Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	COMPLETED	
		MIII 007 000	B WING		R
		MHL097-066			11/08/2018
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
DAYMAR	RECOVERY SERVICES	- WII KES	∟OW LANE /ILKESBORO, N	IC 28659	
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	A complaint and follow on November 8, 2018 unsubstantiated (Inta deficiency was cited.	•			
	categories: 10A NCA Rehabilitation Facilitie				
		t Mental Illness and 10A ostance Abuse Intensive			
V 536	27E .0107 Client Right Int.	nts - Training on Alt to Rest.	V 536		
	10A NCAC 27E .0107 ALTERNATIVES TO INTERVENTIONS				
	(a) Facilities shall im	size the use of alternatives			
	(b) Prior to providing	services to people with ding service providers,			
	demonstrate compete completing training in	ence by successfully communication skills and			
	which the likelihood or injury to a person w	eating an environment in firmminent danger of abuse with disabilities or others or			
	based on state compo	revented. s shall establish training etencies, monitor for internal onstrate they acted on data			
	gathered.	be competency-based,			
	include measurable le	earning objectives,			
	behavior) on those of	vritten and by observation of pjectives and measurable passing or failing the			

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL097-066	B. WING		11/08/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BA16555	· ====================================	1400 WIL	LOW LANE			
DAYMARK	RECOVERY SERVICES	: - WILKES NORTH W	/ILKESBORO, N	IC 28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 536	Continued From page	e 1	V 536			
	course.	training result has a secondated				
		training must be completed				
	-	der periodically (minimum				
	annually). (f) Content of the trai	ning that the service				
		nploy must be approved by				
	the Division of MH/DI					
	Paragraph (g) of this	•				
		strate competence in the				
	following core areas:	ionate competence in the				
	•	and understanding of the				
	people being served;	J				
	(2) recognizing behavior;	and interpreting human				
	•	the effect of internal and				
		at may affect people with				
	disabilities;					
		or building positive				
	relationships with per					
		cultural, environmental and				
	organizational factors disabilities;	that may affect people with				
	(6) recognizing	the importance of and				
	•	n's involvement in making				
	decisions about their	•				
	` '	essing individual risk for				
	escalating behavior;	tion strategies for defusing				
		tentially dangerous behavior;				
	and de-escalating pol	termany dangerous benavior,				
		navioral supports (providing				
		h disabilities to choose				
	activities which direct					
	behaviors which are u					
	(h) Service providers					
		al and refresher training for				
	at least three years.	3				
	•	tion shall include:				
	` '	ated in the training and the				

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 2 of 9

Division of Health Service Regulation

DIVISION	n Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			1			
			D WING		R	
		MHL097-066	B. WING		11/08/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			OW LANE	,		
DAYMARK	RECOVERY SERVICES	- WILKES		IC 29650		
		NORTH	/ILKESBORO, N	10 20059		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
TAG	REGULATORY OR E	100 IDENTIF THE INT ORNIATION)	TAG	DEFICIENCY)	WAIL	
			+	·		
V 536	Continued From page	2	V 536			
	outcomes (pass/fail):					
	outcomes (pass/fail);	ale and the average decay and				
		where they attended; and				
	(C) instructor's					
		n of MH/DD/SAS may				
	•	ocumentation at any time.				
	(i) Instructor Qualification	ations and Training				
	Requirements:					
	(1) Trainers sha	all demonstrate competence				
	by scoring 100% on to	esting in a training program				
	aimed at preventing, i	reducing and eliminating the				
	need for restrictive int	terventions.				
	(2) Trainers sha	all demonstrate competence				
	by scoring a passing	grade on testing in an				
	instructor training pro	-				
	(3) The training	_				
		nclude measurable learning				
		le testing (written and by				
		ior) on those objectives and				
		to determine passing or				
	failing the course.	to determine passing of				
	-	t of the instructor training the				
	service provider plans	<u> </u>				
		sion of MH/DD/SAS pursuant				
	to Subparagraph (i)(5	•				
		instructor training programs				
		3 . 3				
		not limited to presentation of:				
		ng the adult learner;				
	` '	r teaching content of the				
	course;					
	` '	r evaluating trainee				
	performance; and					
		ion procedures.				
		all have coached experience				
		ogram aimed at preventing,				
		ting the need for restrictive				
	interventions at least	one time, with positive				
	review by the coach.					
	(7) Trainers sha	all teach a training program				
		reducing and eliminating the				

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		MHL097-066	B. WING		11	R I/ 08/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	r address, city, state	E, ZIP CODE		
DAYMARI	K RECOVERY SERVICES	S - WILKES	VILLOW LANE H WILKESBORO, NO	28659		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 536	need for restrictive in annually. (8) Trainers shinstructor training at (j) Service providers documentation of initraining for at least th (1) Docum (A) who participoutcomes (pass/fail) (B) when and (C) instructor's (2) The Division request and review th (k) Qualifications of (1) Coaches some requirements as a training to the course which is the course which is the course by competence by comparison or train-the-trainer instructor's (3) Coaches some train-the-trainer instructions of (1) Coaches some train-the-trainer instructions of (2) Coaches some train-the-trainer instructions of (3) Coaches some train-the-trainer instructions of (3) Coaches some train-the-trainer instructions of (4) Coaches some train-the-	all complete a refresher least every two years. shall maintain ial and refresher instructor aree years. entation shall include: bated in the training and the where attended; and a name. In of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation ainer. hall teach at least three times being coached. hall demonstrate bletion of coaching or	V 536			
	failed to ensure alter interventions training learning objectives a written and by obser 2 audited staff emplo Psychosocial Rehab	ew and interview, the facility natives to restrictive included measureable nd measureable testing both vations of behaviors for 2 of				

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 4 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		` '	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (
,	5. GGT120.1161.1		.52.1	A. BUILDING: _			PLETED
		MHL097-066		B. WING		1	R I/08/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			1400 WILL				
DAYMAR	K RECOVERY SERVICES	- WILKES		LKESBORO, N	IC 28659		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	3	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY I LSC IDENTIFYING INFORMA		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 536	Continued From page	e 4		V 536			
	audited staff (#2 and	#4) employed by the					
	Substance Abuse Inte	ensive Outpatient Pro	gram				
	(SAIOP). The findings	s are:					
	Review on 11/8/18 of	a personnel file for P	SR				
	Manager revealed: - Hire Date: 11/1/11						
		cial Rehabilitation Mar	nager				
		to Restrictive Interver	ntions				
	Training: Mindset/PM						
	Management of Aggre	essive Behavior) edit hours of Mindset/F	DΛR				
	Training;	cult flours of williasett	AD.				
	- Mindset Training 1 h	nour online test with 6	true or				
	false question;						
		umentation to indicate					
		mpetence in the follow	wing				
	core areas:	d understanding of the	1				
	people being served;	a dilaciolatianing of the	•				
		d interpreting human					
	behavior;						
		e effect of internal and					
	external stressors that disabilities;	it may affect people w	rith				
	 - (4) strategies for b with persons with disa 	ouilding positive relation	onships				
		Itural, environmental a	and				
	organizational factors						
	disabilities;						
	- (6) recognizing the		1.1				
	assisting in the perso decisions about their		ıkıng				
		ine, sing individual risk for					
	escalating behavior;						
		n strategies for defusir	ng and				
	de?escalating potenti	ally dangerous behav	ior;				
	and						
	- (9) positive behaving means for people with	ioral supports (providi h disabilities to choose					

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 5 of 9

Division of Health Service Regulation

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE	SURVEY
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		l com	LETED
						R
		MHL097-066	B. WING			/08/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
DAVALADI	/ DECOVEDY CED/4050	1400 WIL	LOW LANE			
DAYMAR	RECOVERY SERVICES	NORTH V	VILKESBORO, N	IC 28659		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DAIL
\/ F00	0 " 15		1/ 500			
V 536	Continued From page	9 5	V 536			
	activities which direct	ly oppose or replace				
	behaviors which are ι	unsafe).				
		::				
	revealed:	with the PSR Manager				
		in Mindset on the use of				
	alternatives to restrict					
		ow long the training was,				
		was online and recalled he				
	took an online test aft	ter the training.				
	Review on 11/8/18 of	a personnel file for SAIOP				
	Staff #2 revealed:					
	- Hire Date: 11/1/11					
	- Job Title: Human Se					
		to Restrictive Interventions				
	Training: Mindset/PM					
	Management of Aggre	•				
	Training via telemedic	edit hours of Mindset/PAB				
	_	hour online test with 6 true				
	or false questions	near crimic test with a true				
	•	umentation to indicate staff				
	had demonstrated co	mpetence in the following				
	core areas:					
		d understanding of the				
	people being served;					
		d interpreting human				
	behavior;					
	, , , ,	e effect of internal and				
		at may affect people with				
	disabilities;	wilding positive relationships				
	with persons with disa	ouilding positive relationships				
		Itural, environmental and				
		that may affect people with				
	disabilities;					
	- (6) recognizing the	e importance of and				
		n's involvement in making				
	decisions about their					
		sing individual risk for				

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 6 of 9

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE	SURVEY
			A. BUILDING:			
			D WING			R
		MHL097-066	B. WING		11	/08/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
5434451	·	1400 WI	LLOW LANE			
DAYMAR	RECOVERY SERVICES	NORTH	WILKESBORO, NO	28659		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	THE APPROPRIATE	COMPLETE DATE
V 536	Continued From page	e 6	V 536			
	escalating behavior;					
		n strategies for defusing and				
	de?escalating potenti	ally dangerous behavior;				
	and					
		ioral supports (providing				
		h disabilities to choose				
	activities which direct					
	behaviors which are u	unsafe).				
	Interview on 11/8/18	with Staff #2 revealed:				
		1 hour Mindset/PMAB				
	training online;					
	-	d a 6 question true/false				
	self-test;					
		raining he had completed				
	was a 3 hour class via	a telemedicine.				
	Review on 11/8/18 of	a personnel file for PSR				
	Staff #3 revealed:	a personner me for i ork				
	- Hire Date: 11/1/11					
	- Job Title: Psychoso	cial Human Services				
	Counselor					
	-1/2/18 Computer-bas	sed Alternatives to				
		ons Training: Mindset/PMAB				
	•	agement of Aggressive				
	Behavior)					
	•	1 hour online test with 6 true				
	or false question;	umentation to indicate staff				
		mpetence in the following				
	core areas:	impetence in the following				
		d understanding of the				
	people being served;	-				
		d interpreting human				
	behavior;	· -				
		e effect of internal and				
	external stressors that	at may affect people with				
	disabilities;					
		ouilding positive relationships				
	with persons with disa	abilities;				

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 7 of 9

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NU	MBER:	A. BUILDING: _		COMP	PLETED	
							R	
		MHL097-066		B. WING		11/	/08/2018	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
DAVMADI	K RECOVERY SERVICES	WII KES	1400 WILL	OW LANE				
DATIVIARI	RECOVERT SERVICES	- WILKES	NORTH WI	LKESBORO, N	IC 28659			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM.	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 536	Continued From page			V 536				
V 336	- (5) recognizing cu organizational factors disabilities; - (6) recognizing the assisting in the perso decisions about their - (7) skills in assess escalating behavior; - (8) communication de?escalating potentiand	Itural, environmental that may affect people importance of and n's involvement in milife; sing individual risk for a strategies for defus ally dangerous behalioral supports (provion disabilities to choosely oppose or replace unsafe).	aking ing and vior; ding se	V 536				
	or false questions - There was no doct had demonstrated co core areas: - (1) knowledge and people being served; - (2) recognizing an behavior;	to Restrictive Interverse AB (Preventive and essive Behavior) hour online test with amentation to indicate in the following distriction of the dinterpreting human electric effect of internal and	er - entions 6 true e staff owing e					

Division of Health Service Regulation

STATE FORM 6899 OFXW11 If continuation sheet 8 of 9

Division of Health Service Regulation

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL097-066 MHL097-066 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WILLOW LANE NORTH WILKESBORO, NC 28659 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 8 - (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and organizational factors that may affect people with	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WILLOW LANE NORTH WILKESBORO, NC 28659 (X4) ID PREFIX TAG CONTINUED FROM INTERPRETATION OF LIST IDENTIFYING INFORMATION) V 536 Continued From page 8 - (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and	
DAYMARK RECOVERY SERVICES - WILKES 1400 WILLOW LANE NORTH WILKESBORO, NC 28659	18
DAYMARK RECOVERY SERVICES - WILKES NORTH WILKESBORO, NC 28659 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 8 - (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 536 Continued From page 8 - (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 536 Continued From page 8 - (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and	
- (4) strategies for building positive relationships with persons with disabilities; - (5) recognizing cultural, environmental and	(X5) DMPLETE DATE
with persons with disabilities; - (5) recognizing cultural, environmental and	
disabilities; - (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; - (7) skills in assessing individual risk for escalating behavior; - (8) communication strategies for defusing and de?escalating potentially dangerous behavior; and - (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). Interview on 11/7/18 with Staff #2 revealed she had completed a 1 hour Mindset/PMAB training online. Interview on 11/8/18 with the Center Director and the Regional Operations Director revealed: - They acknowledged understanding the training requirements for alternatives to restrictive interventions had not met licensure requirements	

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