior and			
	elopement attempt, s	tanding restraint, 4 minutes			
	and 2 minutes;				
		pement attempt and			
		standing restraints, 2 times			
	10 seconds each;				
		pement attempt, standing			
	restraint, 2 minutes;				
		pement attempt, "staff			
		ve physical intervention,"			
	no type of restraint	or time was documented.			
		elopement attempt, standing			
	minutes;	minutes, 1 minute and 3			
	•	pement attempt, standing			
	restraint, 2 times, 5 m	·			
	•	gressive behavior and			
		tanding restraint, 8 minutes			
	and 6 minutes;	<b>5</b> , • ·····-			
	5/15/23 - ag	gressive behavior and			
	elopement attempt, s				
	seconds, 13 minutes	and 15 minutes;			
	5/25/23 - elo	pement attempt, standing			
	restraint, 5 minutes.				
		ggressive behavior and			
		tanding restraint 2 times, 1			
	minute each.				
		lopement and self-harm			
		traint 2 times, 7 minutes			
	each;	anna da an da a			
		ressive behavior and			
	attempted self-harm,	•			
	implemented no hole	TITTLE WAS PACCIFORA			

3/9/23 - elopement and self-harm attempt, standing restraint, 1 minute 30 seconds; 3/18/23 - elopement attempt, standing

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURV	
A. BOILDING.						
MHL088-020 B. WING		06/12/2	2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
TRAILS C	AROLINA		ING GAP ROAD			
	-	LAKE TO	XAWAY, NC 28	747		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE (	(X5) COMPLETE DATE
V 537	Continued From page	e 19	V 537			
	restraint for 5 second 3/21/23 - age elopement attempt, secondsFC #11 - 3/25/23 - astanding restraint, 9 secondsFC #12 - 4/23/23 - restraints, 5 minutes: 4/25/23 - age behavior and elopem restraints, 10 seconds minutes, 15 minutes, 10 minutesFC #13 - 5/4/23 - agrestraint, 5 minutes; 5/10/23 - sel restraint, 2 minutes, 5 eachFC #14 - 5/8/23 - agrestraint, 2 minutes, 5 eachFC #14 - 5/8/23 - agg sexual behavior, stan 5/9/23 - agg sexual behavior and restraints 15 seconds 5/16/23 - agg restraint, 1 minute an -FC #15 - 5/11/23 - agg restraint, 1 minutenone of the incidents client or that a client of the incidents client or that a client of the incidents client or that a client of that a client of the incidents client or the inc	gressive behavior and tanding restraint, 10 ggressive behavior, seconds. elopement attempt, standing and 15 minutes; gressive and destructive ent attempt, standing s, 5 minutes, 15 15 minutes, 3 minutes and ggressive behavior, standing f-harm attempt, standing for different times for 1 minute ggressive and inappropriate ding restraint, 15 seconds; ressive and inappropriate elopement attempt, standing s, 1 minute and 10 seconds; gressive behavior, standing d 2 minutes. elopement attempt, standing d 3 minutes d 4 m				

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-Was not hurt.

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Division of	<u>of Health Service Regu</u>	lation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			_		
	MHL088-020 B. WING 06/12/20		06/12/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
TRAILS C	A POLINA	500 WINE	ING GAP ROAL		
TRAILS C	AROLINA	LAKE TO	XAWAY, NC 28	747	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 537	Continued From page	20	V 537		
	revealed: -"I only ran away once put me in an arm lock -Demonstrated how s sides and bent at the -Was not hurt.  Interview and observa revealed: -"I went out of camp be and didn't want peopl -Demonstrated how s forearms, "forced m buttlegs out like a m	taff held both arms against elbow.  ation on 6/8/23 with Client #6  coundariesI wanted space e watching me"  taff had hands on both he downsitting on hermaid"  cidentally" and it "hurt			
	#7 revealed: -When restrained stat -Demonstrated both a body"Like one time it (arm (staff) and they loosed been hurt"	ation on 6/12/23 with Client  If "held arms to the side"  arms down against sides of  n) felt tingly and I told them  ned up a little bitnever  ation on 6/12/23 with Client			
	right arm straight up i				

-Was hurt once, "some time last week..."

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MHL088-020 B. WING 06/12/2023	AND PLAN OF CORRECTION	
	MHL088-020 B. WING	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  500 MINDING CAR BOAR	NAME OF PROVIDER OR SUPPL	
TRAILS CAROLINA 500 WINDING GAP ROAD  LAKE TOXAWAY, NC 28747	TRAILS CAROLINA	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPANDED TO THE APPROPRIATE DEFICIENCY)  (X4) ID PROVIDER'S PLAN OF CORRECTION (X COMPANDED TO THE APPROPRIATE DEFICIENCY)	PREFIX (EACH DE	
Showed fading bruise on right upper arm, a perfect circle, lighter on the inside and light brown around the edges, approximately the size of a small orange.  -The bruise was "caused by staff's hand"  Interview on 6/8/23 with the Executive Director revealed:  -They had been using The Aegis System training since August 2022.  -He received the contact name in June 2022 for the Division of MH/DD/SAS to get the training approved.  -He passed this information to the trainers with The Aegis System to work on getting the curriculum approved.  -He had not contacted the Division of MH/DD/SAS himself.  -The decision to implement the training prior to approval "predominatelycame down to me"	-Showed fading perfect circle, li around the edg small orangeThe bruise wa Interview on 6/ revealed: -They had beer since August 2-He received the Division of approvedHe passed this The Aegis Systicurriculum apperious on the had not complete the MH/DD/SAS his -The decision to	

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