STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3) DATE		SURVEY LETED
712 . 271	A. BUILDING:					
		MHL011-443	B. WING		09/2	) 10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ELIADA	TREATMENT CENTE	₹	DA HOME RO LE, NC 2880			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMEN	TS	V 000			
	A complaint survey was completed on 9/20/24. The complaint was substantiated (NC#00222112). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
		sed for 8 and currently has a survey sample consisted of clients.				
V 296	27G .1704 Resider Staffing	ntial Tx. Child/Adol - Min.	V 296			
	REQUIREMENTS (a) A qualified prof telephone or page. able to reach the fa	704 MINIMUM STAFFING dessional shall be available by A direct care staff shall be acility within 30 minutes at all				
	required when child present and awake					
	one, two, three or fe	t care staff shall be present for our children or adolescents; ect care staff shall be present or eight children or				
	(3) four direct nine, ten, eleven or adolescents.					
	during child or adol follows:	number of direct care staff escent sleep hours is as				
		t care staff shall be present wake for one through four ents;				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						С	
		MHL011-443	B. WING		09/2	20/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
ELIADA	TREATMENT CENTE	2	DA HOME RO LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 296	(2) two direct and both shall be a children or adolesc (3) three direct of which two shall be asleep for nine, ten adolescents. (d) In addition to the care staff set forth Rule, more direct of the facility based or individual needs as plan. (e) Each facility she supervision of child are away from the facilid or adolescent.	care staff shall be present wake for five through eight	V 296				
	Based on record re facility failed to hav direct care staff rec	et as evidenced by: eviews and interviews, the e the minimum number of puired when children or esent and awake. The findings					
	9/15/24 regarding ( -"Incident type: Cor -"leaving the wei cottage, she (Clien	of incident report dated Client #4 revealed: nsumer behavior-self injury." ght barn with the rest of the t #4) emptied her pockets of s and broken plasticupon					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					,	С	
		MHL011-443	B. WING		1	20/2024	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ELIADA IREALMENI CENTER			DA HOME RO LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 296	attempting to enter not hand anything of commit to being sa stayed in the courty occurred in another staff and peers in the time she was not so spent a substantial courtyard conversing stated that she was the cottage. Staff if could transition back handed over whate Shortly after trying what she had been started walking away followed [Client #4] additional staff to refer to the started walking away followed [Client #4] additional staff to refer to the started walking away followed [Client #4] additional staff to refer to the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed out the started walking away followed [Client #4] and peer stayed o	the cottage, [Client #4] would over to staff and could not fe in the cottage, so she ward with staffwhen a code of cottage, [Client #4] sat with the courtyard, during which the elf-harming. After [Client #4] amount of time in the figure of the elf-harming and peers, she is ready to transition back into informed [Client #4] that we can be she had been hiding go to get [Client #4] to give up hiding, she stood up and any from the cottage. Staffand called a code 1 for the espondstaff followed [Client #4] that we can be staff prompts"  4 with Client #1 revealed: days short of 3 months. They (staff) get called to other to stay in common area."  2 ded Sunday (9/15/24) afternoon in the word of the	V 296				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-443	B. WING		09/2	; 0/2024
NAME OF F	PROVIDER OR SUPPLIER		STATE, ZIP CODE	1 00/2	0/2024	
		882 FI IAC	OA HOME RO			
ELIADA	TREATMENT CENTER	ASHEVILL	E, NC 2880	16		
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 296	safehad 1 staff lewe all stayed in the keep an eye on us (9/15/24). Had just activity block around staff made us a little around the kitchen.  Interview on 9/20/24-Had been there sirungually had 3-4 conweekends.  "Sometimes 1 staff run."  "Last weekend had bedtime[Client #4 don't know where the "[Staff #3] stayed where the staff were with here, staff were with here, staff were with here, sticking to schedule students refused to -"I had one other structure of the students. We watch had a snack and [of to prepare dinner."  "Never left alone whappened before in the staff were with the students."	son that ran and so we stay eft with us for about an hour he common area so staff couldI think this was Sunday gotten back from physical d 5pm; dinner had to wait; e snack and we had to stand I went to bed right after."  4 with Client #3 revealed: hee July 10. httage staff3 staff on f; sitting central when kids d 1 staff from end of activity to d] and [Client #5] ran together; hey went." with us."  4 with Staff #3 revealed: Wednesday but picked up f on the floor and 1 support d, "1 student (Client #4) ran; 2 1 student was off task (not e) in the courtyard. Both comply." aff member with me in the	V 296			
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		MHL011-443	B. WING		09/2	; 0/2024
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ELIADA	TREATMENT CENTER	₹	DA HOME RO			
	T	ASHEVILI	LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 296	Continued From pa	ige 4	V 296			
V 296	•	t having inappropriate staffing	V 296			

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