If continuation sheet 1 of 16

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL047-158 B. WING 06/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CANYON HILLS TREATMENT FACILITY **769 ABERDEEN ROAD** RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and a limited follow-up survey for the Type A1 was completed on June 16, 2022. This was a limited follow-up survey, only 10A NCAC 27G .1901 Psychiatric Residential Treatment Facility - Scope (V314) was reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .1901 Psychiatric Residential Treatment Facility - Scope (V314). Complaints #NC00189307, #NC00189348, #NC00189586 and #NC00189652 were substantiated. Complaint #NC00189014 was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF-Psychiatric Residential Treatment Facility for Children and Adolescents. This facility is licensed for 24 and currently has a census of 19. The survey sample consisted of audits of 4 current clients and 1 former client. V 314 27G .1901 Psych Res. Tx. Facility - Scope V 314 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 RECEIVED inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do JUL 1 1 2022 not meet criteria for acute inpatient care, but do require supervision and specialized interventions **DHSR-MH Licensure Sect** on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric Division of Health Service Regulation LABORATORY DIRECTOR: OB PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL047-158 B. WING 06/16/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CANYON HILLS TREATMENT FACILITY **769 ABERDEEN ROAD** RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION (X5)TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 314 Continued From page 1 V 314 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 individuals and agencies within the child or adolescent's catchment area. (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/. Canyon Hills will ensure that each resident receives mental health therapeutic care designed especially for their treatment needs. Each resident will be assessed upon admission and a person centered plan developed by the CHTF Clinical Team. This Rule is not met as evidenced by: The team will consist of but not limited Based on record review and interviews the facility to the Clinical Director, Licensed failed to ensure (a) clients received mental health Clinician, QP, and Care Coordinator. therapeutic care designed to address the Each CHTF member will be trained on treatment needs necessary to facilitate a move to the process of admissions to include a less intensive community setting for 1 of 5 the person centered planning on audited clients (#1) and (b) failed to coordinate 07/15/2022 at 9am at the main office. with other individuals and agencies for 2 of 5 Division of Health Service Regulation

PRINTED: 06/21/2022

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL047-158 B. WING NAME OF PROVIDER OR SUPPLIER 06/16/2022 STREET ADDRESS, CITY, STATE, ZIP CODE CANYON HILLS TREATMENT FACILITY **769 ABERDEEN ROAD** RAEFORD, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 314 Continued From page 2 V 314 audited clients (#1 and #2). The findings are: A. Review on 6/14/22 of Client #1's record revealed: -Age: 12 -Admission date of 2/19/21. -Diagnoses of Attention-Deficit Hyperactivity Disorder, Combined Type and Oppositional Defiant Disorder. -Treatment Plan dated 5/25/22 included the following goals: -"[Client #1] will eliminate all inappropriate sexual behaviors by actively engage in sex By 08/02/2022 offender education and mental health therapy CHTF will employ a Licensed sessions while completing clinical assignments Therapist and activities which address healthy boundaries that will provide a detailed and socially appropriate behaviors through individualized therapy schedule of individual and group therapy activities as the resident's sessions and the evidence by progress documented on clinical scope of notes." services to be provided. In conjunction Review on 6/14/22 of Client #1's Therapy Notes with the Clinical Director, each revealed the following: resident -Individual therapy on 4/11/22, 5/7/22 and 5/14/22 will receive appropriate therapeutic -Group therapy 3/8/22, 3/24/22 and 3/25/22. specific services. -There were no family sessions. -There were no sessions focused on On 8/31/22 the Therapist(s) will be 09/15/22 inappropriate sexual behaviors. trained by the Clinical Director on the process for documentation of Interview on 6/14/22 with Client #1 revealed: services -Last time he had therapy was either Sunday or which includes but is not limited to Saturday. care coordination and service -The therapist did not work full-time. delivery. Training will occur -Worked with the therapist for about 2-3 weeks. at 2pm at the Main office. -Received therapy about his anger management and coping skills. -Sometimes he had group therapy with the therapist. -Previously received therapy at least one or twice a week. Division of Health Service Regulation

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Division of Health Service Regulation

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	-The new QP started April 2022Previous QP was lead 2022Aware the psycholosubmittedUnaware the psycholosubmittedUnaware the psycholosubmittedUnaware the psycholosubmittedShe started participed due to prior issues at Review on 6/14/22 of Age 14Admission date of Secure - Disorder, Combined Problem. Interview on 6/14/22-Last court appearant - He did not miss a compose of Age of Age 14 of Age 15 of Age 16 of Age 16 of Age 16 of Age 17	d towards the middle to end of et go for no reason in April ogical evaluation request was allological location was denied et. Dating in the CFT meetings and concerns. Of Client #2's record revealed; Of Client #2 revealed; Of Client #2 revealed: Of Clie	V 314			

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	-She emailed the coushe called the coushe called the coushe did not inform supervisorShe did not ask the else to ensure client counselorShe later discusse about scheduling planterview on 6/15/22 revealed: -During the child/far stakeholders report-She apologized to -She gave the stake-The court counseld experienced with the -When concerns we respondShe asked the QP stakeholdersQP reported she with because she don't to	ourt counselor the next day, and to go to urgent care. In counselor the following day. The clinical director her e clinical director or anyone at #2 called his court d with the court counselor thone calls. 2 with the Clinical Director mily team meeting the red problems with the QP. The stakeholders. The properties of the eq. Th		On 7/15/2022 at 11am at the Ma Office, the QA Director will train the Clinical team on the therapy process and documentation requirements which includes the therapy schedule and implement guidelines.		09/15/22
		was busy tending to other did not call the court				
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	unit. Each unit of a than 12 children or a in Paragraph (b) of t unit shall be adminis	O3 OPERATIONS EVE more than one residential PRTF shall serve no more adolescents except as set out this Rule. Each residential stered, staffed, and located to from all other residential units				

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TO UNE OF	THOUSEN ON OUT FEET		RDEEN ROA			
CANYO	N HILLS TREATMENT	FACILITY	D, NC 2837			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE COMPLETE	E
V 316	Continued From page	ge 9	V 316			
	(b) A facility license with a unit capacity effective date of the provide these service and may continue to greater capacity. (c) Discharge plannadmission. Efforts frestrictive communit documented from the responsible persons the child or adolesced discharge planning (d) Each facility shaseven days a week (e) Family members persons shall be invimplementation of the assure a smooth transetting. (f) Children or adole shall receive educatif facility-based school meet applicable star and State law. (g) Each child or ad age-appropriate persons	ed to provide PRTF services of greater than 12, as of the se Rules may continue to see at that greater capacity or renew its license at that using shall begin on the day of for discharge to a less by residential setting shall be see date of admission. Legally 5, family members or both and tent shall be present at		Canyon Hills staff will be trained the admission and discharge proces on 07/292022 at 11am at the Main office by the Care Coordinator, Admin Staff will be trained on the policy that includes	ss	
	failed to ensure dischadate of admission to	as evidenced by: iew and interviews the facility narge planning began on the a less restrictive community d should be documented		includes discharge planning to begin at admission, the forms to be utilize and instructions on implementat		

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	c	COM	IPLETED
		MHL047-158	B. WING		06/	16/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY,	STATE, ZIP CODE		
CANYO	N HILLS TREATMENT	FACILITY 769 ABEI	RDEEN ROA	D		
OAIT O	TILLO TILLATMENT	RAEFOR	D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 316	Continued From pa	ge 10	V 316			
	from the date of adr	mission for 2 of 5 audited				
	clients (#1 and #2).					
	Review on 6/14/22	of Client #1's record revealed:				
	-Age: 12					
	-Admission date of					
		tion-Deficit Hyperactivity I Type and Oppositional				
	Defiant Disorder.	Type and Oppositional				
-Treatment Plan dated 5/25/22 included the following goals: -"[Client #1] will eliminate all inappropriate						
	sexual behaviors by actively engage in sex offender education and mental health therapy					
		oleting clinical assignments				
	and activities which	address healthy boundaries				
		iate behaviors through				
	individual and group	therapy activities as				
	notes."	s documented on clinical				
		f Client #1's Therapy Notes				
	revealed following:	n 4/11/22, 5/7/22 and				
	5/14/22.	ii wille, ornee and				
		22, 3/24/22 and 3/25/22.				
	-There were no fami					
	 There were no sess inappropriate sexual 					
	mappropriate sexual	bondviors.				
	Review on 6/14/22 o	f Client #1's Child/Family				
		es dated 5/25/22 revealed				1
	the following:	nato all inapproprieto passet				
		nate all inappropriate sexual engage in sex offender				
		I health therapy sessions				
	while completing clin	ical assignments and				
	activities which addre	ess healthy boundaries and				
		pehaviors through individual				
	and group therapy ac	ctivities as evidence by				

MHI 047-158 B. WING	
MHL047-158 B. WING	06/16/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
CANYON HILLS TREATMENT FACILITY 769 ABERDEEN ROAD RAEFORD, NC 28376	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRI PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTIVE ACTION SHOWS THAT IS A CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
V 316 Continued From page 11 V 316	
progress documented on clinical notes." -"Client #1's] legal guardians are concerned about [Client #1's] lack of progress. [Client #1's] mother shared that [Client #1] is able to show positive behaviors when [Client #1] wants something and [Client #1] is very manipulative. [Client #1's] mother stated she does not feel safe with [Client #1] mother stated she does not feel safe with [Client #1] returning to her home in the current state [Client #1] is in." "We discussed a lateral move to another level 4 that specializes in problem sexual behavior (the behavior that lead to [Client #1's] placement in a psychiatric residential treatment facility - in order to begin the placement search, the team will need the following: -Updated and recent Percent Centered Plan; -An updated comprehensive clinical assessment. -Updated psychological evaluation (referral to services), -All updated medical and medication records." -There was no evidence of the updated information in the record. -The discharge criteria form in the CFT meeting minutes was blank. Interview on 6/14/22 with the Qualified Professional revealed: -She was responsible for the discharges. -She was responsible for the discharges. -She would send referrals out to find placement for clients. -She did not receive client #1's case until May 2022. -There was a previous QP. -During the last child/family team meeting client #1's behavior was discussed.	

	OF CORRECTION	IDENTIFICATION NUMBER:		:		E SURVEY IPLETED
		MHL047-158	B. WING		06/	16/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
CANYO	N HILLS TREATMENT	FACILITY	RDEEN ROA D, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICENCY)	D BE	(X5) COMPLETE DATE
V 316	о отполения		V 316			
	revealed: -She started as the -Client #1 was curre -Planning to submit -She was willing to r client #1 to be stepp -She did an addend send referrals for a s -She did not receive statusClient #1's next chil on 6/23/22Client #1's step dov during the next CFT Review on 6/14/22 or -Age 14Admission date of 9 -Diagnoses of Major Recurrent, Severe; A Disorder, Combined Problem. Review on 6/14/22 or Application for Client -There was no signat Legally Responsible -There was no signat Clinical DirectorThere was a signatu Professional. Review on 6/14/22 or Emails with Resident Source from May 9, 2 revealed:	make a recommendation for led down if he met the criteria. It was on 6/1/22 for the QP to stepdown or lateral move. If feedback from the QP on the d/family team meeting was we status would be addressed meeting. If Client #2's record revealed; If Client #2's record revealed; If the Residential Treatment is #2 dated 5/12/22 revealed: ture of approval by the person. It was on a proval by the great it in the Qualified Professional it in the Referral				
	longer with our agend	d Clinical Director are no cy. [Clinical Director], (CC'd				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
			MHL047-158	B. WING		06/	16/2022
l	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY	STATE, ZIP CODE		
l			769 ARER	DEEN ROA			
	CANYON	HILLS TREATMENT	FACILITY), NC 2837			
r	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
	PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
	V 316	Continued From page	ge 13	V 316			
		on this email) is the [QP] am the qualifie [Client #2's] case. [I made in January as Canyon Hills at the t-5/9/22 - Referral Reit would be prudent it convenient time to he [Referral Represent much of tomorrow at then [Referral Represent much of tomorrow at then [Referral Represent for Friday after 9 a.m. and Thursday). It mare already several took at next week. L-5/12/22 - QP sent are presentative with a Individualized Education and Clinical Assessr-5/16/22 - Referral re-"in an effort to avoid [Client #2's] referral Representative] did streatment team mem Representative] susphas been sent indicated Canyon Hills, ongoin aggression and high engagement in treating [Therapist] was share about group therapy; progress, but no issue Sexual Behavior. But Comprehensive Climithe disconcerting lact significant behavior progress, then [QP] withat reflect [Client #2] areferral, then [QP] withat reflect [Client #2].	current clinical director and ad professional who will handle QP] was unaware of a referral I was not working with time." epresentative: "At this time, if we could schedule a lave the clinical conversation. ative] can arrange it during after 9:30 a.m. If not tomorrow, esentative] have open times in between (Wednesday light be challenging as there things scheduled. Or we can look forward to response." In email to the referral attachments of client #2's ational Plan and Diagnostic ment. epresentative email to the QP d further delay in having reviewed, [Referral share it with one of the				

(X3) DATE SURVEY

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	E	COMF	PLETED	
	_	MHL047-158	B. WING		06/1	16/2022
	PROVIDER OR SUPPLIER N HILLS TREATMENT	FACILITY 769 ABER	DRESS, CITY, RDEEN ROA D, NC 28370			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETE DATE
V 316	there won't be any if family therapy as it's #2] and [Client #2's] during [Client #2's] The [QP] told [Refe 5/10/22 that [Client "apology/reconciliat that information has time." -5/16/22 - QP sent a representative with Person Centered Pl-There was no addit request from the ref client #2's progress Interview on 6/14/22 - He was supposed the said he was not talk enough, and my -"I yelled at other peaggressiveness." -He said he apologistirst admission to tree Interview on 6/14/22 Professional revealed - Client #2's guardian placement. -She was unable to was made. -She sent the referration center Plan and assembles - There was an emainal client #2's behavior the referration of the referra	rral Representative] know that notes reflecting progress in s been indicated that [Client guardian] only had 1 session placement at Canyon Hills. rral Representative] on #2] had progress to ion" phase of treatment-but is not been sent to us at this an email to the referral an attachment of client #2's lan. tional information sent per ferral representative to show . 2 with Client #2 revealed: to step down to a level III. to accepted because "I didn't be behavior was off." cople, that's mainly it and eather about one year ago. 2 with the Qualified ed: in requested level III remember when the request in for referral. It wanted to do a clinical phone all source client #2's Person sessment via email.	V 316			

(X2) MULTIPLE CONSTRUCTION

PRINTED: 06/21/2022 FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 06/16/2022 MHL047-158 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **769 ABERDEEN ROAD** CANYON HILLS TREATMENT FACILITY RAEFORD, NC 28376 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 316 V 316 Continued From page 15 The Clinical Director and QA for denial. Director -Sent referral on 5/9/22 and they wanted her to will be responsible for auditing the update it. Clinical records at least quarterly -She reported that client #2 was going to to ensure compliance with 09/15/22 apologize to his sister in a letter. standards that may include the -The family would not get that letter: it was for specialized therapy, family therapy and/or individual sessions as -The idea came from the previous therapist. ordered in pcp. -The workbook was provided before she started working at the facility. -She had no specialized no training with sexually aggressive adolescents. -She only worked in case management. -Request for level III was made early per guardian. -In January a referral was sent to the level III. -Client #2 was denied due to un-going aggression. -Receive email on 5/16/22 that client was not accepted for Level III. Interview on 6/15/22 with the Clinical Director revealed: -QP sent documents to get client #2 stepped down to a level III. -She did not know the QP was doing this. -QP had to follow her lead in far of recommendations. -The QP took it upon herself to send over paperwork. -She told the QP she should not send paperwork without her approval.

Division of Health Service Regulation

highly upset.

-The court counselor and client #2's mother was

-Client #2 did not meet the criteria.

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