PRINTED: 06/18/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND LAN OF CONNECTION		1521111101111011152111	A. BUILDING:							
MHL047-1		MHL047-158	B. WING		06/12/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CANYON HILLS TREATMENT FACILITY 769 ABERDEEN ROAD RAEFORD, NC 28376										
()(1) ID	SLIMMADV ST	·		PROVIDER'S PLAN OF CORRECTION	NI.	(VE)				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	CTION SHOULD BE COMPLETE O THE APPROPRIATE DATE					
V 000	INITIAL COMMENTS		V 000							
	on June 12, 2025. Th	aint survey was completed ne complaint (intake ınsubstantiated. A deficiency								
	category: 10A NCAC	sidential Treatment Facility								
	-	d for 24 and currently has a rvey sample consisted of ents.								
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736							
		EMENTS								
		n and interviews, the facility n a safe, clean and attractive								
	Observation on 6/10/2 facility revealed: Unit A:	25 at 12:15 p.m. of the								
	-Laminate slats about hallway.	t 7x 60 were detached in the								
	the bedroom door.	eft - slats missing in front of								
	 -2nd bedroom to the life front of the door into the 	eft - slats were missing in he room.								
	-4th bedroom to the le									

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED					
		A. BUILDING: _								
MHL047-158		B. WING		06	06/12/2025					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
CANYON HILLS TREATMENT FACILITY 769 ABERDEEN ROAD RAEFORD, NC 28376										
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION) BY PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE							
Unit B: -1st bedroom to the ledetached running fro bedroom1st bedroom to the rwas peeling2nd bedroom door to doorknobCommon area: lamin detached from the floand two on the left si Interview on 6/12/25 revealed: -She would speak wirofficer to inform him -She would meet with the floor replaced.	oom. nate slats about 7x60 were for throughout the room. eft - laminate slats were m the hallway to the right - bedroom door wood to the left was missing the nate slats about 7x60 oor - two on the right side de of the room. with the Program Director th the Chief Executive	V 736								

Division of Health Service Regulation

STATE FORM 6899 YYJM11 If continuation sheet 2 of 2