

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 09/29/2021
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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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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on September 29, 2021. The complaint (intake #NC00179761) was substantiated and complaint (#NC00181359) was unsubstantiated. Deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 1900 Psychiatric Residential Treatment for Children and Adolescents</p>	V 000		
V 314	<p>27G .1901 Psych Res. Tx. Facility - Scope</p> <p>10A NCAC 27G .1901 SCOPE</p> <p>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or</p>	V 314		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 314	<p>Continued From page 1</p> <p>adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on. Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure therapeutic interventions addressed 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 for one of four audited clients (#1, #2, and #3).</p> <p>A. Review on 9/17/21 of Client #1's record revealed: -Age: 12 -Admission date of 2/19/21. -Diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Combined Type.</p>	V 314		

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V 314	<p>Continued From page 2</p> <p>-Treatment plan dated 2/24/21 revealed the following goals:</p> <ul style="list-style-type: none"> -client will learn in his placement to comply with the rules of the facility an demonstrate an increased ability to self-regulate and take direction from authority figures. -service: therapist as scheduled weekly. -client will actively engage in sex offender, education and mental health therapy sessions while completing clinical assignments and activities which address health boundaries and socially appropriate behaviors through individual and group therapy activities. -service: therapist: as scheduled weekly. <p>Review of Client #1's Individual, Family and Group Therapy included the following dates:</p> <ul style="list-style-type: none"> -4/12/21 - individual therapy -4/22/21- group therapy -6/12/21 - family therapy -6/13/21 - individual therapy -7/1/21 - individual therapy -7/7/21 - individual therapy -7/14/21 - individual therapy -7/20/21 - individual therapy -7/27/21 - individual therapy; attempted family therapy; both parents were unavailable <p>Further review dated 9/17/21 "LP Monthly Note" revealed:</p> <ul style="list-style-type: none"> -4/5/21 - individual session -4/12/21 - individual session -4/29/21 - attempted family session -4/29/21 - group therapy -8/6/21 - individual session -8/10/21 - attempted family -8/25/21 - client was not seen this week for therapy due to the facility being place on quarantine -8/31/21 - no session - therapist responded to unit 	V 314		

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V 314	<p>Continued From page 3</p> <p>due to clients behavior</p> <ul style="list-style-type: none"> -There was no evidence of group therapy 3x/week since admitted. -There was no evidence of monthly family therapy since admitted. -There was no evidence of individual therapy in May 2021. -LP Monthly notes provided summary of therapist/client interaction. -LP Monthly notes did not provide evidence of individual session with time, goal or client effectiveness. <p>B. Review on 9/17/21 of Client 2's record revealed:</p> <ul style="list-style-type: none"> -Age: 16 -Admission date of 5/4/21. -Diagnoses of Generalized Anxiety Disorder, PTSD, Unspecified Trauma & Stressor Related Disorder. -Treatment plan dated 7/22/21 revealed the following goals: <ul style="list-style-type: none"> -client will learn and maintain appropriate boundaries with others. Service: therapist as scheduled. -client will comply with all the rules of the facility. Service: therapist as scheduled. -client will work to reduce hypervigilance and other anxiety symptoms. Service: therapist as scheduled. <p>Review of Client #1's Individual, Family and Group Therapy included the following dates:</p> <ul style="list-style-type: none"> -6/23/21 - individual therapy -7/15/21 - individual therapy -7/22/21 - individual therapy -7/27/21 - attempted family therapy session -8/6/21 - Individual therapy -8/17/21 - family therapy -8/25/21 - no session due to facility placed on 	V 314		

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V 314	<p>Continued From page 4</p> <p>quarantine -8/26/21 - zoom family therapy</p> <p>Further review dated 9/17/21 "LP Monthly Note" revealed: -5/5/21: individual therapy -5/7/21 - family session to informed of therapeutic hold -5/11/21 - meeting with client to discuss PCP treatment goals -5/24/21 - met with client to discuss feelings about family team meeting -6/8/21 - Individual therapy -6/16/21 - individual therapy -There was no evidence of group therapy 3x/week since admitted. -LP Monthly notes provided summary of therapist/client interaction. -LP Monthly notes did not provide evidence of individual session with time, goal or client effectiveness.</p> <p>C. Review on 9/17/21 of Client #3's record revealed: -Age: 15 -Admission date of 6/2/21. -Diagnoses of Depressive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, and Oppositional Defiant Disorder. -Treatment plan dated 7/22/21 revealed the following goals: -client will comply with all the rules of the facility. Service: therapist - monthly -client will learn and practice healthy self-regulation skills to safely manager symptoms of disruptive mood dysregulation disorder. Service: therapist - monthly -client will learn to respect the boundaries of</p>	V 314		

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V 314	<p>Continued From page 5</p> <p>others and will learn how to manage his sexual urges to not offend others, he will learn to not make suicidal threats when presented with consequences for negative behaviors and will comply with rules. Service: therapist - monthly</p> <p>Further review dated 9/17/21 "LP Monthly Note" revealed: -6/8/21 - therapist conducted a check-in with client to review his treatment goals and his progress towards them since arrive -6/16/21 - session note -6/23/21 - child and family team meeting -6/30/21 - session note -7/25/21 - session note -7/15/21 - session note -7/20/21 - client refused to attend session -7/28/21 - session note -8/6/21 - therapist met with client to conduct a juvenile sexual assessment -8/10/21 - therapist and client completed the rest of the juvenile sexual assessment -8/25/21 - client was not seen this week for therapy due to the facility being placed on quarantine -There was no evidence of group therapy 3x/week since admitted. -There was no evidence of monthly family therapy since admitted. -LP Monthly notes provided summary of therapist/client interaction. -LP Monthly notes did not provide evidence of individual session with time, goal or client effectiveness.</p> <p>Review on 9/17/21 of Clients #1, Client #2 and Client #3's Treatment Plan included the following: -"How - Canyon Hills Therapist/Case Manager: therapist will provide interaction to build</p>	V 314		

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V 314	<p>Continued From page 6</p> <p>competence and stability through cognitive behavioral oriented individual, group & family therapy; processing, cognitive restructuring & psychoeducation; address issues related to trauma at 90 minutes each week. Group therapy will provide [client #1] with the ability to have psychoeducation and process, peer confrontation and conflict resolution, and cognitive restructuring 3 times each week. [Client #1] will participate in monthly family therapy sessions with guardian ..."</p> <p>Interview on 9/17/21 with Client #1 revealed: -He had a new therapist. -Former therapist left about one week ago. -He would meet with new therapist every Tuesday. -Confirmed he never received family therapy. -He never had family therapy since admitted. -Reported no group therapy.</p> <p>Interview on 9/17/21 with Client #2 revealed: -He had a new therapist. -Reported that he was receiving individual therapy and family therapy. -He did not want to do family therapy. -He reported no group therapy.</p> <p>Interview on 9/17/21 with Client #3 revealed: -He reported not receiving therapy like he was supposed to. -He was told he was to receive therapy once a week. -Denied receiving family therapy with just his parents and therapist. -He had family therapy at previous facility.</p> <p>Interview on 9/17/21 with the Clinical Director revealed: -Confirmed group therapy should be 3x/week. -Confirmed individual therapy should be weekly</p>	V 314		

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V 314	<p>Continued From page 7</p> <p>and family therapy monthly.</p> <ul style="list-style-type: none"> -Family therapy should start two months after admission. -She conducted an audit in August for the month of July 2021. -She did not find lapse in services but confirmed focused only for July 2021. -Reported LP Monthly Note was summary of individual, group and family session. -The LP Monthly note was to be completed only by the main social worker. -She only had one social worker but there was no client/social worker ratio. -The one social worker last day was 9/10/21. -She recently hired 4 social workers (1) for weekends to provide family therapy, (2) contract to work weekdays and (1) Part-time or as needed to provide group therapy. -The two contract social workers would carry a caseload for two units. -Family therapy sessions would be scheduled in advance and conducted via zoom or in person. 	V 314		