Appendix 1-B: Plan of Correction Form

Plan of Correction Complaint Survey Completion Date: 11/24/2021					
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	In lieu of mailing the form, you may e-mail the completed electronic form to:				

2/18 Mail Service Center Raleign, NC2/699-2	/18						
Provider Name:	Canyon Hills Treatment Facility			(910) 878-1502			
Provider Contact	Micheaux Hollingsworth		Fax:	(910) 878-1503			
Person for follow-up:			Email:	chtf2601@yahoo.com			
Address: 769 Aberdeen Road Raeford, NC 28376							
Finding	Corrective Action Steps	Responsible Party		Time Line			
V.364.G.S. 122C-62 Additional Rights in 24-	Canyon Hills Treatment Facility will ensure that all individuals have the	Owner / Management Team –		m – Implementation Date:			
hour Facilities	ability to make and receive telephone calls, as specified on their	will develop and implement		nt 12/20/2021 - ongoing			
	individual call log which is generated by their legal guardian.	policies and pr	rocedures				
Based on record review and interviews, the				Projected Completion Date:			
facility failed to ensure that clients can make	Canyon Hills Treatment Facility will ensure that all long-distance calls	OA Director / Clinical 01/21/2022		01/21/2022			

V.364.G.S. 122C-62 Additional Rights in 24-	Canyon Hills Treatment Facility will ensure that all individuals have the	Owner / Management Team –	Implementation Date:
hour Facilities	ability to make and receive telephone calls, as specified on their	will develop and implement	12/20/2021 - ongoing
	individual call log which is generated by their legal guardian.	policies and procedures	
Based on record review and interviews, the			Projected Completion Date:
facility failed to ensure that clients can make	Canyon Hills Treatment Facility will ensure that all long-distance calls	QA Director / Clinical	01/21/2022
and receive confidential telephone calls affecting	shall be paid for by the client and/or their legal guardian at the time of	Director- will monitor and	
3 of 3 clients (Clients # 1, # 2 and # 3).	making the call or made collect to the receiving party.	ensure compliance	
	Canyon Hills Treatment Facility staff will monitor calls as specified in the Person-Centered Plan to ensure that calls are made to persons identified on their approved call log, as specified by the legal guardian. Canyon Hills Treatment Facility staff will dial the phone and hand the phone to the recipient, to ensure that the call made is to someone on their approved list.	Staff – will conduct adhere to emergency standard practices	
	Canyon Hills Treatment Facility staff will place the call on speaker and step outside the door, to allow for private conversation but at anytime the person on the other end hangs up staff will step in and retrieve the phone in order to prevent the individual from making another call.		