(X6) DATE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL088-020	B. WING		06/12/2023	
NAME OF PROVIDER OF	R SUPPLIER	500 WINE	DDRESS, CITY, STATE DING GAP ROAD XAWAY, NC 2874			
	ACH 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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	
on June This faci category Therape of all Dis This faci census of audits of V 536 27E .010 Int. 10A NCA ALTERN. INTERVE (a) Facil practices to restrict (b) Prior disabilitie employed demonstr completir other stra which the or injury to property of (c) Provide based on compliance gathered. (d) The tr include m measurate	al and follow 12, 2023. Do lity is licensed: 10A NCAC utic Camps for ability Group lity is licensed of 37. The sur 8 current clie 17 Client Right AC 27E .0107 ATIVES TO F ENTIONS tities shall imp that emphasive interventi to providing is s, staff includes, students of eate compete ing training in integies for cre likelihood of o a person w damage is pri der agencies state compete ce and demo aining shall be easurable lea ble testing (wi	up survey was completed efficiencies were cited. d for the following service 27G. 5200 Residential or Children and Adolescents s. d for 108 and currently has a vey sample consisted of ents and 7 former clients. tts - Training on Alt to Rest. TRAINING ON RESTRICTIVE Delement policies and eize the use of alternatives ons. services to people with ding service providers, or volunteers, shall noce by successfully communication skills and eating an environment in imminent danger of abuse ith disabilities or others or	V 536	DHSR - Mental Healt JUL 2 4 2023 Lic. & Cert. Section	h	

STATE FORM 6899 MUHO11 If continuation sheet 1 of 22

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL088-020	B. WING		06/12/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
TRAILS C	AROLINA		ING GAP ROA (AWAY, NC 28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 536	course. (e) Formal refresher to by each service provide annually). (f) Content of the train provider wishes to emit the Division of MH/DD Paragraph (g) of this Fig. (g) Staff shall demons following core areas: (1) knowledge a people being served; (2) recognizing a behavior; (3) recognizing a texternal stressors that disabilities; (4) strategies for relationships with personal stressors that disabilities; (5) recognizing a texternal stressors that disabilities; (6) recognizing a texternal stressors that disabilities; (7) skills in asset the person decisions about their lift.	raining must be completed ler periodically (minimum hing that the service ploy must be approved by /SAS pursuant to Rule. It rate competence in the and understanding of the and interpreting human he effect of internal and may affect people with building positive ons with disabilities; bultural, environmental and hat may affect people with he importance of and involvement in making it; ssing individual risk for on strategies for defusing intially dangerous behavior; vioral supports (providing disabilities to choose oppose or replace safe).	V 536		

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	A. BUILDING:		LETED
		MHL088-020	B. WING		06/	12/2023
NAME OF F	ROVIDER OR SUPPLIER		DRESS, CITY, ST			
TRAILS C	AROLINA		NG GAP ROA			
	0.114.4.57.074		AWAY, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	Continued From page	2	V 536			
	outcomes (pass/fail):					
	outcomes (pass/fail); (B) when and w	here they attended; and				
	(C) instructor's					
	1 (3 (3)	of MH/DD/SAS may				
	The state of the s	cumentation at any time.				
	(i) Instructor Qualifica					
	Requirements:	•				
	(1) Trainers sha	II demonstrate competence				
		sting in a training program				
	-	educing and eliminating the				
	need for restrictive inte					
		Il demonstrate competence				
	by scoring a passing g					
	instructor training prog					
	(3) The training	clude measurable learning				
		e testing (written and by				
		or) on those objectives and				
		o determine passing or				
	failing the course.	ļ				1
	(4) The content	of the instructor training the				ı
	service provider plans	to employ shall be				- 1
		on of MH/DD/SAS pursuant				- 1
	to Subparagraph (i)(5)					- 1
		nstructor training programs				- 1
		ot limited to presentation of:				
		g the adult learner;				İ
	(B) methods for course;	teaching content of the				
		evaluating trainee				1
	performance; and	c.c.adding trained				-
		on procedures.				
		I have coached experience				
	13 (15)	gram aimed at preventing,				- 1
		ng the need for restrictive				- 1
	interventions at least o	ne time, with positive				- 1
	review by the coach.					- 1
		I teach a training program				- 1
	aimed at preventing, re	educing and eliminating the				- 1
						- 1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL088-020	B. WING		06/12/2023	
	ROVIDER OR SUPPLIER	500 WIN	DDRESS, CITY, STATE DING GAP ROAD DXAWAY, NC 2874			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 536	need for restrictive into annually. (8) Trainers sha instructor training at le (j) Service providers s documentation of initial training for at least thruch (1) Documer (A) who participe outcomes (pass/fail); (B) when and who (C) instructor's row (2) The Division request and review this (k) Qualifications of Conches share quirements as a train (2) Coaches share course which is be (3) Coaches share competence by completrain-the-trainer instructions.	Il complete a refresher ast every two years. shall maintain all and refresher instructor ee years. Intation shall include: Inted in the training and the mere attended; and same. In an	V 536			
	implementation, affecting	interview and record If to ensure training on If interventions was If in the interventions of MH/DD/SAS prior to				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL088-020 B. WING		00	6/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
TRAILS C	AROLINA		ING GAP ROA			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
V 536	Continued From page	4	V 536			
	clients (FC #9, #10, # The findings are:	11, #12, #13, #14 and #15).				
	Review on 6/6/23 of S revealed: -Hired 7/13/22.	taff #1's employee record				
	-"The Aegis System - De-escalation" training					
	revealed:	taff #2's employee record				
	-Hired 5/10/23. -"The Aegis System - 0 De-escalation" training					
	Review on 6/6/23 of the Therapist's employee in-Hired 5/29/18.	record revealed:				
	-"The Aegis System - 0 De-escalation" training					
	Wilderness Therapist's revealed:	e Clinical Director/Primary employee record				
	-Hired 7/3/15. -"The Aegis System - Ope-escalation" training					
	the Use of De-Escalation	s" dated 8/12/21 by the Frevealed:				
	De-escalation training"					
	Review on 6/8/23 of CI -Admitted 3/3/23. -Age 13.	ent #4's record revealed:				
	-Diagnoses of Attention Disorder (ADHD), Anxie	2.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MADIEAN	OF GOTTLEOTION	IDENTIFICATION NOMBER.	A. BUILDING	A. BUILDING:		
		MHL088-020	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE	06/12/2023	
TRAILS C	APOLINA	500 WINDI	NG GAP ROA	AD		
TRAILS	AROLINA	LAKE TOX	AWAY, NC 2	8747		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	Ε
V 536	Continued From page	5	V 536			
	Depression Disorder.					
	Review on 6/8/23 of C -Admitted 4/11/23Age 13Diagnosis of ADHD.	lient #5's record revealed:				
	-Admitted 4/29/23. -Age 11.	lient #6's record revealed:				
	-Diagnoses of ADHD a Disorder (PTSD).	and Post-Traumatic Stress				
	Review on 6/8/23 of C -Admitted 4/6/23. -Age 12.	lient #7's record revealed:				
	-Diagnoses of Autism S and ADHD.	Spectrum Disorder (ASD)				
	Review on 6/8/23 of Cl -Admitted 4/21/23. -Age 11.	lient #8's record revealed:				
	-Diagnoses of General (GAD) and ADHD.	ized Anxiety Disorder				
	Review on 6/12/23 of F-Admitted 2/24/23Discharged 4/7/23.	FC #9's record revealed:				
	-Age 12Diagnoses of ASD, PT	SD and ADHD.				
	Review on 6/12/23 of F -Admitted 2/20/23. -Discharged 4/6/23. -Age 14.	C #10's record revealed:				
	-Diagnoses of Other Sp Related Disorder, PTSI	D with Dissociative Attacks, GAD, ADHD and				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL088-020	B. WING		06	6/12/2023
NAME OF PRO	VIDER OR SUPPLIER		DRESS, CITY, ST			
TRAILS CAR	ROLINA		ING GAP ROA XAWAY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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
V 536	Continued From page	6	V 536			
-A	Admitted 1/2/23. Discharged 3/29/23. Age 14. Diagnoses of ASD, Orehavior Disorder, AD relational Problem. eview on 6/12/23 of Fadmitted 4/27/23. Discharged 5/1/23. Diagnoses of Disruptivisorder, ADHD, Unsparent-Child Relational Problem. eview on 6/12/23 of Fadmitted 4/21/23. Discharged 5/11/23. Discharged 5/18/23.	FC #12's record revealed: We Mood Dysregulation ecified Anxiety Disorder, I Problem and Sibling FC #13's record revealed: OHD, GAD, Persistent specific Learning Disability ing and Specific Learning ent in Mathematics. FC #14's record revealed: GAD and Oppositional C #15's record revealed:				

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	6:		LETED
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		MHL088-020	B. WING		06/	12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AS	DRESS, CITY, S	TATE ZID CODE	1 00/	12/2023
			OING GAP ROA			
TRAILS C	AROLINA		XAWAY, NC 2			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 536	Continued From page	7	V 536			
4.1 (000000000000000000000000000000000000	, ,					
		nd/or Stressor Related				
	Disorder, ADHD and I					
	Neurodevelopmental I	Disorder.				
	Review on 6/8/23 of in	ocident reports and				
		reports from March 2023				
		ed the following clients were				
	physically restrained:	3				
	-Client #4 - 3/24/23 - e	lopement attempt, standing				
	restraint, 43 seconds.					
		lopement attempt, standing				
	restraint, 3 minutes.					
		lopement attempt, standing				
		minutes each and 1 for 3				
	minutes.	granding habaniar and				
	-Client #7 - 5/4/23 - ag	anding restraint, 4 minutes				
	and 2 minutes:	anding restraint, 4 minutes				
		ement attempt and				
		tanding restraints, 2 times				1
	10 seconds each;					1
	5/19/23 - elop	ement attempt, standing				- 1
	restraint, 2 minutes;					- 1
		ement attempt, "staff				1
		e physical intervention,"				
	no type of restraint	or time was documented.				
		opement attempt, standing				
	restraint 1 minute, 2 mi minutes;	nutes, 1 minute and 3				
		ement attempt, standing				- 1
	restraint, 2 times, 5 mir					
		ressive behavior and				- 1
	elopement attempt, sta	nding restraint, 8 minutes				1
	and 6 minutes;					
		essive behavior and				
	elopement attempt, sta					- 1
	seconds, 13 minutes ar					- 1
		ement attempt, standing				- 1
	restraint, 5 minutes.					- 1
	-FC #9 - 3/5/23 - agg	ressive behavior and				- 1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 10 10 10 10 10 10 10 10 10 10 10 10 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL088-020	B. WING		06/12/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
TPAILS	AROLINA	500 WIND	ING GAP ROAD			
TRAILS	AROLINA	LAKE TO	XAWAY, NC 2874	1 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	Continued From page	8	V 536	H		
	elopement attempt, staminute eachFC #10 - 3/6/23 - eka attempt, standing restreach; 3/9/23 - aggrattempted self-harm, simplemented, no hold 3/9/23 - elope attempt, standing restraint for 5 seconds 3/21/23 - agg elopement attempt, stasecondsFC #11 - 3/25/23 - agg standing restraint, 9 serestraints, 5 minutes at 4/25/23 - agg behavior and elopemerestraints, 10 seconds, minutes, 15 minutes, 10 minutesFC #13 - 5/4/23 - agg restraint, 2 minutes, 5/10/23 - self-restraint, 2 minutes, 5/9/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/9/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elopemerestraints 15 seconds, 5/16/23 - aggre sexual behavior and elo	perment and self-harm raint 2 times, 7 minutes ressive behavior and standing restraint time was recorded; rement and self-harm raint, 1 minute 30 seconds; rement attempt, standing; ressive behavior and randing restraint, 10 ressive behavior, records. It is perment attempt, standing restraint, 10 ressive and destructive ressive and destructive ressive and destructive ressive and destructive ressive and standing for minutes, 15 minutes, 3 minutes and ressive behavior, standing restraint, 15 seconds; ressive and inappropriate regressive behavior, standing 1 minute and 10 seconds; ressive behavior, standing 2 minutes.	V 330			
	minutes, 15 minutes, 1 10 minutes. -FC #13 - 5/4/23 - agg restraint, 5 minutes; 5/10/23 - self- restraint, 2 minutes, 5 deach. -FC #14 - 5/8/23 - agg sexual behavior, standi 5/9/23 - aggre sexual behavior and elerestraints 15 seconds, 5/16/23 - aggr restraint, 1 minute and -FC #15 - 5/11/23 - elerestraint, 1 minute. -none of the incidents in	5 minutes, 3 minutes and gressive behavior, standing harm attempt, standing different times for 1 minute gressive and inappropriate ng restraint, 15 seconds; ssive and inappropriate opement attempt, standing 1 minute and 10 seconds; essive behavior, standing 2 minutes.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:		:	COMPLETED	
		MHL088-020	B. WING		00	6/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE ZIP CODE		
			ING GAP ROA			
TRAILS C	AROLINA		XAWAY, NC 2			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
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	during the restrictive in	ntervention.				
	revealed: -Restrained because " 5 to 10 feet away from space."	'I just tried to runI was like them (staff)I wanted aff held both arms by the on the ground"				
	revealed: -"I only ran away once put me in an arm lock.	aff held both arms against				
	revealed: -"I went out of camp be and didn't want people -Demonstrated how sta forearms, "forced me buttlegs out like a me -1 staff sat on leg "acci afterwards." -Pointed to left leg just -Had it wrapped in an "daysno bruise or swe	aff had hands on both e downsitting on ermaid" identally" and it "hurt above ankle area. lace wrap for like 4				
	#7 revealed: -When restrained staff -Demonstrated both and body.	"held arms to the side" ms down against sides of felt tingly and I told them				

R. BUILDING.	12/2023
MHL088-020 B. WING 06/	12/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
TRAILS CAROLINA 500 WINDING GAP ROAD	
LAKE TOXAWAY, NC 28747	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536 Continued From page 10 V 536	
Interview and observation on 6/12/23 with Client #8 revealed: -Restrained for violence and runningStaff "held dominant arm up (demonstrated right arm straight up in the air) and the other arm to the side (demonstrated left arm down against side)." -Was on the ground during a restraint "1 timesiting on butt" -Was hurt once, "some time last week" -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 orangeThe 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 2022He received the contact name in June 2022 for the Division of MH/DD/SAS to get the training approvedHe passed this information to the trainers with The Aegis System to work on getting the curriculum approvedHe had not contacted the Division of MH/DD/SAS himselfThe decision to implement the training prior to approval "predominatelycame down to me" V 537 27E _0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E _0108	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A CONTRACTOR CONTRACTOR	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE			
TRAILS	AROLINA	500 WINDII	NG GAP ROA	AD			
HOALEO	AROLINA	LAKE TOX	AWAY, NC 2	8747			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
	been trained and have competence in the pro- to these procedures. staff authorized to emp procedures are retrain competence at least a (b) Prior to providing d disabilities whose trea includes restrictive inte- service providers, emp volunteers shall compli- seclusion, physical res	per use of and alternatives Facilities shall ensure that bloy and terminate these ed and have demonstrated nnually. irect care to people with tment/habilitation plan erventions, staff including bloyees, students or ete training in the use of traint and isolation time-out e interventions until the nd competence is					
	demonstrating compettraining in preventing, the need for restrictive (d) The training shall be include measurable leas measurable testing (whose behavior) on those objumethods to determine a course. (e) Formal refresher troby each service provide annually). (f) Content of the training provider plans to employ the Division of MH/DD/Paragraph (g) of this R (g) Acceptable training but are not limited to, p (1) refresher info the use of restrictive interestrictive interestrictive.	ence by completion of reducing and eliminating interventions. e competency-based, arning objectives, itten and by observation of ectives and measurable passing or failing the aining must be completed er periodically (minimum of that the service of must be approved by SAS pursuant to the programs shall include, resentation of: rmation on alternatives to erventions; when to intervene					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	0.0	LE CONSTRUCTION	(X3) DATE	SURVEY
	A. BUILDING:		·	COMP	LEIED	
		MHL088-020	B. WING		06/	12/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
TPAILS	CAROLINA	500 WINDI	NG GAP ROA	AD		
TICALLO	AKOLINA	LAKE TOX	AWAY, NC 2	8747		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	(X5) COMPLETE DATE
V 537	others); (3) emphasis or rights and dignity of al concepts of least restrincremental steps in a (4) strategies for of restrictive interventions which incremental steps in a (5) the use of endinterventions which incremental steps in assessment and monipsychological well-bein use of restraint through restrictive intervention (6) prohibited proposition of the prohibited	In safety and respect for the III persons involved (using rictive interventions and in intervention); or the safe implementation ions; mergency safety clude continuous toring of the physical and ing of the client and the safe hout the duration of the; rocedures; rategies, including their se; and ion methods/procedures. Shall maintain in all and refresher training for ion shall include: Inted in the training and the interest they attended; and iname. In of MH/DD/SAS may cumentation at any time. It demonstrate competence sting in a training program educing and eliminating the erventions. I demonstrate competence sting in a training program clusion, physical restraint. I demonstrate competence	V 537			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		200.00000000000000000000000000000000000	LE CONSTRUCTION	(X3) DATE SURVEY	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 00.11.2011011	DENTI TO WHOM HOMBEN.	A. BUILDING	:	COMPLETED
		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	TATE, ZIP CODE	
TD4 11 0 0	A D Q L W A	500 WINDI	NG GAP ROA	AD	
TRAILS	AROLINA	LAKE TOX	AWAY, NC 2	8747	
(X4) I D	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 537	Continued From page	13	V 537		
	instructor training prog	ıram.			
	(4) The training				
		clude measurable learning			
		e testing (written and by			
	observation of behavio	or) on those objectives and			
	measurable methods t	to determine passing or			
	failing the course.				
		of the instructor training the			
	service provider plans				
	to Subparagraph (j)(6)	on of MH/DD/SAS pursuant			
		nstructor training programs			
		e limited to, presentation			
	of:	e iiiiited to, presentation			
		g the adult learner;			
		teaching content of the			
	course;				
2	(C) evaluation of	f trainee performance; and			
	(D) documentation	on procedures.			
		I be retrained at least			
		rate competence in the use			
	of seclusion, physical r				
	time-out, as specified i	n Paragraph (a) of this			
	Rule.				
	CPR.	I be currently trained in			
		I have coached experience			
	-	estrictive interventions at			
	least two times with a p	positive review by the			
	coach.	l tanak a sasasan sa ili			
	(10) Trainers shall use of restrictive intervent	I teach a program on the			
1	annually.	entions at least once			
		complete a refresher			
	instructor training at lea				
	(k) Service providers s				
		and refresher instructor			
	training for at least thre				
		on shall include:			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPI	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
DENTI IO/NONDEK		A. BUILDING:	:	COMP	PLETED	
MHL088-020		B. WING		06	06/12/2023	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
TDAHLOG	A DOLUMA		NG GAP ROA			
TRAILS	AROLINA	LAKE TOX	AWAY, NC 2	8747		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 537	outcome (pass/fail); (B) when and w (C) instructor's in (2) The Division review/request this do (I) Qualifications of Co (1) Coaches sharequirements as a trail (2) Coaches which times, the course which	here they attended; and name. of MH/DD/SAS may cumentation at any time. coaches: all meet all preparation ner. all teach at least three this being coached. all demonstrate etion of coaching or cotion. hall be the same	V 537			
	was approved by the Eprior to implementation clients (Clients #4, #5, former clients (FC #9, and #15). The findings Review on 6/6/23 of Strevealed: -Hired 7/13/22"The Aegis System - Code Beescalation" training	interview and record d to ensure training in traint and isolation time-out Division of MH/DD/SAS n, affecting 5 of 8 current #6, #7 and #8) and 7 of 7 #10, #11, #12, #13, #14 are: aff #1's employee record Crisis Prevention and				

Division of Health Service Regulation

STATE FORM MUHO11 If continuation sheet 15 of 22

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	MUL 000 000		B. WING				
		MHL088-020			06	/12/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, S1				
TRAILS C	AROLINA		OING GAP ROA XAWAY, NC 2				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION		
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 537	Continued From page	15	V 537				
	-Hired 5/10/23.						
	-"The Aegis System -	Crisis Prevention and					
	De-escalation" training						
	Di						
	Review on 6/6/23 of the Therapist's employee						
	-Hired 5/29/18.	record revealed.					
	-"The Aegis System - 0						
	De-escalation" training	6/27/22.					
	Review on 6/6/23 of th	e Clinical Director/Primary					
	Wilderness Therapist's						
	revealed:						
	-Hired 7/3/15.	311 8					
	-"The Aegis System - (De-escalation" training						
	Review on 6/7/23 of the	e "Approved Curricula for					
	the Use of De-Escalation	on Strategies and					
		s" dated 8/12/21 by the					
	Division of MH/DD/SAS -"The Aegis System - C						
	De-escalation training"						
	1 -1						
		ient #4's record revealed:					
	-Admitted 3/3/23. -Age 13.						
	-Diagnoses of Attention	n-Deficit Hyperactivity					
	Disorder (ADHD), Anxi						
	Depression Disorder.						
	Review on 6/8/23 of Cli	ient #5's record revealed:					
	-Admitted 4/11/23.	on mos record revealed.				- 1	
	-Age 13.						
	-Diagnosis of ADHD.						
1	Review on 6/8/23 of Cli	ent #6's record revealed:					
	-Admitted 4/29/23.						
	-Age 11.	- 1 D - 4 T					
	-Diagnoses of ADHD ar	nd Post-Traumatic Stress				- 1	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:	A. BUILDING:			
MHL088-020		B. WING		06/	06/12/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE			
TRAILS C	AROLINA	500 WINE	ING GAP ROAD				
11011200	ATTOLINA	LAKE TO	XAWAY, NC 2874	47			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 537	Continued From page	16	V 537				
	Disorder (PTSD).						
	-Admitted 4/6/23. -Age 12.	lient #7's record revealed: Spectrum Disorder (ASD)					
	Review on 6/8/23 of C -Admitted 4/21/23Age 11Diagnoses of General (GAD) and ADHD.	lient #8's record revealed: lized Anxiety Disorder					
	Review on 6/12/23 of FC #9's record revealed: -Admitted 2/24/23Discharged 4/7/23Age 12Diagnoses of ASD, PTSD and ADHD.						
	-Admitted 2/20/23Discharged 4/6/23Age 14Diagnoses of Other Spreaded Disorder, PTS	D with Dissociative Attacks, GAD, ADHD and					
	-Admitted 1/2/23Discharged 3/29/23Age 14Diagnoses of ASD, Otl Behavior Disorder, ADR Relational Problem.	C #11's record revealed: ther Specified Disruptive HD and Parent-Child C #12's record revealed:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
		MHL088-020	B. WING		06/12/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE ZIR CODE	
			DING GAP ROAD		
TRAILS C	AROLINA		OXAWAY, NC 287		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	M
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 537	Continued From page	17	V 537		
	-Discharged 5/1/23.				
	-Age 13.				
		ive Mood Dysregulation			
		pecified Anxiety Disorder,			
	Parent-Child Relationa	al Problem and Sibling			
	Relational Problem.				
	Review on 6/12/23 of	FC #13's record revealed:			
	-Admitted 4/21/23.	1 C #13 s record revealed.			
	-Discharged 5/11/23.				
	-Age 14.				
	-Diagnoses of ASD, Al	DHD, GAD, Persistent			
	Depressive Disorder, S	Specific Learning Disability			
		ting and Specific Learning			
	Disability with Impairm	ent in Mathematics.			
	Review on 6/12/23 of I	FC #14's record revealed:			
	-Admitted 4/21/23.				
	-Discharged 5/18/23.				
	-Age 10.				
	-Diagnoses of ADHD,	GAD and Oppositional			
	Defiant Disorder.				
	Review on 6/12/23 of F	FC #15's record revealed:			
	-Admitted 2/9/23.				
	-Discharged 6/4/23.				
	-Age 12.				
	-Diagnoses of Major De				
	Severe, Social Commu				
	Unspecified Trauma ar	nd/or Stressor Related			
Disorder, ADHD and Unspecified					
	Neurodevelopmental D	isoraer.			
	Review on 6/8/23 of inc	cident reports and			
	restrictive intervention i	reports from March 2023			
		d the following clients were			
	physically restrained:				
		opement attempt, standing			
	restraint, 43 seconds.				
	-Client #5 - 4/16/23 - el	opement attempt, standing			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	RECTION IDENTIFICATION NUMBER: A. BUILDING:		COMP	COMPLETED		
		MHL088-020	B. WING		06/	06/12/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	FATE, ZIP CODE			
		500 WIND	ING GAP ROA	AD.			
TRAILS C	AROLINA		XAWAY, NC 2				
(Y4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES			CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 537	Continued From page	18	V 537				
	restraint, 3 minutes.						
		elopement attempt, standing					
		minutes each and 1 for 3					
	minutes.	minutes each and 1 for 5					
	VANCOUS TO THE STATE OF THE STA	gressive behavior and					
		anding restraint, 4 minutes					
	and 2 minutes;	arraing rectionit, 1 minutes					
	() () () () () () () () () ()	pement attempt and					
		standing restraints, 2 times					
	10 seconds each;	3					
	5/19/23 - elop	pement attempt, standing	1:				
	restraint, 2 minutes;	a• #					
	5/22/23 - elop	pement attempt, "staff					
	initiated least restrictiv	e physical intervention,"					
	no type of restraint	or time was documented.					
		opement attempt, standing					
	restraint 1 minute, 2 m minutes;	inutes, 1 minute and 3					
		ement attempt, standing					
	restraint, 2 times, 5 mil						
		ressive behavior and				1	
		anding restraint, 8 minutes					
	and 6 minutes;						
		ressive behavior and				- 1	
	elopement attempt, sta					- 1	
	seconds, 13 minutes a					- 1	
	restraint, 5 minutes.	ement attempt, standing				1	
		gressive behavior and				- 1	
		inding restraint 2 times, 1				1	
	minute each.					- 1	
	-FC #10 - 3/6/23 - elo	pement and self-harm				- 1	
	attempt, standing restra						
	each;	,					
	3/9/23 - aggre	ssive behavior and				- 1	
	attempted self-harm, st	anding restraint				- 1	
	implemented, no hold t					- 1	
		ment and self-harm				- 1	
		aint, 1 minute 30 seconds;					
	3/18/23 - elope	ement attempt, standing					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
1							
	MHL088-020		B. WING		06	/12/2023	
NAME OF F	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE			
TRAILS C	AROLINA	500 WIND	ING GAP RO	AD			
	71110 211171	LAKE TO	XAWAY, NC 2	8747			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 537	Continued From page	19	V 537				
75.							
	restraint for 5 seconds	5					
		ressive behavior and	1				
	elopement attempt, sta	anding restraint, 10					
	seconds.						
	-FC #11 - 3/25/23- ag						
	standing restraint, 9 se						
		lopement attempt, standing					
	restraints, 5 minutes a						
		ressive and destructive					
	behavior and elopeme						
	restraints, 10 seconds						
	minutes, 15 minutes, 1	5 minutes, 3 minutes and					
	10 minutes.						
	-FC #13 - 5/4/23 - ag	gressive behavior, standing					
	restraint, 5 minutes;						
	5/10/23 - self-	harm attempt, standing					
	restraint, 2 minutes, 5 each.	different times for 1 minute					
	-FC #14 - 5/8/23 - agg	gressive and inappropriate					
		ing restraint, 15 seconds;					
1		essive and inappropriate					
		opement attempt, standing					
		1 minute and 10 seconds;					
		essive behavior, standing					
	restraint, 1 minute and						
		opement attempt, standing				1	
	restraint, 1 minute.		1			1	
	-none of the incidents i	ndicated injuries to the					
		as placed on the ground					
	during the restrictive in						
		Annual State Committee Com					
	Interview and observati	on on 6/8/23 with Client #4					
	revealed:						
	-Restrained because "I	just tried to runI was like				- 1	
	5 to 10 feet away from						
	space."					I	
		ff held both arms by the				1	
	bicep, "they put me or					l l	
	-Was not hurt.	ground					
	, rao not nart.					- 1	
	W 100				1		

Division of Health Service Regulation

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL088-020	B. WING		ne ne	3/12/2023
NAME OF P	ROVIDER OR SUPPLIER	CTDEET AD	DDECC CITY OT	ATE 710 CODE	1 00	712/2023
TANKE OF T	NOVIDEN ON SOFFEIEN		DRESS, CITY, STA			
TRAILS C	AROLINA		KAWAY, NC 28			
/V4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE	(X5) COMPLETE DATE
V 537	Continued From page	20	V 537			
	revealed: -"I only ran away once put me in an arm lock.	aff held both arms against				
	revealed: -"I went out of camp be and didn't want people -Demonstrated how st forearms, "forced me buttlegs out like a me-1 staff sat on leg "acc afterwards." -Pointed to left leg just -Had it wrapped in an 'daysno bruise or swell interview and observat #7 revealed: -When restrained staff -Demonstrated both ar body"Like one time it (arm) (staff) and they loosene been hurt"	aff had hands on both a downsitting on ermaid" sidentally" and it "hurt above ankle area. "ace wrap for like 4 elling." tion on 6/12/23 with Client "held arms to the side" arms down against sides of the felt tingly and I told them ared up a little bitnever				
	#8 revealed: -Restrained for violence -Staff "held dominant right arm straight up in	arm up (demonstrated the air) and the other arm ted left arm down against ring a restraint "1				

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STATEMENT OF DEFICIENCIES (X1) P.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL088-020	B. WING		06/1	12/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
TRAILS CAROLINA		NG GAP ROAL			
(X4) ID SUMMARY STATE	EMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX (EACH DEFICIENCY M	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
∨ 537 Continued From page 2	21	V 537			
-Showed fading bruise of perfect circle, lighter on around the edges, approximall orangeThe bruise was "cause Interview on 6/8/23 with revealed: -They had been using T since August 2022He received the contact the Division of MH/DD/S approvedHe passed this informat The Aegis System to we curriculum approvedHe had not contacted the MH/DD/SAS himself.	on right upper arm, a the inside and light brown roximately the size of a sed by staff's hand" In the Executive Director The Aegis System training et name in June 2022 for SAS to get the training ation to the trainers with ork on getting the the Division of	V 537			







Plan of Correction

This is a Plan of Correction to recent violation

10A NCAC 27E.0107/V536/standard -Training to Alternatives to Restrictive interventions - facility failed to ensure training on alternatives to restrictions was approved by the division of MH/DD/SAS

&

10A NCAC 27E.0107/V537/standard - Training in Seclusion, Physical restraint and isolation time out- facility failed to ensure training in seclusion, physical restraint and isolation time out was approved by the Division of MH/DD/SAS prior to implementation.

Background

Application for approval of Aegis was first submitted to MH/DD/SAS on April 27, 2022. Aegis is the first training program that eliminates the need for dangerous prone and supine floor restraints. Aegis training solution is in alignment with the elements of performance outlined in the Joint Commission Comprehensive Accreditation Manual for Hospitals, and approved by the state of Georgia and South Carolina. Aegis is currently working through 13 items of unmet standards in NC and has until July 31st to meet these criteria.

Measures put in place to correct the deficient area is to ensure that approval is received from MH/DD/SAS regarding the Aegis System within the allotted time to correct the violation.

If Aegis approval is unable to be attained, Trails will shift to an already approved system.

To prevent this problem from occurring again, any additional new training program will not occur until prior approval from MH/DD/SAS has occurred.

The Executive director will monitor the situation to ensure it will not happen again.

Trails will continue to reach out to MH/DD/SAS until it is indicated whether the Aegis Training Solution training program is approved or disapproved.