



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**KODY H. KINSLEY** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

**VIA CERTIFIED MAIL**

March 28, 2024

Mr. Jeremy Whitworth  
Trails Carolina, LLC  
500 Winding Gap Road  
Lake Toxaway, North Carolina 28747

**RE: Intent to Revoke License**  
**Trails Carolina, 500 Winding Gap Road, Lake Toxaway, NC 28747**  
**MHL # 088-020**  
**E-mail Address: [jwhitworth@trailsnc.com](mailto:jwhitworth@trailsnc.com)**

Dear Mr. Whitworth:

Based on the findings of this agency from an annual, complaint, and follow up survey completed on March 21, 2024, it has been determined that Trails Carolina, LLC has operated Trails Carolina in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services and/or N.C.G.S. § 122C, Article 3, Clients' Rights for individuals with mental illness, developmental disabilities, or substance abuse issues. It has been determined that your facility's violations of the above Statute endanger the health, safety, and welfare of clients in your facility. Therefore, the Department intends to revoke your license.

**Agency Findings:** The statutes and rules determined to be out of compliance for the March 21, 2024 survey and upon which this agency's decision is based are set out in the enclosed Statement of Deficiencies. The rule citations include:

- General Statute 122C-62 Additional Rights in 24-Hour Facilities (V364)
- 10A NCAC 27G .0209 Medication Requirements (V118)
- 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366)
- 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512)
- 10A NCAC 27E .0101 Least Restrictive Alternative (V513)

**Notice of Opportunity to Demonstrate Compliance with Licensing Laws and Rules:**

Pursuant to N.C.G.S. § 150B-3(b), you are hereby given an opportunity to show compliance with all lawful requirements for retention of your license. If you believe you are in compliance with the applicable statutes and rules, you may submit a written statement asserting all the reasons you contend you are in compliance with the applicable statutes and rules. This statement must be submitted to the agency within ten (10) calendar days following the mailing of this notice. Please include with your written statement any supporting documents you wish

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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March 28, 2024  
Trails Carolina  
Trails Carolina, LLC

the agency to review prior to making a final decision. The written statement may be in the form of a Plan of Correction, which should include: (a) measures in place to correct the deficiencies, (b) measures in place to prevent reoccurrence of the problem(s), and (c) who is monitoring and how often to ensure the problems will not re-occur.

Please send your written statement and/or plan of correction, and any supporting documents to:

Clarice Rising, Western Branch Manager  
NC Division of Health Service Regulation  
Mental Health Licensure and Certification Section  
2718 Mail Service Center  
Raleigh, NC 27699-2718

In addition, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal conference, you must contact Clarice Rising, Western Branch Manager at 336-247-5469.

The agency will review your written statement, any supporting documents, and information covered during an informal conference (should you elect to schedule one) prior to making the final decision to affirm, modify, or rescind the decision to revoke your license. The agency may also review any other information it receives prior to making a final decision.

**Consequence of Failure to Submit Written Statement:** If this agency does not receive a written statement or a request for an informal conference from you within ten (10) calendar days following the mailing of this notice, your license will be revoked.

You may contact Clarice Rising, Western Branch Manager at 336-247-5469 if you have any questions about this notice or about your right to demonstrate compliance with all lawful requirements for retention of your license.

Sincerely,



Robin Sulfridge, Chief  
Mental Health Licensure & Certification Section

Cc: [dhsreports@dhhs.nc.gov](mailto:dhsreports@dhhs.nc.gov), DMH/DD/SAS  
[Medicaid.dhsr.notice@dhhs.nc.gov](mailto:Medicaid.dhsr.notice@dhhs.nc.gov), NC Medicaid  
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[dhhs@vayahealth.com](mailto:dhhs@vayahealth.com)

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Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO  
Amanda Vanderoef, Director, Transylvania County DSS  
Lisa Cauley, DSS Deputy Director  
Adrian Daye, DSS Deputy Director/Child Welfare  
Tammy Shook, DSS Deputy Director/Child Welfare  
Laura Sotillo, MH Program Manager DSOHF  
Pam Pridgen, Administrative Supervisor