Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		A. BUILDING.			С	
		MHL029-032	B. WING)9/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
DAYMARK RECOVERY SERVICES-DAVIDSON (SOUTH MAIN TON, NC 272			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	тѕ	V 000			
	A complaint survey was completed on 11/9/18. The complaint (intake # NC00143550) was unsubstantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 27G					
		buse Comprehensive				
V 536	27E .0107 Client R Int.	ights - Training on Alt to Rest.	V 536			
	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed		al f			

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHI 020 022	B. WING		C 11/09/2018	
		MHL029-032			11/0	3/2UT8
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	STATE, ZIP CODE		
		1104-A S	OUTH MAIN	STREET		
DAYMAR	K RECOVERY SERVI	ICES-DAVIDSON (ON, NC 272			
	OLIMAN DV OTA		T .		DN.	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 536	Continued From pa	nga 1	V 536			
V 550	Continued From pa	ige i	V 550			
	by each service pro	ovider periodically (minimum				
	annually).	- · ·				
	(f) Content of the ti	raining that the service				
		employ must be approved by				
		DD/SAS pursuant to				
	Paragraph (g) of thi					
		onstrate competence in the				
	following core areas	s:				
		e and understanding of the				
	people being serve					
		ng and interpreting human				
	behavior;					
	(3) recognizir	ng the effect of internal and				
	external stressors that may affect people with disabilities;					
	(4) strategies	s for building positive				
	relationships with p	ersons with disabilities;				
	(5) recognizir	ng cultural, environmental and				
	organizational facto	ors that may affect people with				
	disabilities;					
		ng the importance of and				
		son's involvement in making				
	decisions about the					
	` ,	ssessing individual risk for				
	escalating behavior					
		cation strategies for defusing				
	• .	potentially dangerous behavior				
	and					
		ehavioral supports (providing				
		vith disabilities to choose				
	activities which directly oppose or replace					
	behaviors which are					
	(h) Service provide					
		nitial and refresher training for				
	at least three years					
		tation shall include:				
		cipated in the training and the				
	outcomes (pass/fai					
	(B) when and where they attended; and					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED			
					<u> </u>		
		B. WING					
		MHL029-032		B. WING		11/0	9/2018
NAME OF I	PROVIDER OR SUPPLIER		STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAME OF F	- NOVIDEN ON SUFFEIEN						
DAYMAR	K RECOVERY SERVI	CES-DAVIDSON		OUTH MAIN			
			LEXINGTO	ON, NC 2729	92		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	S	ID	PROVIDER'S PLAN OF CORRECT	TION	(X5)
PREFIX		MUST BE PRECEDED BY		PREFIX	(EACH CORRECTIVE ACTION SHOU	JLD BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMA	ATION)	TAG	CROSS-REFERENCED TO THE APPR	OPRIATE	DATE
					DEFICIENCY)		
V 536	Continued From pa	ao 2		V 536			
V 550	Continued From pa	ge z		V 550			
	(C) instructor	's name:					
		ion of MH/DD/SAS m	nav				
		documentation at an					
		ications and Training					
	Requirements:	ications and training					
	•	hall damanatrata aa	mnotonoo				
		shall demonstrate co					
		testing in a training					
		, reducing and elimi	nating the				
	need for restrictive						
(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an							
	instructor training p						
	(3) The traini	ng shall be					
	competency-based	, include measurable	learning				
	objectives, measura	able testing (written a	and by				
		avior) on those objec					
		ds to determine pass					
	failing the course.	to dioto	9 0.				
		ent of the instructor tr	aining the				
		ins to employ shall b					
		vision of MH/DD/SAS					
	to Subparagraph (i)		pursuarit				
		le instructor training					
		e not limited to prese					
	` '	ding the adult learne	•				
	• •	for teaching content	of the				
	course;						
		for evaluating trained	9				
	performance; and						
	(D) document	ation procedures.					
		shall have coached e	xperience				
		program aimed at pr					
		ating the need for re					
		st one time, with pos					
	review by the coach						
		hall teach a training	nrogram				
		g, reducing and elimi					
		interventions at least	once				
	annually.						

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		MIII 000 000		B WING			C
NAME OF		MHL029-032	EDEET ADI			11/0	09/2018
	PROVIDER OR SUPPLIER	11		DRESS, CITY, 8	STATE, ZIP CODE STREET		
DAYMAR	RK RECOVERY SERV	CES-DAVIDSON (ON, NC 2729			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 536	instructor training a (j) Service provided documentation of intraining for at least (1) Documentation of intraining for at least (1) Documentation of intraining for at least (1) Documentation outcomes (pass/fai) (B) When and (C) instructor (2) The Divisorequest and review (k) Qualifications of (1) Coaches requirements as a form of the course which is (2) Coaches the course which is (3) Coaches competence by contrain-the-trainer insignal of the course which is	shall complete a refresh t least every two years. It shall maintain nitial and refresher instruction shall include: sipated in the training and its name. It is documentation any this documentation any of Coaches: shall meet all preparation rainer. It is shall teach at least three being coached. It is shall demonstrate in pletion of coaching or	uctor Ind the Indition Indition	V 536			
	failed to ensure for alternatives to restr measurable testing behavior) affecting Director (the CD) a #1 and #2 (HSC #1	view and interview, the mal refresher training in ictive interventions includiviten and by observation of 3 staff (the Center and Human Services Clir and #2)). The findings	uded ation of nicians are:				

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MHL029-032		B. WING		11/0	9/2018	
				STATE, ZIP CODE	1 11/0	3/2010
DAYMAF	RK RECOVERY SERV	ICES-DAVIDSON (OUTH MAIN S			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 536	- A hire date of 7 - She had complalternatives to restr 12/29/17 - This training was training module on completion of an or No documentar #1 had participated restrictive intervent class Interview on 11/8/12 - She had completed December of 2017 class where she had would work to de-ewere in crisis. Review on 11/8/18 #2's (HSC #2's) received a hire date of 8 - She had complalternatives to restrictive intervent on 11/8/18 - She had complalternatives to restrictive intervent on 11/8/18 - She had complalternatives to restrictive on 11/9/11 - Substance Aburtanian (SAIOP) straining module on completion of an or 11/9/11 - Substance Aburtanian (SAIOP) straining module on completion of an or 11/9/11 - Substance Aburtanian (SAIOP) straining module on completion of an or 11/9/11	eted an annual training in rictive interventions on as conducted by reviewing a the computer and then the filine test tion which reflected that HSC in training in alternatives to ions aside from the online. 8 with the HSC #1 revealed: eted training for alternatives to ions online by reviewing a draking a test online. The online training in and later she participated in a and to demonstrate how she scalate a situation if a client. of Human Services Clinician cord revealed: eted an annual training in rictive interventions on 8/21/18 as conducted by reviewing a the computer and the enline test. 8 with HSC #2 revealed: eted an online training for rictive interventions only. 8 with the CD revealed: eted an online training in rictive interventions only.	V 536			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 536	- After reviewing required to complet was also online - The total time for approximately one in the salop required the SAIOP their level of competed descalate a situation of the SAIOP staff,	the training module, staff were the a multiple choice test which or the online training was shour that of the training that the staff to actually demonstrate elence/comfort in working to the total and not had to evel of competence in working sis situation, as the supervisor she did have some indication would react/interact with a	V 536			

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