


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2021
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NAME OF PROVIDER OR SUPPLIER CANYON HILLS TREATMENT FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 769 ABERDEEN ROAD RAEFORD, NC 28376
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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)	(X6) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on January 5, 2021. The complaints (intake #NC00172355 & #NC00172146) were substantiated and complaints (intake #NC00172881 & #NC00172733) was unsubstantiated. Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Resident Treatment Facility for Children or Adolescents	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

 TITLE
CEO

(X6) DATE

01.08.2021

Appendix 1-B: Plan of Correction Form

Plan of Correction 01/08/2021

<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to: Division of Health Service Regulation Mental Health Licensure and Certification Section Attn: Frances Hicks 2718 Mail Services Center Raleigh, NC 27699-2718</p>	<p>In lieu of mailing the form, you may e-mail the completed electronic form to:</p>
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Provider Name:	Canyon Hills Treatment Facility	Phone:	(910) 237-4804
Provider Contact Person for follow-up:	Tonya Pone	Fax:	(910)
		Email:	t.pone@canyonhillstreatmentfacility.org
Address:	769 Aberdeen Road Raeford, NC 28376		Provider #: MHL-047-158

Finding	Corrective Action Steps	Responsible Party	Timeline
V112.27G.0208.0205 (C-D) Failed to implement family therapy goals identified in the current treatment plan or service plan for one of one audited file.	Canyon Hills Treatment Facility will ensure treatment plans are developed to include strategies specific to the recipient's needs. Canyon Hills Treatment Facility will ensure treatment plans are updated and goals reflect that the recipient and/or family is not ready to work on a specific goal.	Administrator/Owner - will inform LP/QA/QI directors of changes LP/QA/QI Director – update forms and monitor compliance	Implementation Date: 01/08/2021 – On going Projected Completion Date: 03/05/2021
V314.27G.1901 Psych. Res. Treatment Facility – Scope Failed to coordinate with individuals and agencies within the child or adolescent's catchment area affective one of three audited files and fail to provide supervision and specialized interventions on a 24-hour basis for one of three audited client files.	Canyon Hills Treatment Facility will coordinate with other individuals and agencies within the child or adolescent's catchment area. Canyon Hills Treatment Facility will ensure that each child or adolescent is provided supervision and specialized intervention on a 24-hour basis, as outline in their service goals. Canyon Hills Treatment Facility will develop a checks and balances for items obtained during appointments.	Administrator/Owner - will inform LP/QA/QI directors of changes LP/QA/QI Director – update forms and monitor compliance	Implementation Date: 01/08/2021 – On going Projected Completion Date: 03/05/2021
V364. G.S.122C-62 Additional Rights in 24 Hour Facilities Failed to ensure each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to communicate and consult with parents or guardian or the agency individual having legal custody for one of three audited client files.	Canyon Hills Treatment Facility will ensure clients have access to make confidential phone calls, based on the approval of guardians. Canyon Hills Treatment Facility implements telephone time as specified in 15-minute increments based on schedule. Canyon Hills Treatment Facility will designate an area for recipients to make and receive private calls.	Administrator/Owner - will inform LP/QA/QI directors of changes LP/QA/QI Director – update forms and monitor compliance	Implementation Date: 01/08/2021 – On going Projected Completion Date: 03/05/2021