

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-066 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/27/2018 |
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| NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - WILKES | STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WILLOW LANE NORTH WILKESBORO, NC 28659 |
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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>An annual and complaint survey was completed on August 27, 2018. The complaint was unsubstantiated (intake# NC00141566). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program.</p> | V 000 | | |
| V 736 | <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 8/20/18 between 1:27 pm and 1:45 pm revealed: -The Quiet Room/Mediation Room contained 2 black-colored sofas that had multiple and significant tears in the top fabric with brown colored stains on the fabric underneath the torn fabric areas.</p> <p>Interview on 8/20/18 with Staff #2 revealed: -This room was used by program clients for groups and for clients to have a quite space to</p> | V 736 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 736 | <p>Continued From page 1</p> <p>calm down their emotions; -Referenced the torn sofa with the comments "They are so old" and "Can we get replacements?"</p> <p>Interview on 8/20/18 with the Psychosocial Program Supervisor (Staff #1) revealed: -The facility was supposed to get funds for renovation; -He hoped the sofas would be replaced as part of the renovation.</p> <p>Interview on 8/27/18 with the Facility Director revealed: -She was aware of the condition of the 2 sofas; -The facility was to receive funding for renovation; -She did not know when renovation would occur.</p> | V 736 | | |