STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL003-014	A. BUILDING: _____ B. WING _____	10/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYMARK PSR	102 HEALTH SERVICE ROAD SPARTA, NC 28675

(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 An annual and complaint survey was completed on October 10, 2018. The complaint was unsubstantiated (intake #NC 00143416). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.	V 000		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that before employment of personnel, the Health Care Personnel Registry (HCPR) be accessed and each incident of access be filed in the appropriate business file affecting 1 of 3 audited staff. The findings are: Review on 10/10/18 of Staff #1's personnel record revealed: Job position: Psychosocial Rehabilitation Team Lead Start date: 10/1/18	V 131		

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V 131	Continued From page 1 -No HCPR incident made available for review. Interview on 10/4/18 with the Clinical Director revealed: -No HCPR was found on Staff #1; -The licensee's human resources staff was responsible for accessing each HCPR incident.	V 131		