STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL047-158	B. WING		08/	03/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE			
CANYON	I HILLS TREATMENT	FACILITY	ERDEEN ROAL				
RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	completed on Augu were unsubstantiate #NC00190974). De This facility is licens category: 10A NCA Psychiatric Resider Children and Adoles This facility is licens census of 17. The s	sed for 24 and currently has a survey sample consisted of	ā				
V 114		clients and 1 former client.	V 114				
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved be authority. (b) The plan shall be and evacuation pro- posted in the facility (c) Fire and disaste shall be held at leas repeated for each s under conditions the	207 EMERGENCY PLANS on for each facility and plan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be conducted at simulate fire emergencies all have basic first aid supplies					
	facility failed to con-	et as evidenced by: views and interviews, the duct fire and disaster drills at simulate emergencies at					

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

(X6) DATE TITLE

DIVISION	of Health Service Re	eguiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL047-158	B. WING		08/03/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
			RDEEN ROA			
CANYON	N HILLS TREATMENT	FACILITY				
	T		D, NC 28376			
(X4) ID	-	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
17.0		,	17.0	DEFICIENCY)		
\/ 11.4	Continued From pa	ago 1	V 114			
V 114	•		V 114			
		repeated for each shift. The				
	findings are:					
	Dogard rovious on 9	1/2/22 of the facility's fire drille				
	log for the last 12 m	3/3/22 of the facility's fire drills				
	-Side A:	ionins revealed.				
	-7/28/22- 1:00 p	nm- 1st shift				
	-6/14/22- 11:05					
	-5/24/22- 4:50					
	-4/11/22- 10:30					
	-3/21/22- 3:21					
		drill and Blank time.				
	-2/24/22- Blank	time.				
	-1/25/22- 11:00 am- 1st shift.					
	-12/22/21- 12:4	0 pm- 1st shift.				
	-11/29/21- 10:0	0 am- 1st shift.				
	-10/14/21- 11:3	0 am- 1st shift.				
	-9/20/21- 11:00					
	-8/17/21- 10:30					
		fire drills conducted for 2nd or				
	3rd shift on the 4th quarter of 2021.					
		fire drills conducted for 2nd or				
	3rd shift on the 1st					
		ofire drills conducted for 3rd				
	shift on the 2nd qua	arter of 2022.				
	-3ide B. -7/28/22- 11 am	n_ 1et ehift				
	-6/14/22- 11:00					
	-5/24/22- 4:38					
	-4/11/22- 10:42					
	-4/7/22- 3:25 pr					
	-3/21/22- Blank					
	-2/24/22- Blank					
	-1/25/22- Blank					
	-12/22/21- 12:0	0 pm- 1st shift.				
	-11/29/21- 12:5					
	-10/14/21- 11:3					
	-9/20/21- 9:00 a	am- 1st shift.				
	-8/17/21- 1:59	om- 1st shift.				
		fire drills conducted for 2nd				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			R/SUPPLIER/CLIA ATION NUMBER:	, ,	X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING:				
		MHL04	7-158	B. WING		08/	03/2022	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CANYON	N HILLS TREATMENT	FACILITY		RDEEN ROAI				
	T			D, NC 28376				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC\ REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ige 2		V 114				
V 114	and 3rd shift on the -There were no performed on the 1 2nd or 3rd shift fire -There were no shift on the 2nd qua Record review on 8 drills log for the las: -5/31/22- D- 4: -4/7/22- D- 3:18 -2/15/22- D- 11 -1/13/22- D- 12 -There were no 1st, 2nd or 3rd shift -There were no 2nd or 3rd shift on -There were no 3rd shift on the 2nd -Side B: -7/19/22- 10:40 -6/30/22- 11:00 -5/31/22- 4:30 -3/16/22- Blank	4th quarter of times given st quarter of drills noted. of fire drills contacter of 2022. 3/3/22 of the fit 12 months recognition 15 pm- 2nd so the 4th quarter of 20 disaster drill the 1st quarter of 20 disaster drill quarter of 20 am- 1st shift am- 1st shift pm- 2nd shift am- 4th am- 2nd shift	for the fire drills 2022. No 1st, and acted for 3rd facility's disaster revealed: hift fit shift ls conducted for uarter of 2022. Is conducted for er of 2022. Is conducted for 2022.	V 114				
	-2/15/22- 12:00 -1/13/22- 11:30 -There were no 1st, 2nd or 3rd shift	am- 1st shit disaster dril	ls conducted for					
	-There were no 2nd and 3rd shift or	disaster dril n the 1st qua disaster dril	ls conducted for rter of 2022. Is conducted for					
	Interview on 8/3/22 revealed: -Facility operated u -First shift was fron -Second shift was fron -Third shift was fron	nder three sh n 8:00 AM- 4: rom 4:00 PM	nifts. :00 PM. - 12:00 AM.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL047-158	B. WING		08/0	3/2022		
NAME OF PROVIDER OR SUPPLIER CANYON HILLS TREATMENT FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 769 ABERDEEN ROAD RAEFORD, NC 28376							
PREFIX (EACH DEFICIEN	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
and Disaster Drills -He confirmed sta conditions that sir	d were placed inside the Fire	V 114					

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