

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CANYON HILLS TREATMENT FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>769 ABERDEEN ROAD</b> <b>RAEFORD, NC 28376</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on October 3, 2022. The complaint (intake #NC00192423) was unsubstantiated and (intake #NC00193095) was substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 PRTF Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>The facility is licensed for 24 and currently has a census of 19. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V9999	<p><b>Final Observations</b></p> <p>Based on observation, record review and interview the facility failed to follow North Carolina General Statue 131E and hired Former Staff (FS#1) while HCPR record indicated a substantiated finding. The findings are:</p> <p>Per North Carolina General Statute G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>Record review on 9/29/22 of FC#1's personnel file revealed: -Hired date of 7/18/16 as a Residential Advisor. -HCPR was accessed on 6/21/21 revealed "The HCPR contains the following information. Please</p>	V9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V9999	<p>Continued From page 1</p> <p>Note: substantiated findings of resident abuse, resident neglect or misappropriation of resident property in a Nursing Facility are also considered to be substantiated findings on the Nurse AIDE I Registry."</p> <p>-"[FC#1]... has 1 substantiated finding(s) of Diversion of Facility Drugs, which occurred while the individual was employed in a nursing facility. This information was entered on the registry 12/16/04."</p> <p>Interview on 10/3/22 with the Director of Quality Assurance revealed:</p> <ul style="list-style-type: none"> <li>-If an employee had a HCPR substantiated finding they would review what was stated.</li> <li>-They would look at the population the staff was working with.</li> <li>-If they were aware of the allegation, they the employee would document the situation in writing.</li> <li>-She did not know what happened for FS#1 to be hired.</li> <li>-She was not working when FS#1 was hired.</li> <li>-FS#1 was employed before she started working for the company.</li> <li>-The HCPR should be done annually.</li> <li>-They had a Human Resource Director who accessed HCPR.</li> <li>-There was a different HR director when FS#1 was hired.</li> <li>-The annual HCPR updates were assessed by the current HR Director.</li> <li>-Confirmed the HR Director was not available for the exit.</li> <li>-Confirmed FS#1 did not administer medication.</li> <li>-Reported only the nurses administered medication.</li> </ul>	V9999		