

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE ACADEMY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 UPPER FLAT CREEK ROAD WEAVERVILLE, NC 28787</b>		
(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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on June 5, 2025. Three complaints were substantiated (Intake [REDACTED]). Two complaints were unsubstantiated (Intake [REDACTED]). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10 NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>This facility is licensed for 90 and has a current census of 29. The survey sample consisted of audits of [REDACTED] current clients, [REDACTED] former client, and [REDACTED].</p> <p>A Suspension of Admissions was issued on May 27, 2025. The facility voluntarily surrendered their license to operate on June 4, 2025.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p>	V 110		

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

TITLE

(X6) DATE

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V 110	<p>Continued From page 1</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review, interview, and observation, 2 of 14 audited paraprofessional staff (Staff #2 and Staff #3) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 5/9/25 of Staff #2's employee file revealed: -Job title: Mentor. -Date of hire: 2/3/25. -Job description signed 2/3/25: "...Ensuring the provision of a physically and emotionally safe environment for all students (clients)..." -No evidence of Cardiopulmonary Resuscitation (CPR)/Automated External Defibrillator (AED)/First Aid training prior to 5/3/25.</p> <p>Review on 5/13/25 of an email correspondence sent to the Division of Health Service Regulation</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>(DHSR) Surveyor from Staff #2 revealed: -CPR Training Certification dated 5/7/25, National CPR Foundation, Standard CPR/AED.</p> <p>Interview on 5/13/25 with Staff #2 revealed: -"I just got recertified (in CPR) last Wednesday [REDACTED] /25) a few days after the incident [REDACTED] )...on [REDACTED] /25) my own initiative...my (CPR) certification had expired before the incident [REDACTED] )."</p> <p>Review on 5/9/25 of Staff #3's employee file revealed: -Job title: Mentor. -Date of hire: 4/7/25. -Job description signed 4/7/25: "...Ensuring the provision of a physically and emotionally safe environment for all students..." -American Red Cross adult and pediatric training certificate completed 3/27/25 for CPR/AED/First Aid.</p> <p>Observation on 5/13/25 at 10:06 am revealed: -Main level medication room - AED on the wall with an Ambu bag (handheld device used to manually assist in breathing) inside the metal hanging case. -3rd floor client bedrooms and staff office - 2 bags prepped for going on outings with first aid kits. A one-way valve CPR mask in each bag. A cart with drawers containing first aid supplies, stethoscopes, pulse oximeters, thermometers and orange colored pocket like sleeves containing 1 time use disposable mouth barriers for mouth-to-mouth rescue breaths during CPR.</p> <p>Review on 5/30/25 of American Red Cross instructions for performing Child CPR at <a href="http://www.redcross.org">www.redcross.org</a> revealed: "4 steps in performing Child/Baby CPR:</p>	V 110		

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V 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-1. Place the child/baby on their back, on a firm, flat surface</li> <li>-2. Give 30 compressions (chest)...</li> <li>-3. Give 2 breaths.</li> <li>-For a child, open the airway to slightly past neutral position using the head-tilt/chin-lift technique.</li> <li>-Blow in to the child's...mouth for about 1 second...ensure each breath makes the chest rise and allow air to exit before giving the next breath.</li> <li>-If the first breath does not cause the chest to rise, re-tilt the head and ensure a proper seal before giving the second breath, If the second breath does not make the chest rise, there may be something blocking the airway.</li> <li>4. Continue giving sets of 30 chest compressions and 2 breaths until: <ul style="list-style-type: none"> <li>-You notice an obvious sign of life.</li> <li>-An AED is ready to use.</li> <li>-Another trained responder is available to take over compressions.</li> <li>-EMS personnel arrive and begin their care.</li> <li>-You have performed CPR for approximately 2 minutes (5 sets of 30:2, (30 compressions to 2 breaths)), you are alone...and need to call 911."</li> <li>-It's important to note:...Two Rescuers: Perform tasks simultaneously. Administer compressions over breathing 30:2...</li> </ul> </li> <li>...7 Steps for Adult CPR... <ol style="list-style-type: none"> <li>1. Check the scene for safety, form an initial impression, and use personal protective equipment.</li> <li>2. If the person appears unresponsive, check for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using Shout-Tap-Shout.</li> <li>3. If the person does not respond, and is not breathing or only gasping, call 9-1-1 and get equipment, or tell someone to do so.</li> </ol> </li> </ul>	V 110		

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V 110	<p>Continued From page 4</p> <p>4. Kneel beside the person. Place the person on their back on a firm, flat surface.</p> <p>5. The American Red Cross CPR Guidelines recommend 100 to 120 chest compressions per minute, 30 at a time.</p> <p>Remember these five points:</p> <ul style="list-style-type: none"> <li>-Hand position: two hand centered on the chest.</li> <li>-Body position: shoulders directly over hands; elbows locked.</li> <li>-Compression depth: at least two inches.</li> <li>-Rate of compressions: 100 to 120 per minute.</li> <li>-Allow chest to return to normal position after each compression.</li> </ul> <p>6. Give 2 breaths.</p> <ul style="list-style-type: none"> <li>-Open the airway to a past-neutral position using the head-tilt/chin-lift technique.</li> <li>-Pinch the nose shut, take a normal breath, and make complete seal over the person's mouth with your mouth.</li> <li>-Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath.</li> </ul> <p>Note: if the first breath does not cause the chest to rise, re-tilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd chest does not make the chest rise an object may be blocking the airway.</p> <p>7. Continue giving sets of 30 chest compressions and 2 breaths. Use an AED as soon as one is available! Minimize interruptions to chest compressions to less than 10 seconds..."</p> <p>Review on 6/2/25 of National CPR Foundation's Procedures for Adult, Child and Infant (Standard CPR/AED) at <a href="http://www.nationalcprfoundation.com/courses/standard-cpr-aed/review">www.nationalcprfoundation.com/courses/standard-cpr-aed/review</a> revealed:</p> <ul style="list-style-type: none"> <li>-"The ratio of chest compressions over breathing is 30:2...look, listen, and feel for breathing.</li> <li>Check for anything blocking the patient's airway."</li> </ul>	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-CPR for Children (Age 1 year old to Puberty):</li> <li>-Perform CPR, Circulate, Airway, Breathing...30:2 compressions over breaths.</li> <li>-Two Rescuers: perform tasks simultaneously (15:2 compressions over breaths).</li> <li>-Use AED as soon as it's available.</li> <li>-CPR for Adults and Adolescents:</li> <li>-Perform CPR...Circulate, Airway, Breathing...30:2 compressions over breaths</li> <li>-Two Rescuers: perform tasks simultaneously.</li> <li>-Use AED as soon as possible."</li> </ul> <p>Finding #1: Staff #3 failed to demonstrate competency in CPR regarding [REDACTED] on [REDACTED]/25.</p> <p>Review on 5/9/25 of [REDACTED] record revealed:</p> <ul style="list-style-type: none"> <li>-Date of admission: [REDACTED]/25.</li> <li>-Diagnoses: [REDACTED]</li> </ul> <p>[REDACTED]</p> <p>[REDACTED] /25 - Admission Summary: [REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> <li>-Age: [REDACTED] years old.</li> <li>-Preferred pronouns: [REDACTED]</li> </ul> <p>[REDACTED] /25 [REDACTED] :</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Review on 5/8/25 of a North Carolina Incident Response Improvement System (IRIS) report for [REDACTED] dated [REDACTED] /25 revealed:</p> <p>[REDACTED]</p>	V 110		

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V 110	<p>Continued From page 6</p> <p>[REDACTED]</p> <p>Review on 5/13/25 of the [REDACTED] Report for [REDACTED] dated [REDACTED] /25 revealed:</p> <p>[REDACTED]</p> <p>Interview on 5/13/25 with Shift Coordinator #1 (SC #1) revealed:</p> <p>-On [REDACTED] /25 [REDACTED]</p> <p>[REDACTED]</p>	V 110		

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V 110	<p>Continued From page 7</p> <p>[REDACTED]</p> <p>Interview on 5/13/25 with Staff #2 revealed:</p> <p>-On [REDACTED]/25 [REDACTED]</p> <p>[REDACTED]</p> <p>Interviews on 5/15/25 and 6/4/25 with Staff #3 revealed:</p> <p>-[REDACTED] had just renewed [REDACTED] CPR certification right before [REDACTED] started working at the facility on 4/7/25.</p> <p>-Confirmed part of [REDACTED] CPR training involved performing rescue breaths.</p> <p>-On [REDACTED]/25, [REDACTED]</p> <p>[REDACTED]</p>	V 110		




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V 110	<p>Continued From page 8</p>  <p>-Taught in CPR training "2 minutes after compressions...do breath (rescue breathing) work if I'm remembering correctly ..."</p> <p>Interview on 5/20/25 with the Executive Director revealed: -"...Mouth barriers should be in the first aid kits that they (staff) have access to...At least 1 staff (Shift Coordinator, Medication (med) Trained staff, Lead Staff) have access to med room on the main floor where AED is kept..."</p> <p>Finding #2: Staff #2 and #3 failed to demonstrate competency in CPR regarding Client [REDACTED] on [REDACTED]/25.</p> <p>Review on 5/13/25 of email correspondence sent to the Division of Health Service Regulation Surveyor on 5/13/25 from Staff #2 revealed: -CPR Training Certification dated 5/7/25, National CPR Foundation, Standard CPR/AED.</p> <p>Review on 5/22/25 and 5/30/25 of Client [REDACTED] record revealed: -Date of Admission: [REDACTED]/25. -Diagnoses: [REDACTED] [REDACTED]</p>	V 110		

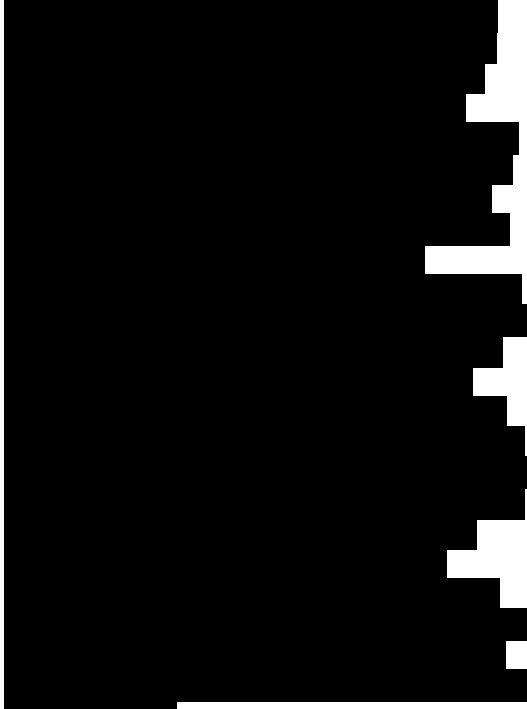


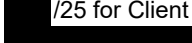

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V 110	<p>Continued From page 9</p> <p>[REDACTED] /25.</p> <p>-Age: [REDACTED] years old.</p> <p>-Pre-Admission summary dated [REDACTED] /25 included:</p> <p>[REDACTED]</p> <p>-Biopsychosocial dated [REDACTED] /25:</p> <p>[REDACTED]</p> <p>Review on 5/30/25 of North Carolina IRIS revealed:</p> <p>[REDACTED] dated [REDACTED] /25, at 7:17pm,</p> <p>[REDACTED]</p>	V 110		

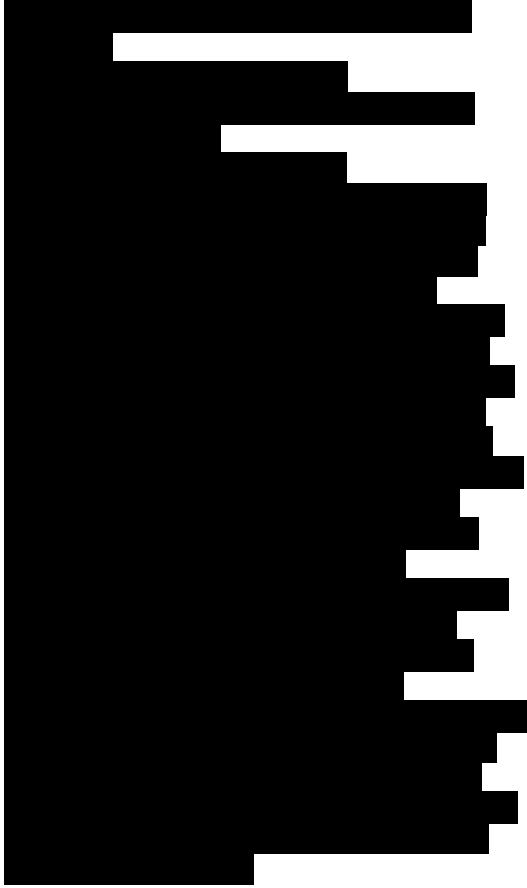



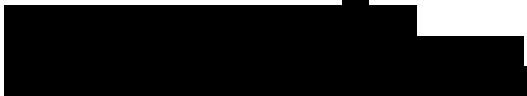
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V 110	<p>Continued From page 10</p>  <p>Review on 5/30/25 of individual handwritten statements regarding Client [REDACTED] on [REDACTED]/25 signed by Staff #2, Staff #3, and SC #1 revealed:</p> <ul style="list-style-type: none"> <li>-Statements signed on paper with local law enforcement letterhead.</li> <li>-Staff #2, [REDACTED]</li> <li>[REDACTED]</li> <li>-Staff #3, [REDACTED]</li> <li>[REDACTED]</li> </ul>	V 110		

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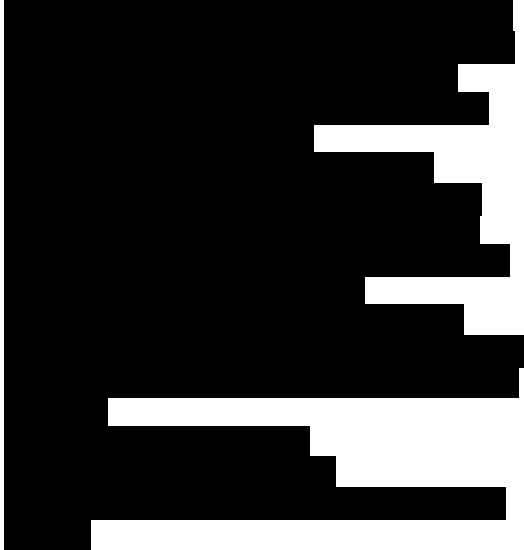

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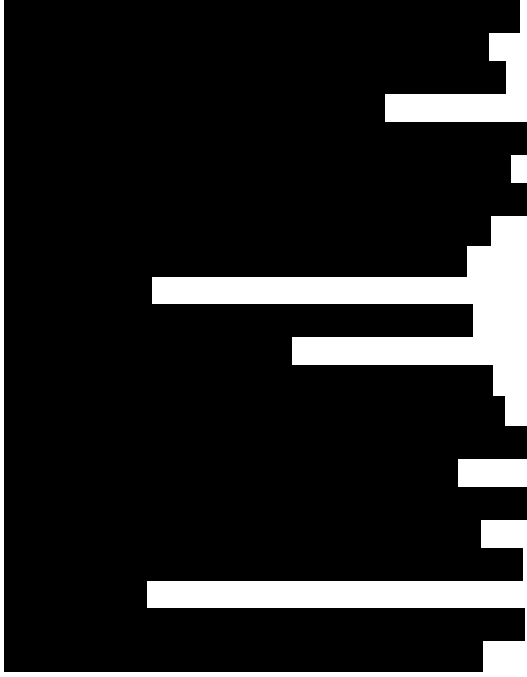
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NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE ACADEMY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 UPPER FLAT CREEK ROAD WEAVERVILLE, NC 28787</b>		
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V 110	<p>Continued From page 13</p> <p>[REDACTED]</p> <p>Interview on 5/30/25 with Client [REDACTED] revealed:</p> <p>[REDACTED]</p> <p>Interview on 5/27/25 with Staff #2 revealed: - 5/27/25, "Recently learned that there was an AED here (in facility). It's in the medical room downstairs and I'm not medication trained so I'm never in the (medication) room and if I knew, I would have used it. I learned that 3 days ago (Friday 5/23/25) and we do have a one way breathing mask upstairs in our med cart in our office...I believe all the mentors were made aware of it."</p> <p>Interview on 6/2/25 with Staff #2 revealed: -Re-certified in CPR after [REDACTED] on [REDACTED]/25. -Made the decision to get recertified in CPR on [REDACTED] own. [REDACTED] on [REDACTED]/25 to Client [REDACTED].</p> <p>[REDACTED]</p>	V 110		

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V 110	<p>Continued From page 14</p>  <p>Interviews on 5/30/25, 6/2/25 and 6/4/25 with Staff #3 revealed: -Was current with CPR certification. -Client [REDACTED] went downstairs for dinner on [REDACTED]/25. Dinner was at 5:30 pm. -Found Client [REDACTED]</p> 	V 110		

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V 110	<p>Continued From page 15</p>  <p>Review on 6/4/25 of the facility's read and sign mentor notes dated [REDACTED]/25 revealed:          -"It is important that everyone knows where the CPR equipment is in each building. Each building has an AED and face shield In the Lodge (middle school clients), there is an AED and breather bag is located in the med room. Face shields are in both upstairs and downstairs med carts. In the Dorm (high school clients), these items are located in the med room in an upper cabinet ..."          -A note attached to the mentor note revealed, "please sign and date that you have read and understood this information."          -Staff #2 and Staff #3 signed and dated their acknowledgement of the mentor note on [REDACTED]/25.</p>	V 110		



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V 110	<p>Continued From page 16</p> <p>Interviews on 5/13/25 and 6/2/25 with SC #1 revealed:</p> <ul style="list-style-type: none"> <li>-Worked in Lodge.</li> <li>-Supervised the mentors/direct care staff.</li> <li>-Worked as the shift coordinator, from 6:30am to 10:30pm on [REDACTED]/25.</li> <li>-Was the only medication trained staff on shift on [REDACTED]/25.</li> <li>-Was not current in CPR certification.</li> <li>-Left the Lodge during [REDACTED] shift to administer medication for an older client in the Dorm at approximately 6:45 pm and then returned to the Lodge and put a movie on for the clients in the common area at approximately 7:00 pm.</li> </ul> <p>[REDACTED]</p> <p>Review on 6/4/25 of the [REDACTED] from the facility on [REDACTED]/25 revealed:</p> <p>[REDACTED]</p>	V 110		

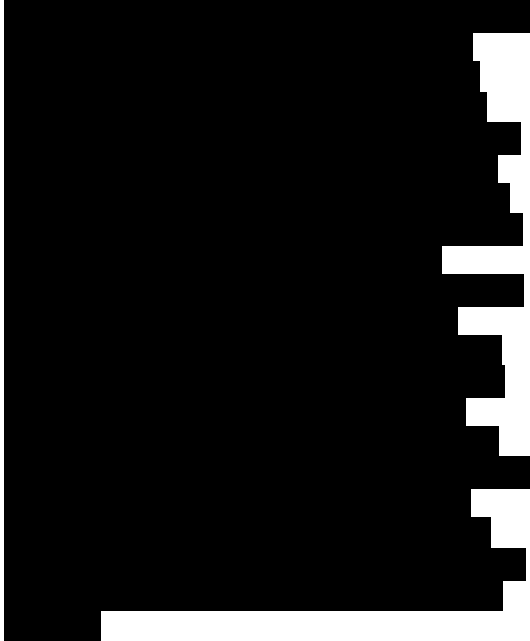
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V 110	<p>Continued From page 17</p> <p>Interviews on 5/20/25 and 6/5/25 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-Not aware of curriculum requirements for CPR certification for staff.</li> <li>- "Don't know who is CPR certified...great question...no way for staff in the moment on the floor to identify who is CPR certified."</li> <li>-Mouth barriers should be in the first aid kits that staff have access to.</li> <li>- "Mentors knew the emergency protective equipment was in the med room and that only med trained staff could access the med room. We also had CPR masks upstairs in the staff office and it was communicated to staff" via the read and sign mentor note dated 5/25/25."</li> <li>- "The AED was in the med room and they (staff) all knew....There were one way valve masks in the upstairs Lodge and I put them all there..."</li> </ul> <p>Review on 5/21/25 of Plan of Protection signed and dated 5/21/25 by the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- "What immediate action will the facility take to ensure the safety of the consumers in your care?</li> <li>-CPR trainer to come to campus by 6/6 (2025) and train all direct care staff in person. Program Director will oversee training of location of emergency kits (including face shield and AED). Describe your plans to make sure the above happens.</li> <li>-Start walk throughs of facilities with Program Director by Friday 5/23 (2025) to show staff locations of emergency equipment.</li> <li>-We will offer 3 in person classes at differing dates for all current mentors, therapists and teachers to be trained on CPR with practical portion of the class.</li> <li>-Regional Operations Director will find CPR instructor and set up classes.</li> <li>-Facility Director will do monthly walk through</li> </ul>	V 110		

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V 110	<p>Continued From page 18</p> <p>check to ensure first aid/emergency kits are in proper location and contain face shields. Starting Friday [REDACTED] (2025) and monthly going forward."</p> <p>Review on 5/21/25 of the amended POP signed and dated 5/21/25 by the Executive Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>-Staff directly involved with incident on [REDACTED] (2025) will receive specific in person CPR training and testing from a regionally accredited organization. Training will take place by 6/4 (2025) and staff member will not be included in CPR certified ratio if on shift before training is completed. Staff will also be trained on to find AED and face shields on campus."</p> <p>This facility is licensed as a residential treatment facility for children and adolescents with diagnoses including Social Anxiety Disorder, Major Depressive Disorder, Autism Spectrum Disorder and Generalized Anxiety Disorder. [REDACTED] was admitted on [REDACTED]/25 with [REDACTED]. On [REDACTED]/25, [REDACTED]</p>	V 110		

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V 110	Continued From page 19    This deficiency constitutes a Type A1 rule violation for serious harm and neglect must be corrected within 23 days.	V 110		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities  § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense	V 364		

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V 364	<p>Continued From page 20</p> <p>and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity</p>	V 364		

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V 364	Continued From page 21  to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.	V 364		

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V 364	<p>Continued From page 22</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use</p>	V 364		

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V 364	Continued From page 23  personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the	V 364		



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STATE FORM

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V 364	<p>Continued From page 25</p> <p>/25 - Biopsychosocial:</p> <p>/25 - Treatment Plan:</p> <p>/25 - Treatment Team Meeting notes:</p> <p>-There were no additional "Interventions" in the facility electronic record.</p> <p>Review on 5/12/25 of Shift Change Notes for [REDACTED] dated [REDACTED]/25- [REDACTED]/25 revealed:</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	V 364		

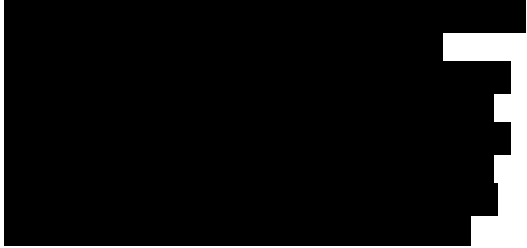
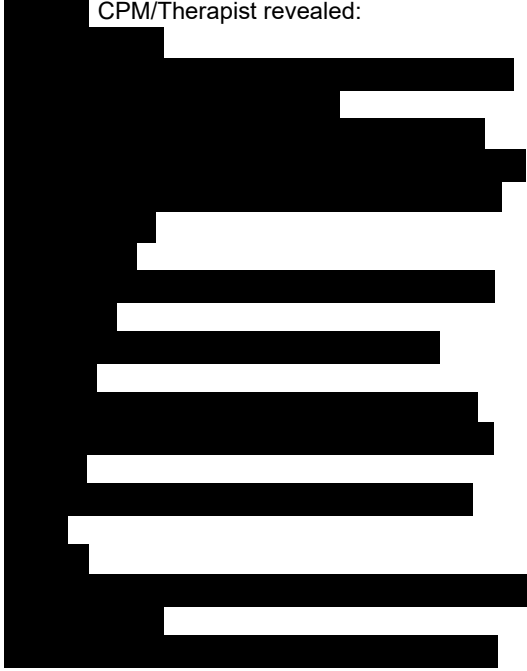
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V 364	<p>Continued From page 26</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 - no shift notes.</p> <p>Review on 5/13/25 of a facility policy titled "Suicide Assessment and Prevention" last revised 3/20/24 revealed: -"Risk Level and Associated Precautions...RED STATUS (Safety)...Supervision: Arm's Length of Staff...Bathroom Precautions: Check and Sweep, Cracked and Counting, Bathroom Peripherals...DEFINITIONS: Cracked and Counting - When using the restroom, students must leave the bathroom door cracked the width of five fingers while staff remain outside the door</p>	V 364		

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V 364	<p>Continued From page 27</p> <p>listening to the student. The student will remain in verbal communications throughout the time they are not in direct eyesight by counting, singing, talking, etc...Suicide Precautions and Self-Harm Precautions can only be discontinued after a face-to-face assessment by the LIP (Licensed Independent Practitioner)..."</p> <p>Review on 5/9/25 of an incident report for [REDACTED] dated [REDACTED]/25 at 9:45 pm revealed:</p> <p>[REDACTED]</p> <p>Review on 5/9/25 of an individual therapy note dated [REDACTED]/25 completed by CPM/Therapist revealed:</p> <p>[REDACTED]</p> <p>Review on 5/16/25 of an email correspondence sent to the Division of Health Service Regulation (DHSR) Surveyor on [REDACTED]/25 from [REDACTED] CPM/Therapist revealed:</p> <p>-An email from the CPM/Therapist to "AA (Asheville Academy) - Mentors" dated, [REDACTED]/25,</p> <p>[REDACTED]</p>	V 364		




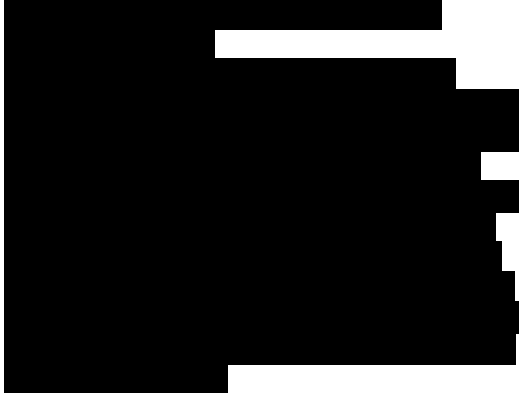


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE ACADEMY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 UPPER FLAT CREEK ROAD WEAVERVILLE, NC 28787</b>		
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V 364	<p>Continued From page 28</p>  <p>Review on 5/16/25 of the [redacted] to the email sent to the DHSR Surveyor on [redacted]/25 from [redacted] CPM/Therapist revealed:</p>  <p>Review on 5/8/25 of "Mentor Sign-In Sheet (assignments)" revealed: [redacted]/25 - no "Notes" regarding [redacted] [redacted]. [redacted]/25 - no assignment sheet. [redacted]/25 - [redacted]</p>	V 364		


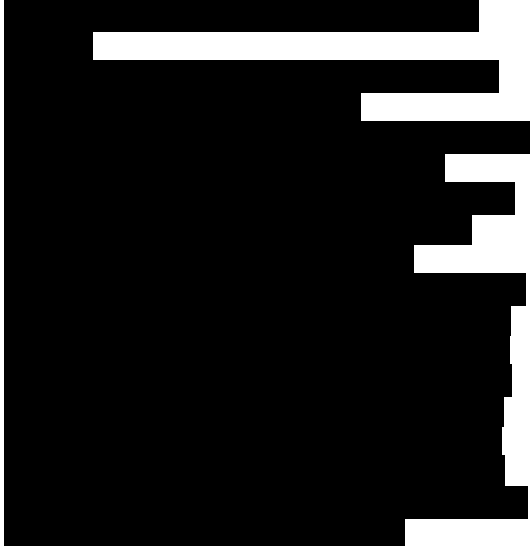
Division of Health Service Regulation

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V 364	<p>Continued From page 29</p> <p>/25 - [REDACTED]</p> <p>/25 - no "Notes" to indicate [REDACTED]</p> <p>/25 - no assignment sheet.</p> <p>Review on 5/12/25 of facility incident reports dated [REDACTED]/24 [REDACTED]/25 revealed:</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>/25 [REDACTED]</p> <p>Review on 5/8/25 of a North Carolina Incident Response Improvement System (IRIS) report for [REDACTED] dated [REDACTED]/25 revealed:</p>	V 364		

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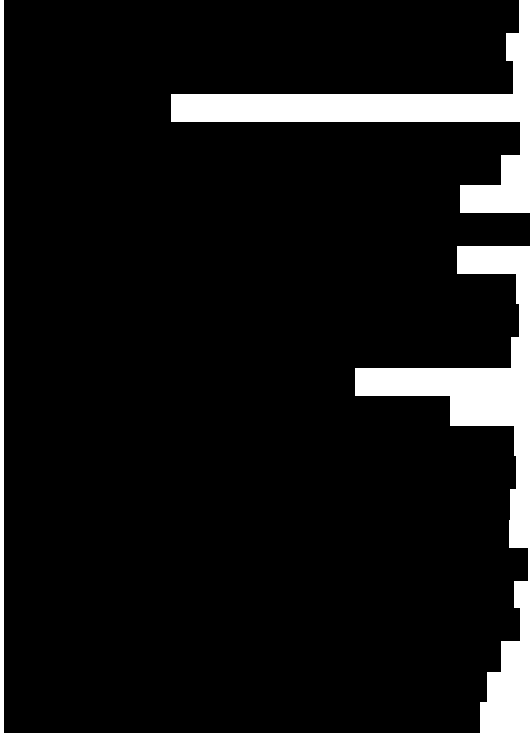

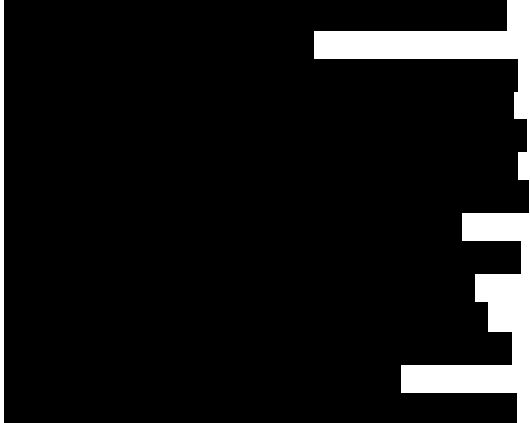
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V 364	Continued From page 30    Review on 5/13/25 of the  Report for dated  /25 revealed:   Interview on 5/8/25 with Client  revealed: 	V 364		

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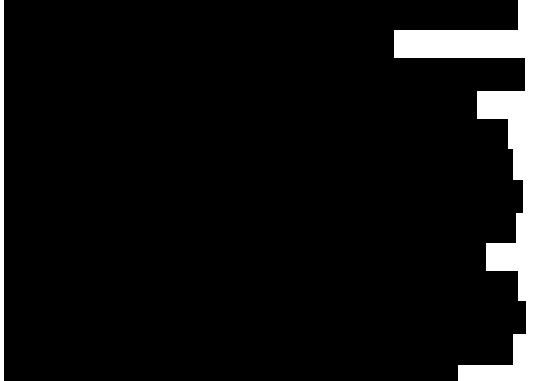
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V 364	<p>Continued From page 31</p>  <p>-Precautions at the facility included 10 feet, arm's length, and bathroom precautions. -"Bathroom precautions is that you have to keep the door cracked and make noise."</p> <p>Observation and interview on 5/8/25 at 5:04 p.m. with Client [redacted] revealed:</p> 	V 364		



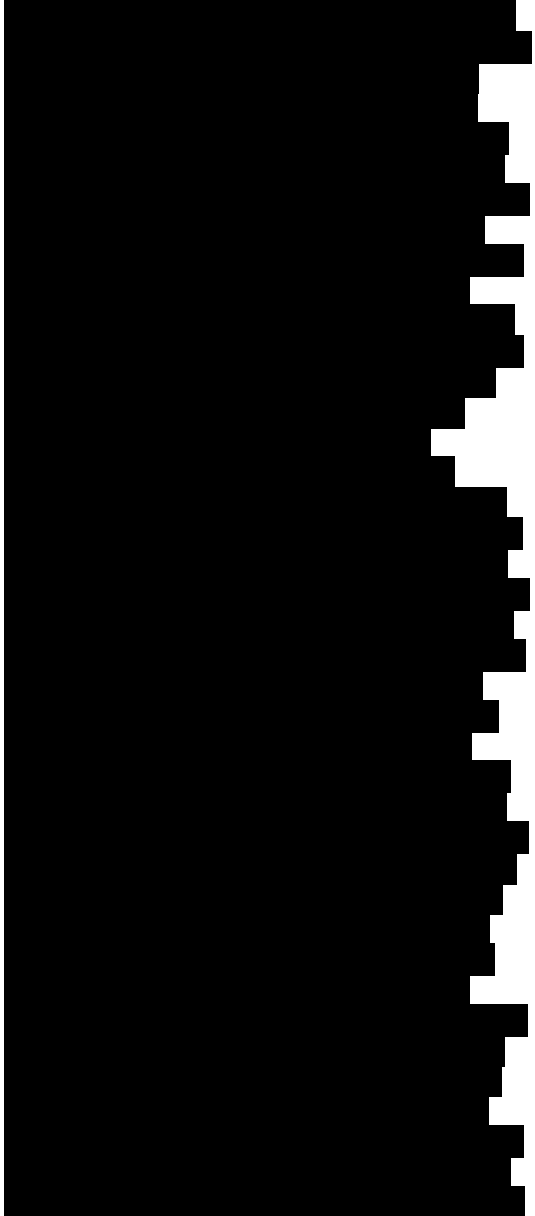
Division of Health Service Regulation

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V 364	Continued From page 32    Interview on 5/8/25 with Client  revealed: 	V 364		

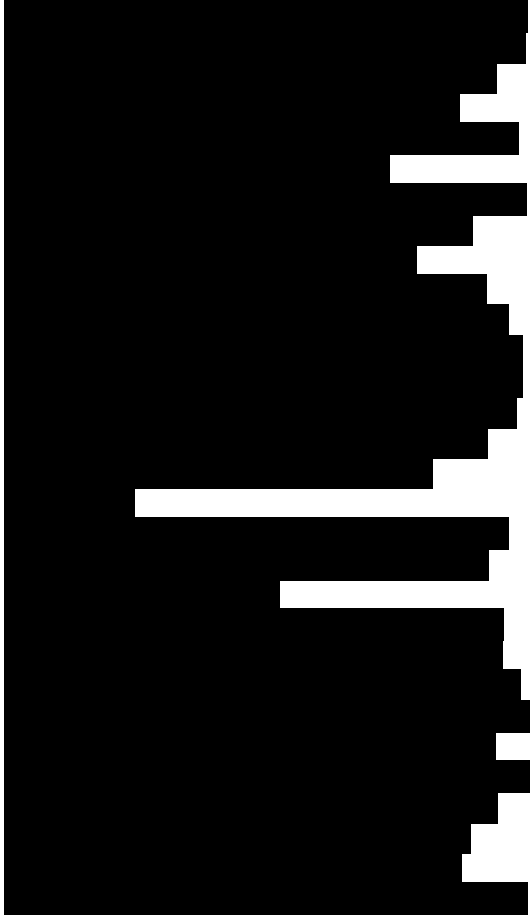
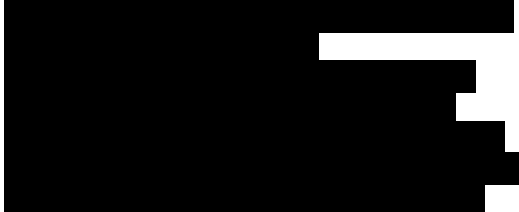
Division of Health Service Regulation

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V 364	Continued From page 33    Interview on 5/9/25 with Staff #1 revealed: -Was the "point" staff assigned to  room on  /25. 	V 364		

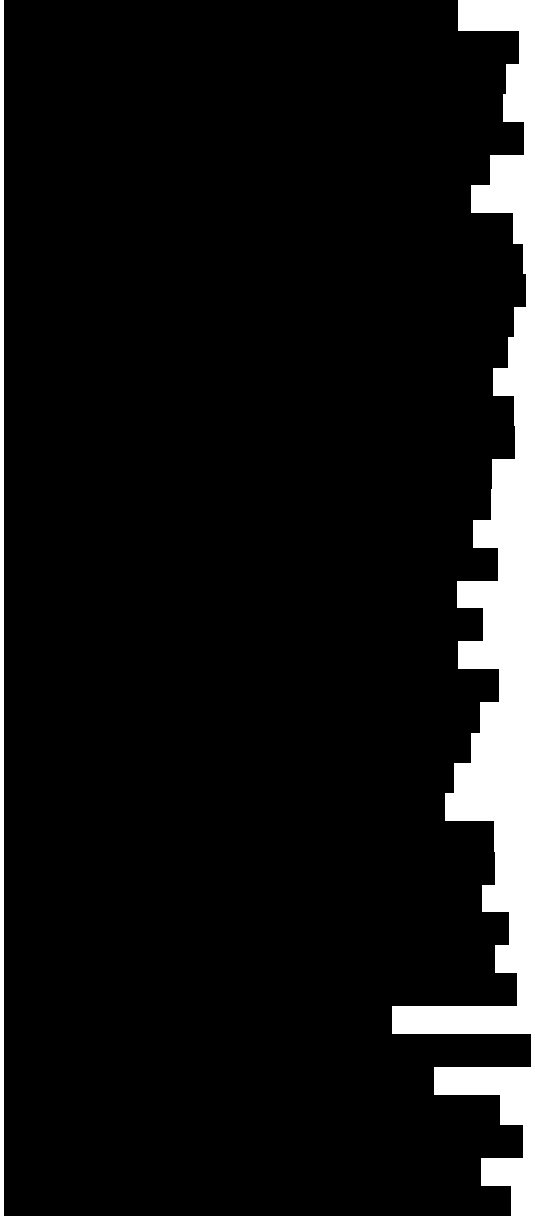
Division of Health Service Regulation

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V 364	Continued From page 34 	V 364		

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V 364	Continued From page 35    Interviews on 5/13/25 and 5/15/25 with Staff #2 revealed: 	V 364		

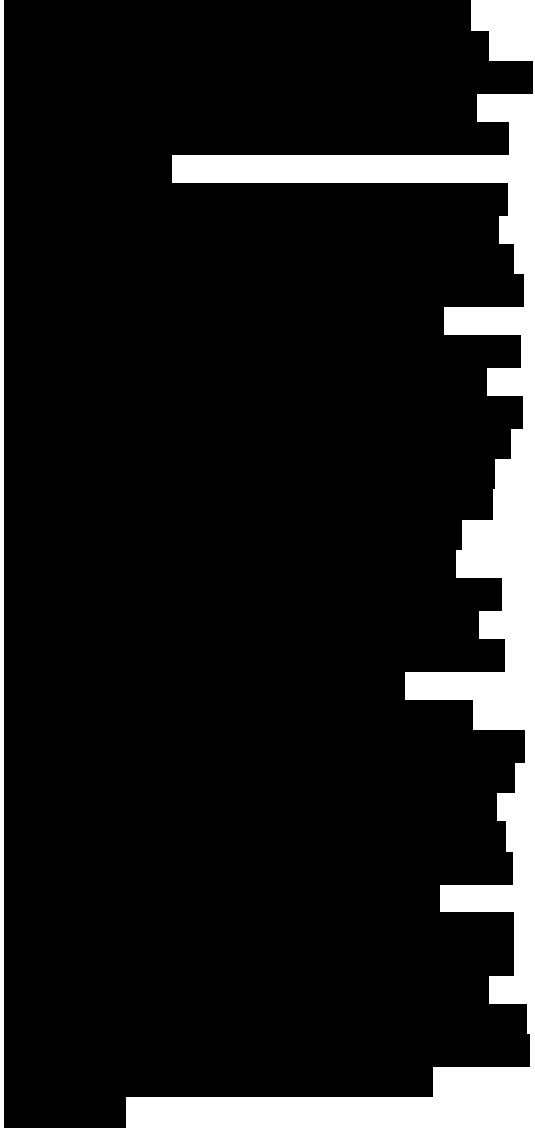

Division of Health Service Regulation

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V 364	Continued From page 36 	V 364		

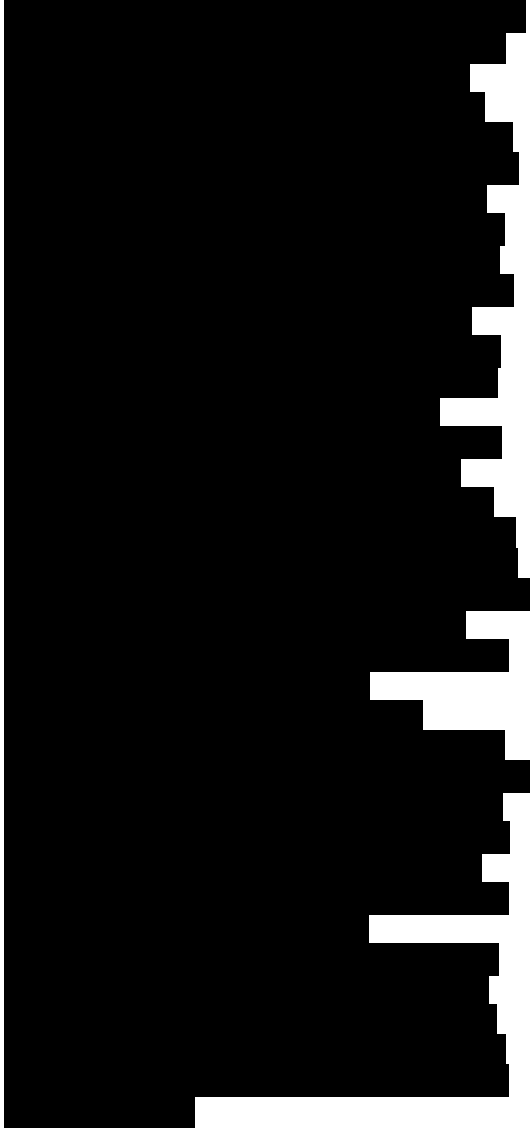

Division of Health Service Regulation

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V 364	<p>Continued From page 37</p> <p>[REDACTED]</p> <p>Observation and interview on 5/15/25 at 12:44 p.m. with Staff #3 revealed: -Was on shift [REDACTED]/25 but [REDACTED] was not assigned [REDACTED] room. -"If (a client) on arms you are pretty much their buddy, we use the buddy system and we are with the student for whatever they do or chose to go...I don't ever lose track (of the client)...The schedule has a block for notes (mentor sign-in sheet) of who is on eyes and who is on 10 feet precautions and so we know which student is on there. The shift coordinator fills it out. That's the only way I get my assignments, through the sheet. It's communicated in our sheet as a way of documenting but in our chat the shift coordinator sends it on a chat app (application) and it works like [internet search engine], but it's a work chat app that the shift coordinator is responsible for letting us know. So, we sign off on the assignment paper (mentor sign in sheet) and can check the chat app. [REDACTED]</p> <p>[REDACTED]</p>	V 364		

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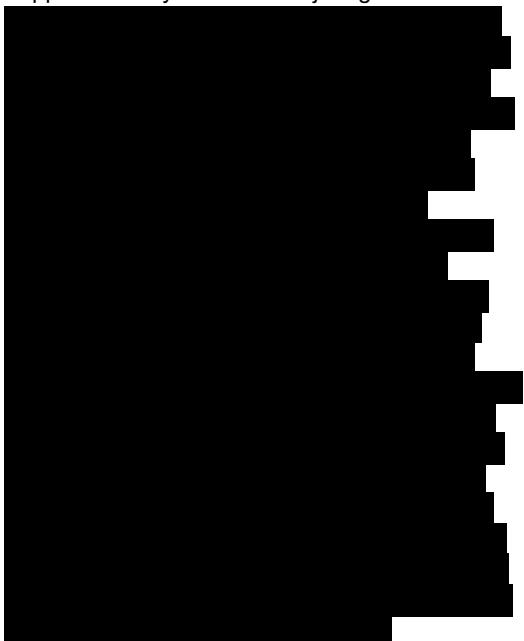
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V 364	Continued From page 38    Interview on 5/13/25 with SC #1 revealed: -Was the Shift Coordinator on staff  /25.	V 364		

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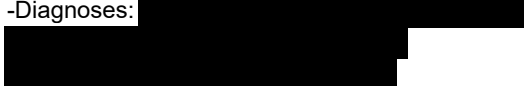
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V 364	Continued From page 39    Interview on 5/15/25 with the CPM/Therapist for  revealed:	V 364		



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V 364	Continued From page 40  <div data-bbox="175 554 708 1125" data-label="Text"> <p>  did not know how staff identified who was on precautions. "I hate" the facility electronic record. "It doesn't make a lot of sense to me. There is a space to enter interventions in there and a place for precautions...but they (facility) don't use it...and so I mainly communicate with email and sometimes through a text message followed by an email...Somewhere in [facility electronic record] (to know who is on precautions)...I can try to find it...I believe mentors also have access to [facility electronic record]. I communicate by email or text when someone is on an intervention and I typically will say 'until further communication' or get a list of what needs to be done in order for that (precaution) to be stopped. I typically meet with the student before it is stopped...Safety is the only reason to be on arms length or to have that increased proximity and increased support...Safety is a risk of injuring themselves... </p> </div> <div data-bbox="175 1125 695 1761" data-label="Text"> <p>  </p> </div>	V 364		



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V 364	<p>Continued From page 41</p>  <p>Finding #2: Facility staff failed to provide appropriate structure, adult supervision and control on [REDACTED]/25 when Client [REDACTED] and after being notified no client was allowed alone in their bedrooms.</p> <p>Review on 6/2/25 of facility message/memo dated 5/22/25, "Updates to Campus Wide Supervision" on the facility electronic record system revealed:</p> <ul style="list-style-type: none"> <li>- "Supervision:</li> <li>-Students not allowed in room alone out of eyes (of staff).</li> <li>-Staff assigned to rooms, staff physically in the room that they are monitoring.</li> <li>-If staff leave the room, students have the option to go with the staff or go in the common area.</li> <li>-After 8:15 pm checks every 15 minutes</li> <li>-Staff checking bathroom every 5 minutes when a student is showering or using the restroom.</li> </ul>  <p>Review on 5/9/25 of Client [REDACTED] record revealed:</p> <ul style="list-style-type: none"> <li>-Date of admission: [REDACTED]/25.</li> <li>-Diagnoses: [REDACTED]</li> </ul> 	V 364		

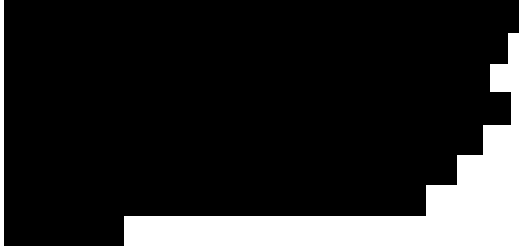
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V 364	<p>Continued From page 42</p> <p>[REDACTED]</p> <p>-Age [REDACTED] years old.</p> <p>-Biopsychosocial assessment dated [REDACTED]/25:</p> <p>[REDACTED]</p> <p>-Treatment plan dated [REDACTED]/25: included [REDACTED]</p> <p>[REDACTED]</p> <p>-Treatment Team Meeting note dated [REDACTED]/25:</p> <p>[REDACTED]</p> <p>Review on 6/4/25 of an incident report dated [REDACTED]/25 for Client [REDACTED] revealed:</p> <p>[REDACTED]</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
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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 364	<p>Continued From page 43</p>  <p>Review on 5/9/25 and 5/27/25 of Shift Change Notes for Client [REDACTED] revealed:</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>[REDACTED] /25 - [REDACTED]</p> <p>Review on 5/27/25 of an individual therapy note for Client [REDACTED] dated [REDACTED] /25 completed by Therapist #1 revealed:</p> 	V 364		

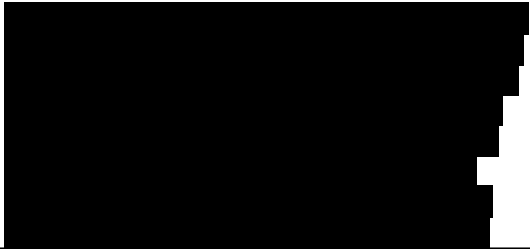
Division of Health Service Regulation

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V 364	Continued From page 44    Review on 5/9/25 and 5/27/25 of "Interventions" for Client [REDACTED] dated [REDACTED]/25 completed by Therapist #1 revealed: [REDACTED] /25 - [REDACTED] /25 - [REDACTED] [REDACTED] /25 - [REDACTED] /25 - note added [REDACTED] /25 UPDATE: [REDACTED] [REDACTED] /25 - [REDACTED] /25 - [REDACTED] [REDACTED] [REDACTED] /25 - [REDACTED] /25 - [REDACTED] [REDACTED] [REDACTED] /25 - [REDACTED] [REDACTED]	V 364		


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V 364	<p>Continued From page 45</p> <p>[REDACTED]</p> <p>Interview on 5/8/25 with Client [REDACTED] revealed:</p> <p>[REDACTED]</p> <p>Interview on 5/8/25 with Client [REDACTED] revealed:</p> <p>[REDACTED]</p> <p>Interview on 5/28/25 with Staff #5 revealed:</p>	V 364		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
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V 364	<p>Continued From page 46</p> <p>- "I am a Senior Lead Mentor."</p> <p>- "We have a system called [facility electronic record] where all the interventions and precautions should be entered into there. They should be, but to be honest, sometimes they aren't entered right away. Sometimes it takes a little bit of time to get them entered. Some therapists enter them right away, and some therapists won't, but they will tell us (staff) verbally and residential (staff) tells the therapist it is important to enter it right away..."</p> <p>- "When I come on shift, my supervisor [SC #2] is very good at having everything written down and types up a sheet and I read whatever precautions are going on and whatever notes are going on for the day and she always assigns me to the same room to keep consistency. I always have room 7... So when you come in, every mentor should get a radio, get a key or we have to share keys, read updated notes and read the assignment for the day and then initial and sign. I am diligent in doing that every morning and I believe everyone does that but I'm not sure... We also have a group chat and we put in updates and reminders and I am diligent about reminders."</p> <p>- Clients would have to complete assignments from the therapist to be taken off precautions.</p> <p>- Having information entered into the facility electronic records "has been an issue... it's an ongoing issue, honestly."</p> <p>- Clients were supposed "to be on eyes (in view of staff)" even if they weren't on precautions.</p> 	V 364		

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V 364	Continued From page 47  	V 364		



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V 364	<p>Continued From page 48</p> <p>[REDACTED]</p> <p>-I do know that it's going to be a rule that no one (client) can be in their room unsupervised without a staff ...but it's not in effect yet, but I just do that anyway because it's kind of common sense because of the population (clients) we work with..."</p> <p>-"...I saw the campus wide communication...It says [REDACTED] 2025...students not allowed in rooms (bedrooms) out of eyes...I see students not allowed out of eyes in the room, but to my understanding that has not been implemented yet."</p> <p>-It was possible [REDACTED] had seen the campus wide communication memo and not paid attention to it "maybe it's something I overlooked. We (staff) aren't looking in [facility electronic record] for precautions at the start of shift...I guess somebody would let me know 'eyes on' is official when I come back to work, but sometimes I am late at getting communication...when I go back to work...it will be on the read and sign I guess..."</p> <p>Interview on 6/2/25 with Staff #4 revealed:</p> <p>-On [REDACTED] /25 [REDACTED]</p> <p>[REDACTED]</p> <p>-On [REDACTED] /25, [REDACTED]</p>	V 364			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
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V 364	Continued From page 49   "We realized kids can't be alone in their room without eyes on. It wasn't implemented to have eyes on. I remember hearing it out of [SC #2's] mouth that 'this was what we were going to implement' and I	V 364			

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V 364	<p>Continued From page 51</p>  <p>Finding #3: Facility staff failed to provide appropriate structure, adult supervision and control on [REDACTED]/25 when Client [REDACTED]</p> <p>Review on 5/22/25 and 5/30/25 of Client [REDACTED] record revealed:</p> <p>-Date of Admission: [REDACTED]/25.</p> <p>-Diagnoses: [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]/25.</p> <p>-Age: [REDACTED] years old.</p> <p>-Pre-Admission summary dated [REDACTED]/25 included:</p> <p>[REDACTED]</p>	V 364		

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V 364	<p>Continued From page 52</p> <p>[REDACTED]</p> <p>-Biopsychosocial dated [REDACTED] /25: [REDACTED]</p> <p>[REDACTED]</p> <p>Observation and interview on 5/30/25 at 6:35 p.m. of the facility with Client [REDACTED] revealed:</p> <p>-Was Client [REDACTED] roommate.</p> <p>-Their bedroom was room [REDACTED] and was upstairs in the facility past the common area to the right.</p> <p>-Room [REDACTED] had a sign on the door that listed Client [REDACTED], Client [REDACTED], Client [REDACTED] and Client [REDACTED] in this room.</p> <p>-In the common area, there were two large picnic/farm tables on the left, parallel to half windows inside the facility.</p> <p>-To the right of these tables was an open area with couches and a TV.</p> <p>-The tables in the common area were in a direct line of sight to room [REDACTED]. Room [REDACTED] was to the right of room [REDACTED].</p> <p>-From the common area to the right, there was an "L" shaped cove/hallway before the door to room [REDACTED].</p> <p>-Upon entry to room [REDACTED], the bathroom was immediately to the right and the bedroom was straight ahead.</p> <p>-There were two bunk beds against the right wall with ladders attached.</p> <p>-The top portion of the bunk bed had 3 wooden bed posts and railing to prevent someone from falling out of the top bunk.</p> <p>-Client [REDACTED] bed was the bottom right bunk bed.</p> <p>Review on 5/30/25 of the North Carolina IRIS</p>	V 364		

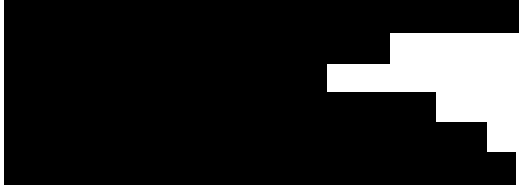

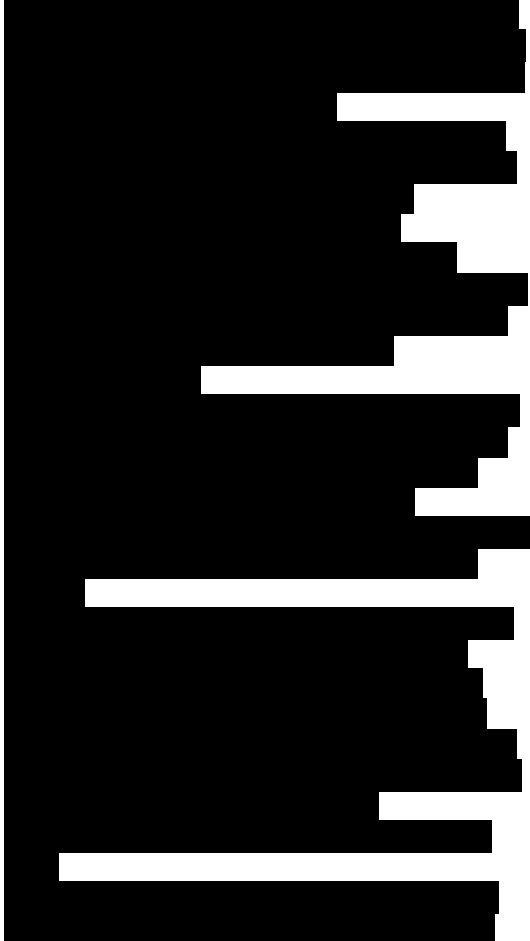
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

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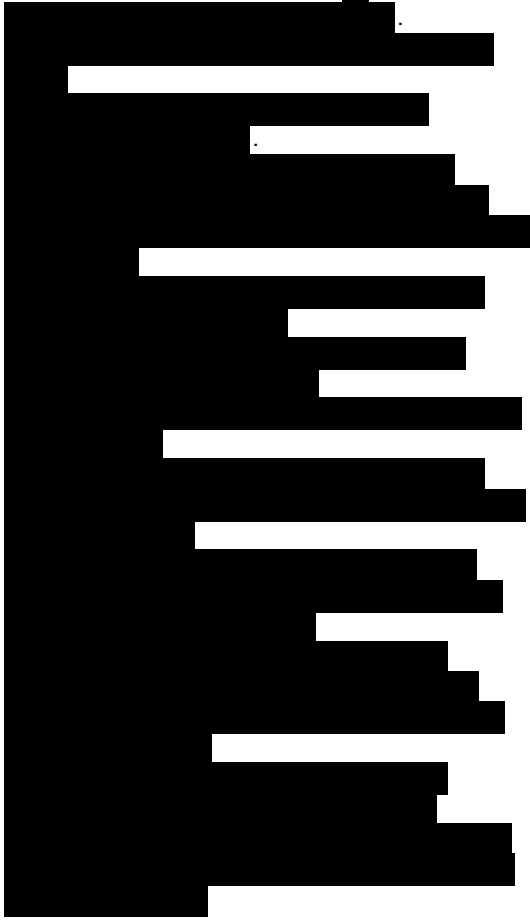

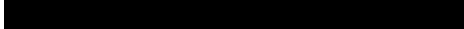
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V 364	Continued From page 56    Interview and observation on 5/30/25 at 6:35 p.m. of the facility with Client  revealed: 	V 364		


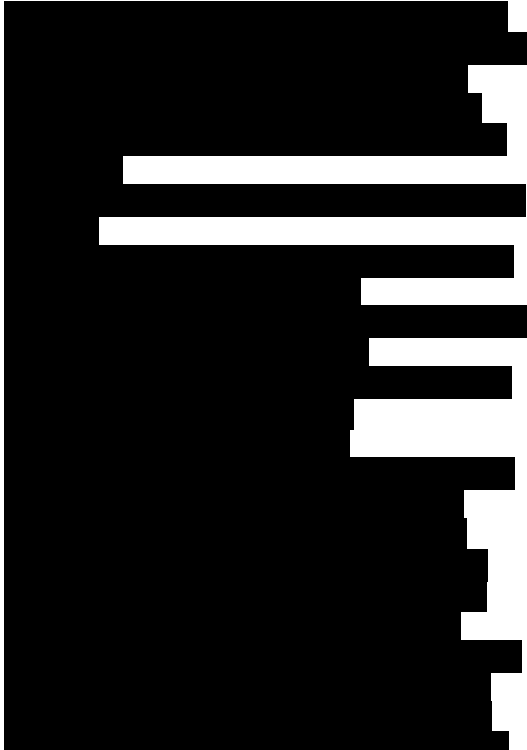
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V 364	Continued From page 57    Interview on 5/30/25 with Client  revealed: 	V 364		



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V 364	Continued From page 58    Interview on 5/30/25 with Client  revealed:   Interview on 5/30/25 with Client  revealed: 	V 364		

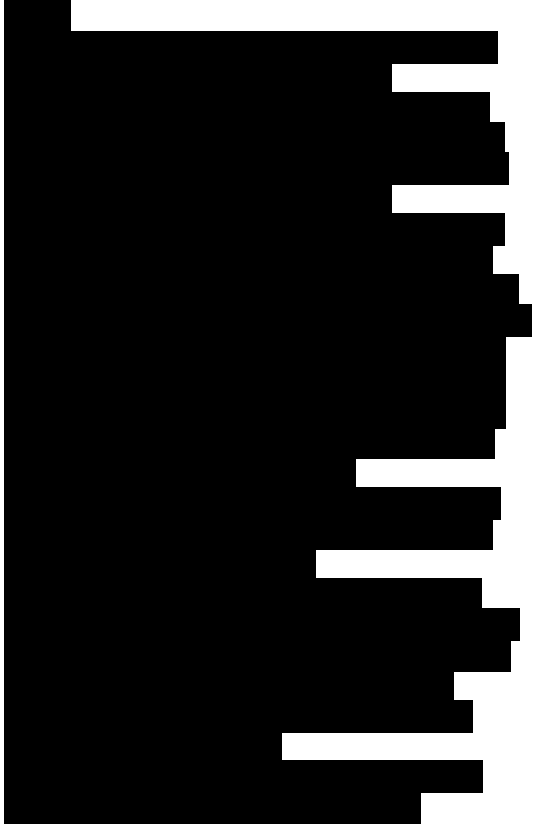

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V 364	Continued From page 59    Interview on 6/2/25 with Staff #2 revealed: 	V 364		


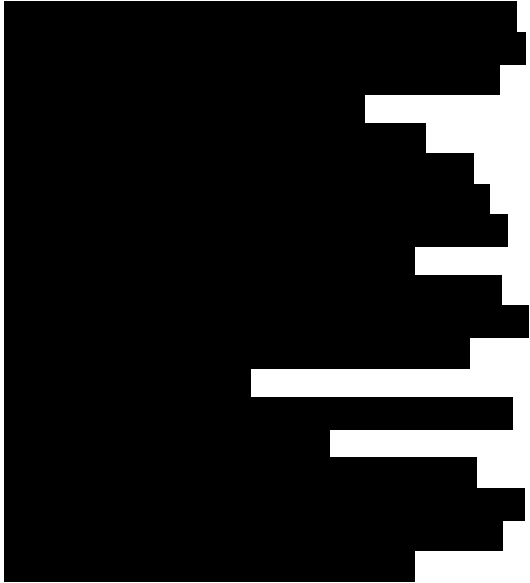
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V 364	Continued From page 60    Interview on 5/30/25 with Staff #3 revealed: 	V 364		

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V 364	Continued From page 61    Follow Up Interview on 6/4/25 with Staff #3 revealed: 	V 364		

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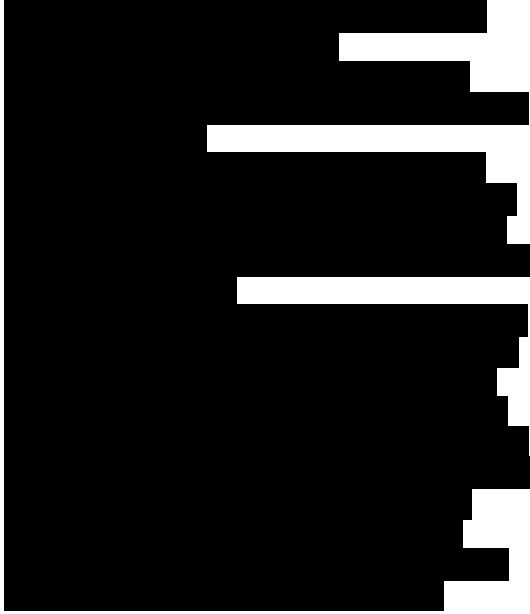
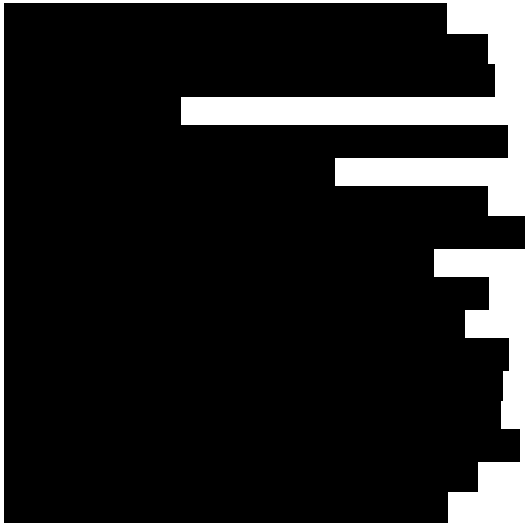
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V 364	Continued From page 62    Interview on 6/2/25 with Staff #4 revealed: 	V 364		

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V 364	<p>Continued From page 63</p> <p>Interview on 5/28/25 with Staff #5 revealed:</p> <div style="background-color: black; width: 300px; height: 80px; margin-bottom: 10px;"></div> <p>Interview on 6/2/25 with Staff #8 revealed:</p> <div style="background-color: black; width: 300px; height: 250px; margin-bottom: 10px;"></div> <p>Interview on 6/2/25 with SC #1 revealed:</p> <div style="background-color: black; width: 250px; height: 50px;"></div>	V 364		



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V 364	Continued From page 64    Interview on 6/2/25 with Therapist #2 revealed: 	V 364		

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V 364	<p>Continued From page 65</p> <p>Interview on 6/2/25 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-Worked with the direct care staff, clinical staff, reviewed incidents, and also took part in clients' admission.</li> <li>-Supervised the shift coordinators and the Overnight/Awake Supervisor. [REDACTED] filled in as direct care staff in the facility at times.</li> <li>-Wrote the [REDACTED]/25 memo on increased supervision in the facility's electronic record.</li> <li>-Put it in the electronic record system because, "it literally blocked you from going in (any further), before you read it."</li> <li>-All staff were supposed to be using the facility electronic record and were supposed to follow what was on that protocol "immediately."</li> <li>-It was a way to communicate to all staff and so a follow up email was not generated.</li> <li>-"Staff had to get in the system (facility electronic record) and would see that message."</li> <li>-Regional Director of Operations was taking initiative to get staff statements regarding Client [REDACTED] on [REDACTED]/25.</li> <li>-Staff #3 told [REDACTED] was "point staff" assigned to room [REDACTED]</li> <li>-Asked Staff #3 why [REDACTED] was not with [REDACTED] assigned clients, staff #3 revealed "There are times when staff will be watching somebody else's assigned kid...like when staff give meds or go to the restroom."</li> <li>-Staff #3 could not see into room [REDACTED] from the table in the common area where [REDACTED] was sitting. "That's definitely one of [REDACTED] (client) rooms in which you have to be in the doorway in order to see the room."</li> </ul> <p>Interview on 6/5/25 with the Executive Director revealed:</p> <p>[REDACTED]</p>	V 364		

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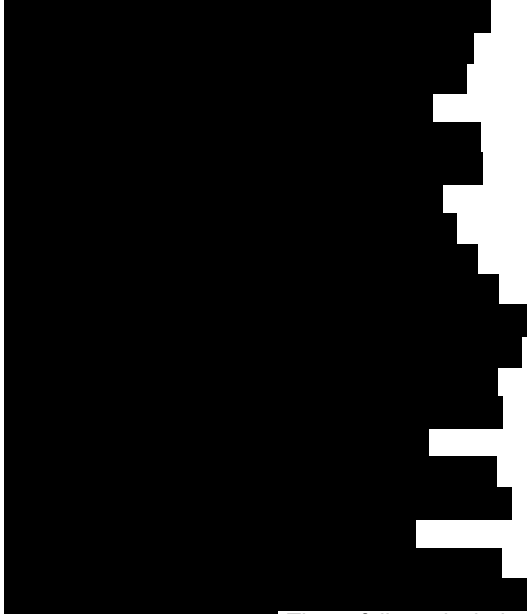
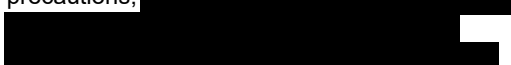
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V 364	<p>Continued From page 66</p> <p>-SC #1 was very experienced and Staff #2 had experience as well.</p> <p>Review on 5/21/25 of the Plan of Protection (POP) signed and dated 5/21/25 by the Executive Director revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>-Regional Operations Director, Executive Director, Program Director, and Clinical Director, will review and update the intervention levels and plans by Tuesday 5/27 (2025). Items to include are:</p> <p>-Clinical team, Program Director and Shift Coordinators can put students on interventions.</p> <p>-Only Therapist can take someone off the intervention levels called 'Precautions' and 'Care Phase.'</p> <p>-Shift Log - how to know who is on interventions when coming on shift -(Interventions Report in [facility electronic record])</p> <p>-The Clinical Director and Program Director will train all direct care staff to the agreed upon interventions plan and communication system by 6/6 (2025).</p> <p>-Direct care staff will have current valid CPR certification by their 90-day review.</p> <p>-Monthly the leadership team will identify campus/environmental risks at the Wednesday staff meeting. Risk mitigation plans will be assigned appropriately and documented in meeting minutes.</p> <p>Describe your plans to make sure the above happens.</p> <p>-Clinical Director will train all clinical team members, Program Director, and Shift Coordinator on 5/23 (2025) for how to implement interventions in [facility electronic record]. (This was previously done in staff training on 5/16 (2025) as well.)</p>	V 364		

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V 364	<p>Continued From page 67</p> <p>-Clinical Director will train clinical team members how to take a student off Precautions and Care Phase on 5/23 (2025) and how to communicate this to staff.</p> <p>-Staff will no longer be able to clock in remotely. Staff members will be required to go to kiosk on campus and clock in at a computer, check [facility electronic record] Interventions, and initial log-book stating they read Interventions list.</p> <p>-IT (Information Technology) director will change clock in process and access by 5/31 (2025). Program Director will train staff where to clock in and check Interventions by 6/6 (2025)."</p> <p>Review on 5/21/25 of the amended POP signed and dated 5/21/25 by the Executive Director revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In the interim (5/21-6/6) (2025), Program Director and Clinical Director will identify high-needs students and discuss with Shift Coordinator current interventions. Shift Coordinator will confirm interventions are documented in Blue Step and communicate safety protocols to mentor staff on shift.</p> <p>Describe your plans to make sure the above happens.</p> <p>-HR (Human Resources) Director will audit staff files and inform managers before a staff's 90 day review if CPR is on file and current.</p> <p>-HR Director or designee will maintain staff meeting minutes notes of staff meeting, identifying risks discussed and mitigating responses."</p> <p>Review on 5/22/25 of the amended POP signed and dated 5/22/25 by the Executive Director revealed:</p> <p>"Describe your plans to make sure the above</p>	V 364		

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V 364	Continued From page 69   These failures included lack of consistent communication and shift-to-shift staff implementation of safety precautions,  and lack of staff's responsiveness to client needs both in supervision and following safety precaution protocol implement by the clinical therapist for each client.  This deficiency constitutes a type A 1 rule violation for serious harm and neglect and must be corrected within 23 days.	V 364		
V 366	27G .0603 Incident Response Requirements  10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR	V 366		

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V 366	<p>Continued From page 70</p> <p>CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p>	V 366		

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V 366	Continued From page 71  (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following:	V 366		



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V 366	<p>Continued From page 72</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their response to [REDACTED]. The findings are:</p> <p>Review on 5/8/25 of [REDACTED] record revealed: -Age: [REDACTED] years old. -Admission date: [REDACTED]/25. [REDACTED] 25. -Diagnoses: [REDACTED] [REDACTED]</p> <p>Review on 5/12/25 of the North Carolina Incident Response Improvement System (IRIS) [REDACTED] report dated [REDACTED]/25 revealed: [REDACTED]</p>	V 366		

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V 366	<p>Continued From page 73</p> <p>[REDACTED]</p> <p>Review on 5/12/25 of facility's internal investigation revealed:</p> <ul style="list-style-type: none"> <li>-Letter addressed to the Division of Mental Health attached to the investigation dated [REDACTED]/25, informed that the preliminary findings of fact were included in the attached report.</li> <li>-Event date [REDACTED]/25.</li> <li>-Level of Harm: [REDACTED].</li> <li>-No date when the investigation form was completed.</li> <li>-"Action Taken ...Responded to campus, contacted [Licensee Partner] &amp; [Corporate Quality Assurance]. Worked with ...[Clinical Program Manager] to create a response and notification plan. Notified DHHS (Department of Health and Human Services). Spoke with [Local Law Enforcement]."</li> </ul> <p>Reviews on 5/12/25, 5/14/25 and 5/20/25 of facility investigation documents revealed:</p> <ul style="list-style-type: none"> <li>-There was no documentation to support that the above incident had been evaluated to:</li> <li>-Assign person(s) to be responsible for implementation of the corrections and preventive measures.</li> <li>-Convene a meeting of an internal review team within 24 hours of the incident. The internal review team was to consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with the direct professional oversight of the client's services at the time of the incident.</li> </ul> <p>Interview on 6/2/25 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>-The Executive Director initiated the investigation with the incident regarding the [REDACTED]</li> </ul>	V 366		

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V 366	Continued From page 74  No date regarding the start of the investigation was provided.  Interviews on 5/20/25 with the Executive Director revealed: -The onsite investigation team included the Program Director, the Academic Director, the Regional Operations Director and himself. -"...we used [Human Resources/Operations Director] to answer questions but the leadership team was the lead (of the investigation) ..." -"Overall as a team, there are things we could have done differently..." -Did not have a completed investigation regarding [REDACTED] to provide to Division of Health Service Regulation surveyors.  Interview on 6/3/20 with the Regional Operations Director revealed: -The Risk Management Director "...conducted a risk cause analysis ..." -"Corporate keeps the documentation (of the investigation) and I don't have access to it."  Request on 6/3/25 via email to the Risk Management Department for documentation related to the internal investigation went unanswered. No documentation was provided prior to the survey exit.	V 366		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC	V 512		

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V 512	<p>Continued From page 75</p> <p>27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, 1 of 14 audited paraprofessional staff (Staff #1) neglected and failed to protect █ of █ ████ ██████ The findings are:</p> <p>Review on 5/9/25 of Staff #1's record revealed: -Date of hire: 11/4/24. -Title: Mentor.</p> <p>Review on 6/5/25 of the Job Description of a Mentor revealed: -"Must be emotionally mature enough to maintain composure and good judgment in the face of highly stressful interactions...Ensure vigilant supervision of all students always...Consistently exercise good judgment and adequate emotional stability in evaluating situations and making decisions despite the pressures of deadlines or</p>	V 512		

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V 512	<p>Continued From page 77</p> <p>[REDACTED] /25 CPM/Therapist: [REDACTED]</p> <p>[REDACTED]</p> <p>-Shift Change Notes included:</p> <p>[REDACTED] /25 [REDACTED]</p> <p>[REDACTED] /25 [REDACTED]</p> <p>[REDACTED] /25 [REDACTED]</p> <p>[REDACTED]</p> <p>Review on 5/13/25 of a facility policy titled "Suicide Assessment and Prevention" last revised 3/20/24 revealed:</p> <p>- "Risk Level and Associated Precautions...RED STATUS (Safety)...Supervision: Arm's Length of Staff...Bathroom Precautions: Check and Sweep, Cracked and Counting, Bathroom Peripherals...DEFINITIONS: Cracked and Counting - When using the restroom, students (clients) must leave the bathroom door cracked the width of five fingers while staff remain outside the door listening to the student. The student will remain in verbal communications throughout the time they are not in direct eyesight by counting,</p>	V 512		

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V 512	<p>Continued From page 78</p> <p>singing, talking, etc...Suicide Precautions and Self-Harm Precautions can only be discontinued after a face-to-face assessment by the LIP (Licensed Independent Practitioner)..."</p> <p>Review on 5/13/25 of text message correspondence between a phone number identified as "Asheville Academy" and [REDACTED] provided by [REDACTED] via email to Division of Health Service Regulation (DHSR) surveyors revealed: [REDACTED] /25 Asheville Academy: [REDACTED]</p> <p>Review on 5/15/25 of text message correspondence between a phone number identified as "Shift Coordinator" and the CPM/Therapist dated [REDACTED] /25 at 8:20 pm provided by the CPM/Therapist via email to DHSR surveyors revealed: -Shift Coordinator: [REDACTED]</p> <p>-CPM/Therapist: [REDACTED]</p>	V 512		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
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V 512	<p>Continued From page 79</p> <p>-Shift Coordinator: [REDACTED]</p> <p>Review on 5/16/25 of an email from the CPM/Therapist to "AA (Asheville Academy) - Mentors" dated [REDACTED]/25 revealed:</p> <p>[REDACTED]</p> <p>Review on 5/16/25 of the [REDACTED] to the email sent to the DHSR Surveyor on [REDACTED]/25 from [REDACTED] CPM/Therapist revealed:</p> <p>[REDACTED]</p>	V 512		



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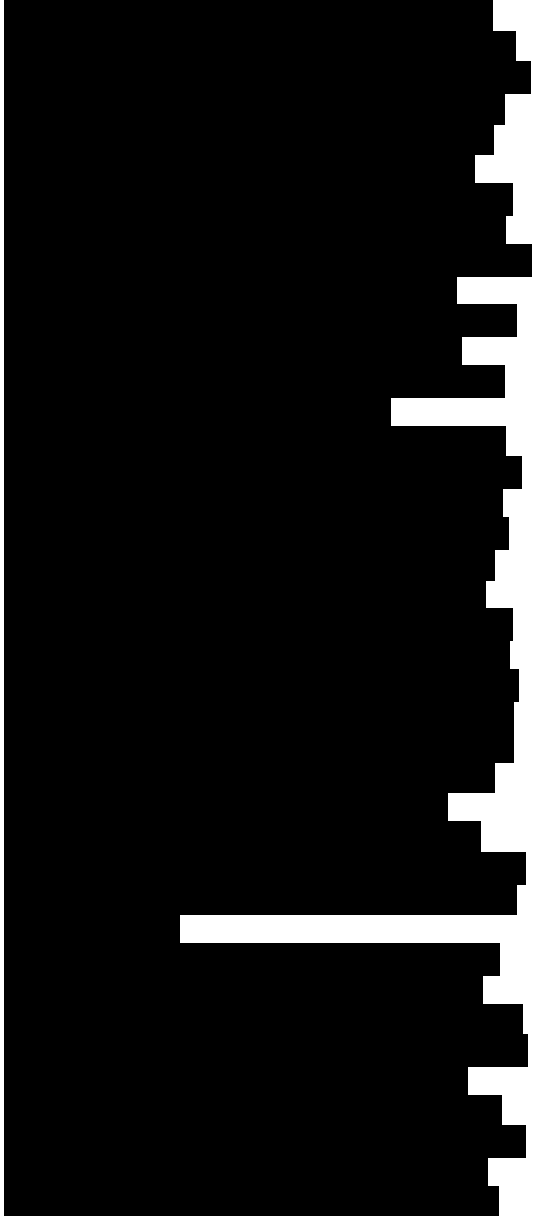
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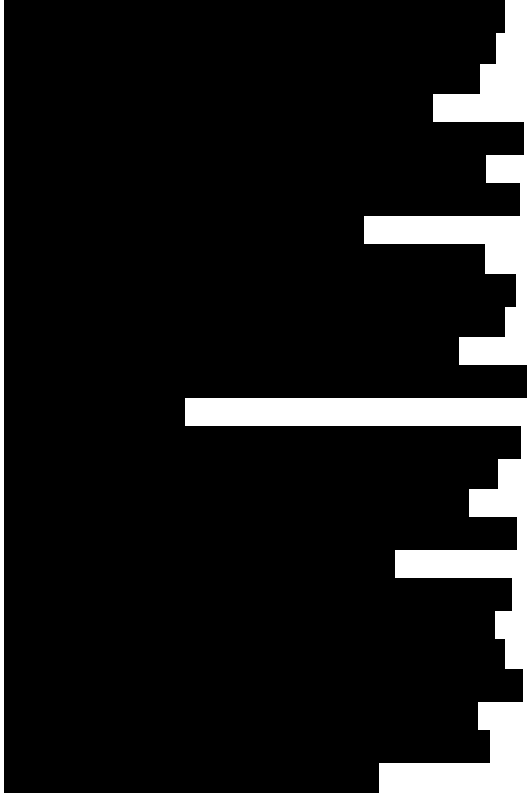


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V 512	<p>Continued From page 82</p> <p>Review on █/25 of a North Carolina Incident Response Improvement System (IRIS) report for █ dated █/25 revealed:</p> <p>█</p> <p>Review on 5/20/25 of an update on █ 25 to the North Carolina IRIS report for █ dated █/25 revealed:</p> <p>█ did not have █</p> <p>Review on 5/13/25 of the █ Report dated █/25 revealed:</p> <p>█</p> <p>Review on 5/13/25 of █ death certificate dated and signed by the Medical Examiner (ME) on █/25 revealed:</p> <p>-Date of Injury: █/25.</p>	V 512		

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STATE FORM




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V 512	Continued From page 84  	V 512		



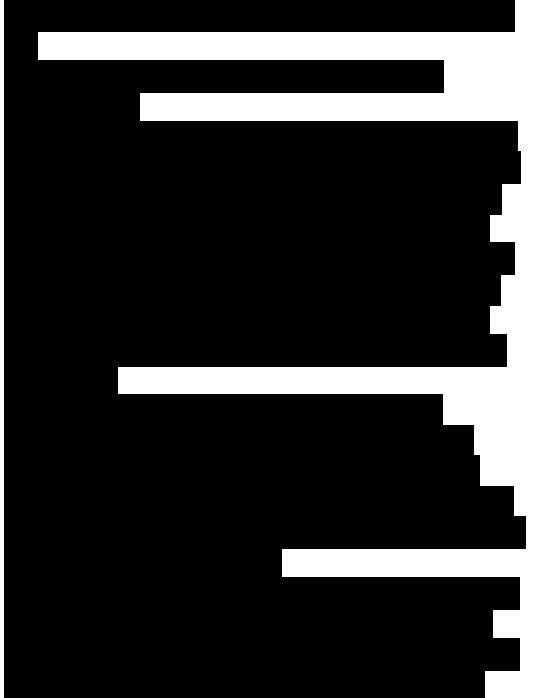
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V 512	Continued From page 85    Interview on 5/13/25 with  revealed: 	V 512		

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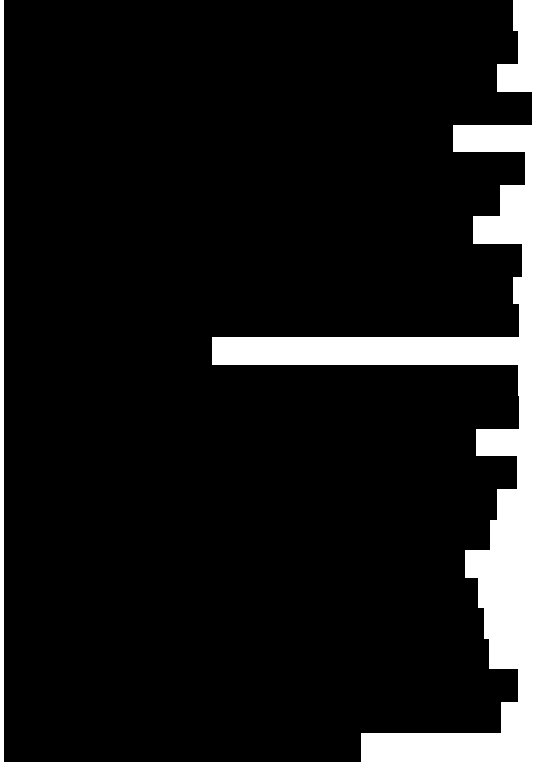

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V 512	Continued From page 86    Interview on 5/8/25 with Client  revealed: 	V 512		

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V 512	Continued From page 87    Interview on 5/8/25 with Client  revealed: 	V 512		



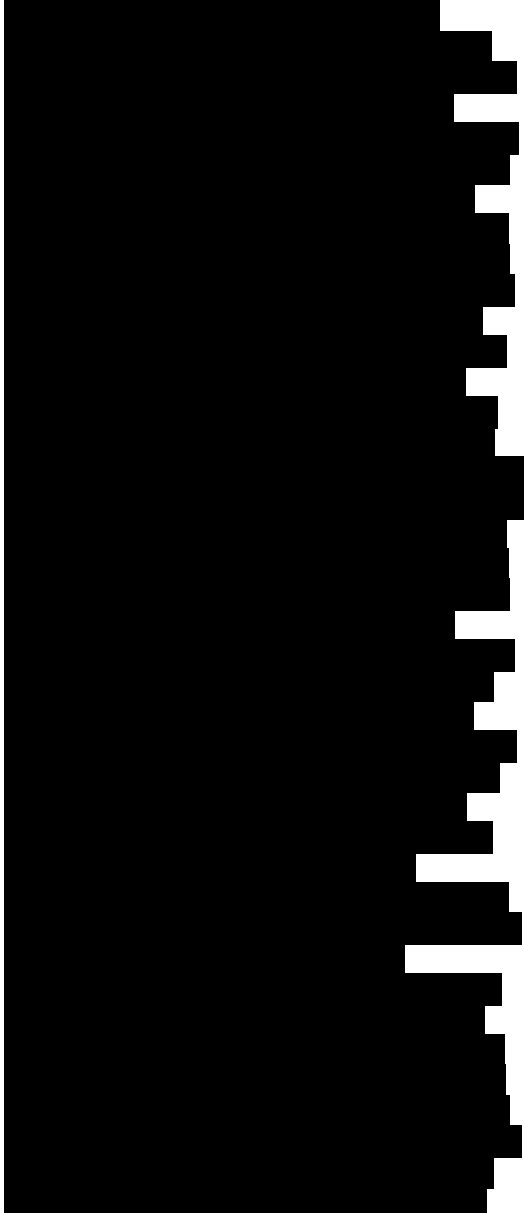
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V 512	Continued From page 88    Interview on 5/8/25 with Client [redacted] revealed: 	V 512		

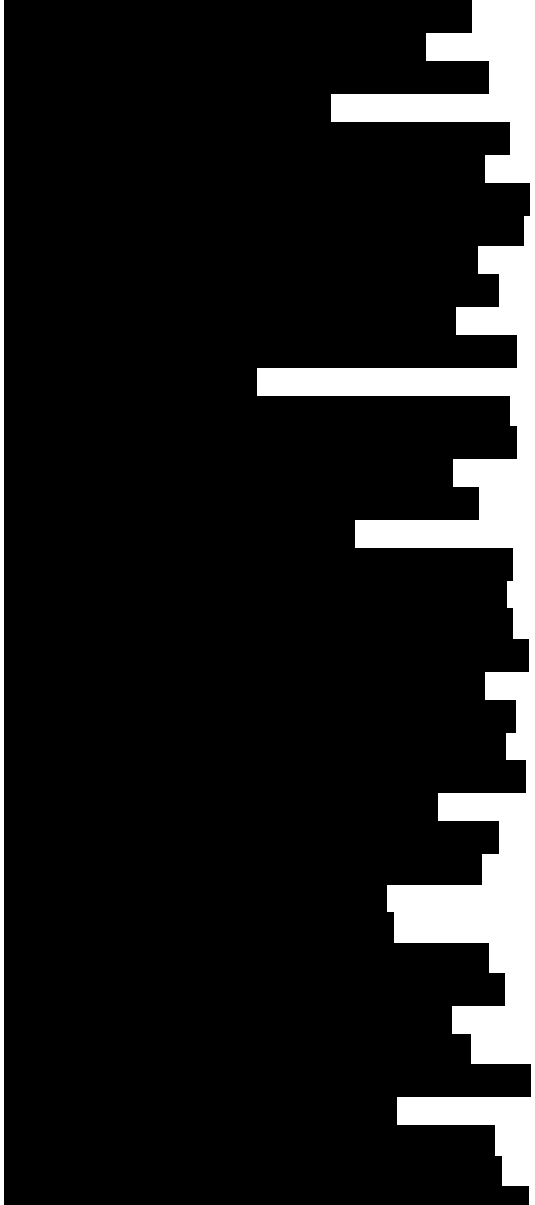
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V 512	<p>Continued From page 89</p>  <p>Interview on 5/9/25 with Staff #1 revealed: -"I had 115 hours of training once I was hired. Of course, we can't be trained for every single incident that's going to happen, but I got a good baseline." -On [REDACTED]/25, clients were having "PRT time which they (clients) have time to write in their journal and not talk so much, they (clients) went to their rooms...[Client [REDACTED] and [REDACTED] were laughing and having funny moments. I walked back out (of clients' room) to common and got a laptop out. Emails hadn't been printed out in a couple of days. I think there were 3 days' worth of parent emails for the kids..."</p> 	V 512		

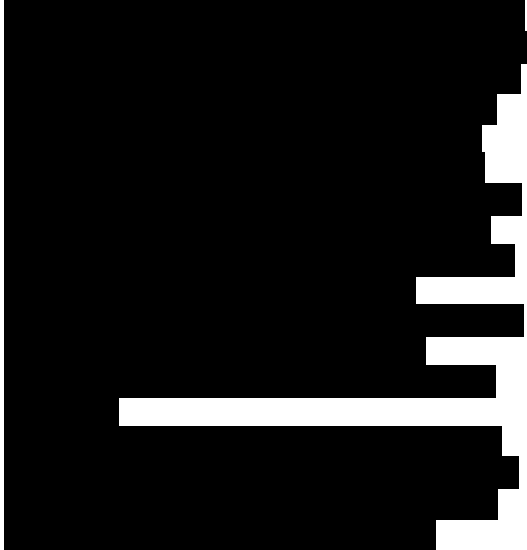

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V 512	Continued From page 90 	V 512		



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V 512	Continued From page 91 	V 512		


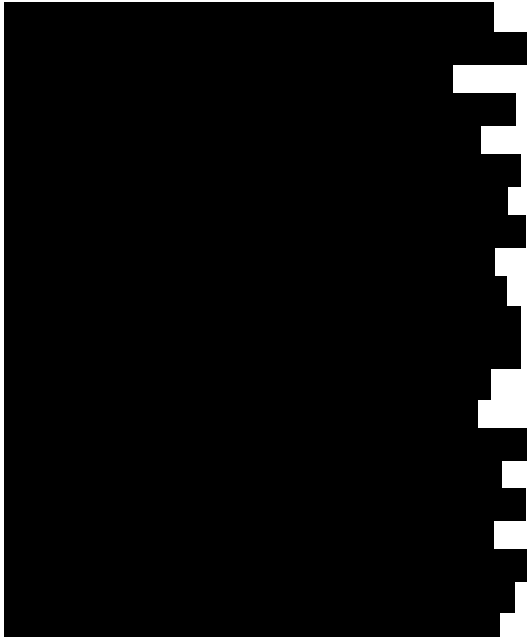
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V 512	<p>Continued From page 92</p>  <p>Interview on 5/13/25 with SC #1 revealed: -Every client was allowed up to 15 minutes of privacy in the bathroom unless they were on precautions. -If on precautions for self-harm, or bingeing, clients would need to have the door partially opened, or they would have to talk, or clap. -"I have never been told they (clients) can be in their room without staff."</p> 	V 512		



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V 512	Continued From page 93    Interview on 5/13/25 with Staff #2 revealed: 	V 512		

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V 512	Continued From page 94    Interview on 5/15/25 with Staff #3 revealed: 	V 512		

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V 512	<p>Continued From page 95</p>  <p>Interview on 5/15/25 with the CPM/Therapist revealed: -"I communicate by email, or text whenever someone (client) is on an intervention and I will typically say 'until further communication', or get a list of what needs to be done in order for that (precaution) to be stopped. I typically meet with the student before it is stopped..."</p> 	V 512		



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V 512	<p>Continued From page 96</p> <p>"My understanding is our students are supposed to be supervised at all times, unless they have earned the privilege to be out of eyesight in their bedrooms. Staff should be able to visibly see the kids at all times unless in the bathroom, or they have privilege of out of eyesight. If out of eyesight is privilege, then I would assume they would have to be in eyesight without that privilege."</p> <p>Interview on 5/20/25 with the Executive Director revealed:</p> <p>"Supervision for all clients is general awareness of all students, within eyesight except when they go to the bathroom, or take a shower without supervision unless on precautions for food eating struggles, or threat of harming self or others which includes the potential for a cracked door in the bathroom, shower, or arms, increased checks...When admitted, they're (clients) on a higher level of supervision, and as they work through the program, the hope is to have less supervision such as rights to have eyes off..."</p> <p>[REDACTED]</p> <p>Interview on 6/5/25 with the Executive Director revealed:</p> <p>[REDACTED]</p>	V 512		

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V 512	<p>Continued From page 97</p>  <p>-All clients had been discharged from the facility and there was no plan to reopen the facility.</p> <p>Review on 5/31/25 of an email dated 5/31/25 from the Executive Director to DHSR Surveyors revealed: -All students had been discharged effective 5/31/25.</p> <p>Review on 5/21/25 of the Plan of Protection (POP) signed and dated 5/21/25 by the Executive Director revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? If a student is on 'bathroom precautions', a staff member will stay outside the door (door remains open the width of a person's foot) until the student exits. Retrain Clinical team on communicating interventions. Retrain Residential Team on how to implement the interventions. Weekly, the Clinical Team will review Interventions List during the Clinical Case Review meeting. Weekly, interventions are reviewed by residential leadership and clinical team at the Res/Clin (Residential/Clinical) Meeting. Weekly, the treatment team will review students' complete treatment plans. Each student's treatment plan will be reviewed by the treatment team at least once per month.</p> <p>Describe your plans to make sure the above happens. Starting on 5/3 (2025), we implemented 5 minute knock intervals instead of 15 minute knock intervals for all students using the</p>	V 512		

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V 512	<p>Continued From page 99</p> <p>Asheville Academy Mentors with an update to [REDACTED] A Mentor Note dated [REDACTED]/25 instructed staff to not go anywhere with a client one-on-one, since doing so would cause another staff member to be out of ratio with more than 4 clients. The [REDACTED]/25 Mentor Note included the signature of Staff #1 to acknowledge [REDACTED] had read and understood the information. On [REDACTED]/25, Staff #1 was assigned the 4 clients who resided in room [REDACTED], Clients [REDACTED] On [REDACTED]/25 shortly after 3:45 pm, Client [REDACTED] requested one-on-one time with Staff #1. A few minutes later, Client [REDACTED] informed Staff #1 that [REDACTED]</p> <p>This deficiency constitutes a Type A1 rule violation for serious harm and neglect and must be corrected within 23 days.</p>	V 512		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION</p>	V 521		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-398</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHEVILLE ACADEMY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>530 UPPER FLAT CREEK ROAD WEAVERVILLE, NC 28787</b>		
(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 521	<p>Continued From page 100</p> <p><b>TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</b></p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <p>(A) notation of the client's physical and psychological well-being;</p> <p>(B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior;</p> <p>(C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used;</p> <p>(D) a description of the intervention and the date, time and duration of its use;</p> <p>(E) a description of accompanying positive methods of intervention;</p> <p>(F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions;</p> <p>(G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and</p> <p>(H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by:</p>	V 521		

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V 521	<p>Continued From page 101</p> <p>Based on record review and interview, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting 1 of 10 audited current clients ( ) and 1 of 1 former client (FC ). The findings are:</p> <p>Review on 6/4/25 of Client record revealed:          -Age: years old.          -Date of admission: /25.          -Date of discharge: /25.          -Diagnoses: </p> <p>Review on 6/4/25 of FC record revealed:          -Age: years old.          -Date of admission: /25.          -Date of discharge: /25.          -Diagnoses: </p> <p>Review on 5/9/25 the facility's restrictive intervention reports dated /25- /25 revealed:          -Restrictive intervention on /25 and 25 with Client .          -Restrictive intervention on /25 and /25 with FC .          -No notation of the clients' physical and psychological well-being after the restrictive interventions.          -No documentation of the time and duration of the use of the restrictive interventions.          -No description of the debriefing and planning with the clients and their legally responsible person to eliminate or reduce the probability of the future use of restrictive interventions.</p>	V 521		

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V 521	<p>Continued From page 102</p> <p>-No documentation of the signature and title of the facility employee who initiated the use of the restrictive interventions.</p> <p>Interview on 5/20/25 with the Executive Director (ED) revealed:</p> <p>-Periodically read incident reports "once a month, if not more."</p> <p>-The Program Director (PD) would review all of the incident reports.</p> <p>-"If a kid (client) ends up in a hold (restrictive intervention) ...we (PD and ED) would have a conversation (with Executive Leadership) about that."</p> <p>Interview on 6/2/25 with the PD revealed:</p> <p>- Was responsible for reviewing and ensuring the incident reports were reported in the facility's healthcare documentation system.</p>	V 521		