



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 28, 2024

Mr. Jeremy Whitworth, Executive Director
TRAILS Carolina, LLC
500 Winding Gap Road
Lake Toxaway, North Carolina 28747

Re: Annual, Complaint, and Follow Up Survey completed March 21, 2024

Trails Carolina, 500 Winding Gap Road, Lake Toxaway, NC, 28747

MHL #: 088-020

E-mail Address: jwhitworth@trailsnc.com; gshannonhouse@trailsnc.com;

Intake #: NC#00212904, NC#00212978

Dear Mr. Whitworth:

Thank you for the cooperation and courtesy extended during the annual, complaint, and follow up survey completed March 21, 2024. The complaints were substantiated.

As a result of the follow-up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type A1 rule violation(s) are cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect, or Exploitation (V512) and 10A NCAC 27G .209 Medication Requirements (V109).
- Type B rule violation(s) is cited for 10A NCAC 27E .0101 Least Restrictive Alternative (V513).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violations must be **corrected** within 23 days from the exit date of the survey, which is 4/13/24 Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation(s) by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against TRAILS Carolina LLC for each day the deficiency remains out of compliance.
- Type B violation(s) must be **corrected** within 45 days from the exit date of the survey, which is 5/5/24. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an

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

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administrative penalty of \$200.00 (Two Hundred) against Trails Carolina LLC for each day the deficiency remains out of compliance.

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 5/20/24.

As a result of this survey, an Intent for Revocation is being issued. You are still responsible for making the required corrections of the noted deficiencies within the above required timeframes. If a follow-up survey is requested and completed, failure to make the corrections within the required timeframes may result in further penalties and/or administrative actions.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.

Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Eileen Moreno at 336-247-0107.

Sincerely,



Benjamin Robinson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Anne Nelson
Facility Compliance Consultant I
Mental Health Licensure & Certification

Cc: dhhs@vayahealth.com
Ms. Amanda Vanderloef, Director Transylvania County of Social Services
Mr. Chris Weatherford, Director Jackson County Department of Social S
Pam Pridgen, Administrative Supervisor