

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/11/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS TREATMENT FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>769 ABERDEEN ROAD RAEFORD, NC 28376</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 000	INITIAL COMMENTS  An Annual and Complaint survey was completed on May 11, 2021. One complaint was substantiated (Intake #NC00175843) and one complaint was unsubstantiated (Intake #NC00176138). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 314	27G .1901 Psych Res. Tx. Facility - Scope  10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other	V 314		

DHSR - Mental Health  
JUN 09 2021  
Lic. & Cert. Section

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

TITLE

*[Signature]*  
(X6) DATE

## Appendix 1-B: Plan of Correction Form

Plan of Correction 05/11/2021			
<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: Johanna Edwards, RN                      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>	
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
<p><b>V314.27G.1901 Psych. Res. Treatment Facility – Scope</b></p> <p>Failed to provide required supervision and specialized interventions on the safety of clients on a 24-hour basis for three of three audited client files.</p>	<p>Canyon Hills Treatment Facility will provide each child or adolescent a structured and safe living environment on a 24-hour basis/</p> <p>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.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>	<p><b>Implementation Date:</b> 05/14/2021 – On going</p> <p><b>Projected Completion Date:</b> 06/03/2021</p>
<p><b>V366.27G.0603 Incident Response Requirements</b></p> <p>Fail to assure all Level II incidents were reported with responses documented to the LME (Local Management Entity and the North Carolina Disability Rights office.</p>	<p>Canyon Hills Treatment Facility will ensure that all Level II incidents are to be documented using the IRIS Reporting System within the required timeframe.</p> <p>Canyon Hills Treatment Facility will re-train all nursing staff on the Level II incident reporting IRIS System.</p> <p>Canyon Hills Treatment Facility will ensure that Level II or III incident reports which require follow-up information or responses is submitted timely upon request.</p> <p>Canyon Hills Treatment Facility will ensure that each Level II or III incidents are submitted to the NCDR via fax with follow-up information as when requested.</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p> <p>LP/QA/QI Director – update forms and monitor compliance</p>	<p><b>Implementation Date:</b> 05/28/2021 – On going</p> <p><b>Projected Completion Date:</b> 07/10/2021</p>
<p><b>V367.27G.0604 Incident Response Requirements</b></p> <p>Failed to ensure incident reports were submitted to the Local Management Entity (LME/MCO) within 72 hours as required</p>	<p>Canyon Hills Treatment Facility will ensure incident reports are submitted as required to the LME/MCO for the catchment area where services are provided within 72 hours of becoming aware of the incident.</p> <p>Canyon Hills Treatment Facility will explain any missing or incomplete information, by submitting an update report to all</p>	<p>Administrator/Owner - will inform LP/QA/QI directors of changes</p> <p>Client Right Committee/QA Committee – monitor/review</p>	<p><b>Implementation Date:</b> 05/28/2021 – On going</p> <p><b>Projected Completion Date:</b> 07/10/2021</p>

	required areas by the next business day.	LP/QA/QI Director – update forms and monitor compliance	
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