PRINTED: 06/18/2025 FORM APPROVED

If continuation sheet 1 of 2

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
1		MHL047-158	B. WING		06/12/2025	
NAME OF PROVIDED OF AUROUSE		ADDRESS, CITY, STATE, ZIP CODE		1 00/12/2025		
		700 A D	ERDEEN ROAD	TATE, ZIP CODE		
CANYON	HILLS TREATMENT FAC	ILITY	RD, 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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	OULD BE COMPLE	
V 000	INITIAL COMMENTS		V 000			
	on June 12, 2025. Th	aint survey was completed le complaint (intake nsubstantiated. A deficiency				
	category: 10A NCAC	idential Treatment Facility				
	This facility is licensed census of 24. The sur audits of 3 current clien	for 24 and currently has a vey sample consisted of nts.				
	27G .0303(c) Facility a	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303 EXTERIOR REQUIRE (c) Each facility and its maintained in a safe, cl manner and shall be ke odor.	MENTS grounds shall be lean, attractive and orderly		Canyon Hills Treatment Facility ensure that it is maintained in a safe, clean, attractive, and order manner and free from offensive odors. The maintenance	erly 08/19/	
	This Rule is not met as Based on observation a was not maintained in a manner. The findings a	and interviews, the facility a safe, clean and attractive		department will replace and/or repair all floors. The administrativill monitor repair needs at least monthly.		
	Observation on 6/10/25 facility revealed: Jnit A:					
	nallway.	x 60 were detached in the - slats missing in front of		RECEIVED		
	he bedroom door.  2nd bedroom to the leftont of the door into the 4th bedroom to the leftoedroom door and tile wedroom door.	- slats missing the		JUL 2 1 2025  DHSR-MH Licensure Sect		

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL047-158 B. WING 06/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 769 ABERDEEN ROAD **CANYON HILLS TREATMENT FACILITY** RAEFORD, NC 28376 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 736 Continued From page 1 V 736 of the door into the room. -Common area: laminate slats about 7x60 were detached from the floor throughout the room. Unit B: -1st bedroom to the left - laminate slats were detached running from the hallway to the bedroom. -1st bedroom to the right - bedroom door wood was peeling. -2nd bedroom door to the left was missing the doorknob. -Common area: laminate slats about 7x60 detached from the floor - two on the right side and two on the left side of the room. Interview on 6/12/25 with the Program Director revealed: -She would speak with the Chief Executive Officer to inform him of the findings. -She would meet with maintenance staff to have the floor replaced. -There were plans to move within 30 days to a new location.

Division of Health Service Regulation