

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-158	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/22/2024
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NAME OF PROVIDER OR SUPPLIER CANYON HILLS TREATMENT FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 769 ABERDEEN ROAD RAEFORD, NC 28376
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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>INITIAL COMMENTS</p> <p>A complaint survey was completed on April 22, 2024. The complaint was unsubstantiated (#NC00214177). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>The facility is licensed for 24 and currently has a census of 17. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a treatment plan within 30 days of admission affecting one of three audited clients (#1). The findings are:</p> <p>Review on 4/18/24 of client #2's record revealed: -Admission date of 3/7/24. -Diagnoses of Cannabis Use Disorder, Generalized Anxiety Disorder and Oppositional Defiant Disorder. -No evidence of a treatment plan within 30 days of client's admission date. -No treatment plan in the record since admitted.</p> <p>Interview on 4/18/24 with Program Director revealed: -She was not aware if the Person-Centered (PC) Plan had been completed. -PC Plans were to be completed usually within 30 days. -The Clinical Director would be the point of contact regarding PC Plans.</p> <p>Interview on 4/18/24 with the Qualified Professional (QP) revealed: -She had just started working within the agency in the last month. -She was not employed when client #2 was admitted.</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>-"He had another Case Manager before I started, they should have completed his initial PC Plan." -He had a Child and Family Team Meeting on today. -She would update the plan within the next week and place it in client #2 record.</p> <p>Interview on 4/19/24 and 4/22/24 with the Clinical Director revealed: -Qualified Professionals were to complete PC Plans for authorization and court hearings which are 10 days from the date of a client admission. -There were two previous QP's that were employed with the agency. -One of the previous QP's was responsible for client #2's PC Plan.</p>	V 112		