

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ A. WING: _____	(X3) DATE SURVEY COMPLETED 05/18/2020	
NAME OF PROVIDER OR SUPPLIER CANYON HILLS TREATMENT FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 769 ABERDEEN ROAD RAEFORD, NC 28376		
(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)	COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 5/18/20. The complaint was substantiated (intake #NC000164883). A deficiency was cited.	v 000		
V 105	This facility is licensed for the following service category: IOA NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. 27G .0201 (A) (1-7) Governing Body Policies IOA NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need;	v 105	DHSR-Mental Health JUN 15 2020 Lic. & Cert. Section	

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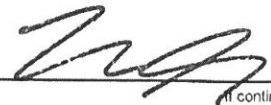
	<p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;</p>			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

 4 June 20

Appendix 1-B: Plan of Correction Form

Plan of Correction

Complaint Survey Completion Date: 05/18/2020

Please complete all requested information and mail completed Plan of Correction form to:

Mental Health Licensure and Certification Section
 NC Division of Health Service Regulation
 2718 Mail Service Center Raleigh, NC27699-2718

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	Canyon Hills Treatment Facility	Phone:	(910) 878-1502
Provider Contact Person for follow-up:	Micheaux Hollingsworth	Fax:	(910) 878-1503
		Email:	chtf2601@yahoo.com
Address:	769 Aberdeen Road Raeford, NC 28376		

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V105.27.201 (A) (1-7) Governing Body Policies</p> <p>This rule is not met as evidence by: The facility failed to follow adoption of standards that assure operational and programmatic performance meeting applicable standards of practice by admitting a client (#1) during a COVID 19 outbreak</p>	<p>Canyon Hills Treatment Facility will ensure to abide by the adoption of standards that assure operational and programmatic performance meetings are applicable to standards of practice.</p> <p>Canyon Hills Treatment Facility will implement a level of competence by utilizing accepted methods, knowledge, skills and care applicable to standards of practice.</p> <p>During the COVID 19 Pandemic, Canyon Hills Treatment Facility will not admit a child into the facility without obtaining prior testing at their local health department and a negative result must be received prior to admission is considered.</p> <p>During the COVID 19 Pandemic, Canyon Hills Treatment Facility will continue to implement standards outlined in the plan of protection.</p> <ul style="list-style-type: none"> - Checking Temperature (consumers & staff) - Wearing mask (consumers & staff) - Washing Hands (consumers & staff) - Utilize Sanitation Stations - Social Distancing (consumers & staff) - Clean & Disinfect objects & surfaces touched using EPA registered disinfectant 	<p>Owner / Management Team – will develop and implement policies and procedures</p> <p>QA Director / Clinical Director– will monitor and ensure compliance</p> <p>Staff – will conduct adhere to emergency standard practices</p>	<p>Implementation Date: 05/18/2020 - ongoing</p> <p>Projected Completion Date: 06/10/2020</p>