

Appendix 1-B: Plan of Correction Form

Plan of Correction Complaint Survey Completion Date: 09/29/2021			
<p>Please complete <u>all</u> 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</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) 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>V314.27G.1901 Psych Res. Tx Facility - Scope</p> <p>This rule is not met as evidence 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, # 2and #3).</p>	<p>Canyon Hills Treatment Facility will ensure that therapeutic interventions address functional deficits in each recipients Person Centered Plan.</p> <p>Canyon Hills Treatment Facility will continue to address therapeutic interventions which include psychiatric treatment, substance abuse and mental health therapeutic care in the recipient’s monthly contact note.</p> <p>Canyon Hills Treatment Facility will separate each specialized service type in the monthly note varying that date of contact, purpose of contact, goal number, a description of treatment, a narrative note of contact made with the recipients and/or his family and the effectiveness of the session.</p> <p>Canyon Hills Treatment Facility will ensure the monthly contact note address the therapeutic interventions and services necessary to facilitate a move to a less intensive community setting</p> <p>Canyon Hills Treatment Facility will document on a contact log, attempts made to contact parents/guardians for family sessions and identify why the scheduled session was not held.</p> <p>Canyon Hills Treatment Facility will ensure therapy sessions are held as scheduled even when quarantine, through virtual sessions with the therapist if client is not sick.</p>	<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: 10/18/2021 - ongoing</p> <p>Projected Completion Date: 11/29/2021</p>