STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL047-158	A. BUILDING: _____ B. WING _____	C 03/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANYON HILLS TREATMENT FACILITY	769 ABERDEEN ROAD RAEFORD, NC 28376

(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	INITIAL COMMENTS A complaint survey was completed on March 13, 2023. The complaints were substantiated (intake #NC00199084 and NC00199181). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 24 and currently has a census of 19. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	Continued From page 1 (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting one of three audited current clients (#1). The findings are: Review on 3/9/23 of client #1's record revealed: -Admission date of 12/1/22. -Diagnoses of Borderline Intellectual Functioning, Post Traumatic Stress Disorder, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Asthma. -He was 14 years old. Review on 3/9/23 of physician's orders for client #1 revealed: -Order dated 1/24/23 for Senna Lax 8.6 milligrams (mg) (Constipation), four tablets twice daily Famotidine 20 mg (Gastroesophageal Reflux Disease) (GERD), one tablet twice a day -Order dated 11/30/22 for Pantoprazole DR 40 mg (GERD), one tablet daily	V 118		

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V 118	Continued From page 2	V 118		

Loratadine 10 mg (Allergies), one tablet in the morning
Lithium ER 450 mg (Manic Depressive Disorder), one tablet twice a day
Lactase 3,000 units (Lactose Intolerance), three caplets a day with first bite of dairy containing food
Olanzapine 2.5 mg (Bipolar Disorder), one tablet three times daily
Diphenhydramine 25 mg (Insomnia), one capsule at bedtime
Lactobacillus (Gut health), one tablet in the morning
Clozapine 25 mg (Anxiety, Depression), one tablet three times daily
Clozapine 200 mg, one tablet three times daily
PEG 3350 Powder (Constipation), 2 capfuls into 8-16 ounces of a beverage

Reviews on 3/9/23 and 3/10/23 of MARs for client #1 revealed:

March 2023-No staff initials as administered for the following medications:
-Senna Lax on 3/8 am and pm doses
-Famotidine 20 mg on 3/8 am and pm doses
-Lithium ER 450 mg on 3/2, 3/8 am doses, 3/8 pm dose

January 2023-No staff initials as administered for the following medications:
-Lithium ER 450 mg on 1/20pm dose, 1/30 and 1/31 pm doses
-Lactase on 1/20 all three doses, 1/30 and 1/31 12pm and 8pm doses
-Olanzapine 2.5 mg on 1/20 all three doses, 1/30 and 1/31 2pm and 8pm doses
-Diphenhydramine 25 mg on 1/19, 1/20, 1/30 and 1/31
-Pantoprazole DR 40 mg on 1/20 and 1/25

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V 118	Continued From page 3 December 2022-No staff initials as administered for the following medications: -Senna Lax 8.6 mg on 12/7 pm -Pantoprazole DR 40 mg on 12/30 and 12/31 -Loratadine 10 mg on 12/30 and 12/31 -Lithium ER 450 mg on 12/20 pm, 12/21 pm, 12/27 pm, 12/28 pm, 12/29 pm, 12/30 and 12/31 am/pm doses -Lactase 3,000 units on 12/19 and 12/20 12pm and 5pm doses, 12/25 thru 12/31 12pm and 5pm doses -Olanzapine 2.5 mg on 12/19, 12/20, 12/26, 12/27 2pm and 5pm doses, 12/30 and 12/31 all three doses -Diphenhydramine 25 mg 12/19, 12/20, 12/25 thru 12/27, 12/30 and 12/31 -Lactobacillus on 12/30 and 12/31 -Clozapine 25 mg on 12/30 and 12/31 am doses; 12/19 thru 12/31 2pm doses; 12/19, 12/20, 12/25 thru 12/27, 12/30 and 12/31 8pm doses -Clozapine 200 mg on 12/30 and 12/31 am doses; 12/19, 12/20, 12/26, 12/27, 12/28, 12/30 and 12/31 2pm doses; 12/19, 12/20, 12/26, 12/27, 12/30 and 12/31 8pm doses -PEG 3350 Powder on 12/30 and 12/31 Interview on 3/10/23 with staff #1 revealed: -There were no issues with client #1 taking his medication as prescribed. -She thought staff forgot to sign off on the MARs to indicate the medication was administered. -She confirmed staff failed to keep the MARs current for client #1. Interview on 3/13/23 with the Program Director revealed: -She normally didn't look at clients MARs. -She thought the Cooperate Compliance Staff looked at the MARs to ensure they were being	V 118		

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V 118	Continued From page 4 completed as required. -She didn't think there were any issues with clients not getting their prescribed medications. -She confirmed staff failed to keep the MARs current for client #1. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician	V 118		
V 314	27G .1901 Psych Res. Tx. Facility - Scope 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 inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address 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. (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	V 314		

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V 314	Continued From page 5 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/.	V 314		

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to coordinate client care with other individuals and agencies affecting one of one audited former clients (FC #20). The findings are:

Review on 3/9/23 of FC #20's record revealed:
-Admission date of 7/7/22.
-Diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Anxiety Disorder and History of Substance Use.
-Discharge date of 2/13/23.
-He was years old 17 years old.

Review on 3/9/23 of an incident report dated

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V 314	Continued From page 6 2/10/23 for FC #20 revealed: -FC #20 got upset in his bedroom and punched the door. -FC #20 broke his hand when he punched the door. Review on 3/9/23 of Discharge Summary for FC #20 from the local hospital revealed: -On 2/10/23 FC #20 was seen in the Emergency Department for a Closed boxer's fracture. Interview on 3/10/23 with staff #1 revealed: -She was the nurse working during the incident in February 2023 when FC #20 broke his hand. -Clinical staff are supposed to contact guardians if there are any incidents with clients. -Nursing staff did not call FC #20's guardian about the incident in February 2023. -Nursing staff only call guardians about changes with a clients medications. Interview on 3/10/23 with the Clinical Director revealed: -She was aware of the incident with FC #20 breaking his hand in February 2023. -The Nurse on duty would normally text her about incidents with clients. -As far as she knew incidents with the clients could sometimes be reported to the guardian by the Nurse or Qualified Professional (QP). -She wasn't sure who called FC #20's guardian about that incident. -The QP for FC #20 was fairly new. She possibly did know she was supposed to call FC #20's guardian. -She did not reach out to FC #20's guardian during that incident. -"There really was no protocol or procedure in place as far as she knew for reporting incidents with clients to their guardian."	V 314		

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V 314	Continued From page 7 Interview on 3/10/23 with the Facility Manager revealed: -If there were any incidents with clients the QP's would generally contact the guardians. -He thought the Program Director would sometimes report incidents as well. Interview on 3/10/23 with the Program Director revealed: -She was aware of the incident with FC #20 breaking his hand in February 2023. -Clinical staff would normally report incidents with the clients to their guardians. -There was no policy in place, but there is a process they follow in order to report incidents. -Clinical staff has been reporting incidents to guardians for a while. -She wasn't sure who reported that incident to FC #20's guardian.	V 314		