

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/17/2024
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NAME OF PROVIDER OR SUPPLIER EQUINOX RTC	STREET ADDRESS, CITY, STATE, ZIP CODE 41 HERO'S WAY HENDERSONVILLE, NC 28792
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was attempted on May 14-17, 2024. According to Equinox RTC, LLC there are no clients being served at the facility. The last time clients were served at the facility was October 26, 2023.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Review on 5/17/24 of Former Client #1's record revealed: -Date of Admission: 7/14/23. -Diagnoses: Other Specified Neurodevelopmental disorder; Attention Deficit Hyperactivity Disorder; Unspecified Anxiety Disorder; Unspecified Depressive Disorder; Cannabis Use Disorder; Tobacco Use Disorder; Specific Learning Disorder with Impairment in Reading; Parent-Child Relational Problem. -Date of Discharge: 10/26/23.</p> <p>Observation on 5/14/24 at approximately 10:03 am revealed: -A no trespassing sign hung from a chain attached to two wooden posts blocking vehicle access onto the facility property. -No staff or clients were present at the facility.</p> <p>Interview on 5/14/24 with Wilderness Training Consulting, LLC (Owner/Shareholder) revealed: -"Equinox closed at the end of last year...it was in October or November 2023." -Not planning on reopening the facility.</p> <p>Interview on 5/14/24 with Equinox RTC, LLC (Licensee/Owner) Executive Director revealed: -The facility was not currently serving clients. -The last client was discharged from the facility in</p>	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 000	Continued From page 1 October 2023. -The licensee was in the process of changing facility ownership.	V 000		