

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 11/15/18. The complaint was unsubstantiated (Intake #NC 143418). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and .4500 Substance Abuse Comprehensive Outpatient Treatment.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to include strategies in the treatment plans affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Review on 11/14/18 of client #1, #2 and #3's treatment plans revealed the following: -client #1's treatment plan dated 10/11/18 documented tasks client #1 would completed under the section titled "How(Support/Interventions) and did not document specific staff strategies in this section; -client #2's treatment plan dated 10/9/18 documented tasks client #2 would completed under the section titled "How(Support/Interventions) and did not document specific staff strategies in this section; -client #3's treatment plan dated 11/1/18 documented tasks client #3 would completed under the section titled "How(Support/Interventions) and did not document specific staff strategies in this section.</p> <p>Interview on 11/14/18 with the LCAS (Licensed Clinical Addiction Specialist) revealed: -all treatment plans completed within a week of the initial assessment; -treatment plans are client centered; -have weekly meetings with staff to assess client progress and determine any client needs.</p> <p>Interview on 11/14/18 with staff #1 revealed: -facilitate SAIOP groups; -use the Matrix Model as strategies for SAIOP; -covers dual diagnosed clients;</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> -also discuss in groups relapse prevention, refusal skills, stages of change, psychoeducation, family dynamics and relationships; -also provide crisis support. <p>Interview on 11/14/18 with staff #2 revealed:</p> <ul style="list-style-type: none"> -complete an original treatment plan for clients in SAIOP based on assessment completed by assessor; -cover various topics of discussion in SAIOP groups; -strategies are included in treatment plans; -have individual specific goals in the computer program; -clients' overall goal in SAIOP is to attend and participate. <p>Interview on 11/14/18 with staff #3 revealed:</p> <ul style="list-style-type: none"> -co-facilitate SAIOP groups with staff #1; -do seeking safety with clients also; -utilize the Matrix Model, outline for SAIOP groups, has strategies in model; -have a computer system that generates the treatment plans; -put in the client's statement of what they want to achieve; -"goal assistant" check boxes, limit of what you can do; -"don't have many choices; -getting ready to change the computer program, will be much better. <p>Review on 11/14/18 of documentation regarding the Matrix Model used for the SAIOP revealed:</p> <ul style="list-style-type: none"> -Matrix Model is a multi-element package of therapeutic strategies; -set of evidenced-based practices; -elements of treatment are a collection of group sessions covering topics of early recovery skills, relapse prevention, family education and social 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 112	Continued From page 3 support. Interview on 11/15/18 with the Center Director revealed: -thought strategies were included in the treatment plan; -facility will be using a new computer system that will enable staff to put in more specific treatment strategies; -will ensure strategies included in treatment plans.	V 112		
V 266	27G .4401 Sub. Abuse Intensive Outpt - Scope 10A NCAC 27G .4401 SCOPE (a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance. (b) Treatment support activities may be adapted or specifically designed for persons with physical disabilities, co-occurring disorders including mental illness or developmental disabilities, pregnant women, chronic relapse and other homogenous groups. (c) Each SAIOP shall have a structured program, which includes the following services: (1) individual counseling; (2) group counseling; (3) family counseling; (4) strategies for relapse prevention, which incorporate community and social supports; (5) life skills; (6) crisis contingency planning; (7) disease management;	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 266	<p>Continued From page 4</p> <p>(8) service coordination activities; and (9) biochemical assays to identify recent drug use (e.g. urine drug screens).</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the SAIOP included individual counseling affecting 3 of 3 clients (#1, #2 and #3), The findings are:</p> <p>Review on 11/14/18 of documentation regarding the Matrix Model used for the SAIOP revealed: -Matrix Model is a multi-element package of therapeutic strategies; -set of evidenced-based practices; -elements of treatment are a collection of group sessions covering topics of early recovery skills, relapse prevention, family education and social support; -also several individual counseling delivered over a period of 90 days; -"These individual sessions are the glue that ensures that continuity of the primary treatment sticks together and the retention of the client is maintained;" -"Individual sessions are used to primarily focus on the progress of the client's individual goals."</p> <p>Review on 11/14/18 of client #1, #2 and #3's records revealed the following individual sessions provided: -client #1 was admitted on 9/24/18 and had one SAIOP individual counseling session dated 10/11/18; -client #2's was admitted on 7/2/18 and had one</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 266	<p>Continued From page 5</p> <p>SAIOP individual counseling session dated 9/12/18; -client #3's was admitted on 10/4/18 and had one SAIOP individual counseling session dated 11/1/18 .</p> <p>Interview on 11/14/18 with client #1 revealed she had not been provided any individual counseling sessions since she started SAIOP.</p> <p>Interview on 11/14/18 with client #2 revealed he has individual counseling sessions once a week to address his mental health issues.</p> <p>Interview on 11/14/18 with client #3 revealed if she needed an individual sessions she could request one.</p> <p>Interview on 11/14/18 with staff #1 revealed: -do SAIOP groups three times a week, also three Mental Health groups; -have a caseload of 130 clients.</p> <p>Interview on 11/14/18 with staff #2 revealed: -do SAIOP groups three times a week in the evenings; -will do individual if clients request or if positive urine drug screen.</p> <p>Interview on 11/14/18 with staff #3 revealed: -do SAIOP groups three times a week along with several other groups; -have a caseload of 200 clients other than SAIOP clients.</p> <p>Interview on 11/15/18 with the Center Director revealed will address the lack of individual sessions in SAIOP.</p>	V 266		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 267	Continued From page 6	V 267		
V 267	<p>27G .4402 Sub. Abuse Intensive Outpt- Staff</p> <p>10A NCAC 27G .4402 STAFF</p> <p>(a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation.</p> <p>(b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients.</p> <p>(c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients.</p> <p>(d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas:</p> <ol style="list-style-type: none"> (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. <p>(e) Each direct care staff shall receive continuing education that includes the following:</p> <ol style="list-style-type: none"> (1) understanding of the nature of addiction; (2) the withdrawal syndrome; (3) group therapy; (4) family therapy; (5) relapse prevention; and (6) other treatment methodologies. <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <ol style="list-style-type: none"> (1) adolescent development; and (2) therapeutic techniques for adolescents. 	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 267	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure each direct care staff received continuing education that included understanding of the nature of addiction, the withdrawal syndrome and relapse prevention for 3 of 3 staff (#1, #2 and #3). The findings are:</p> <p>Review on 11/14/18 of personnel records revealed: -staff #1 was hired on 9/25/17 with the job title of Human Services Clinician, was a LPC-A(Licensed Professional Counselor Associate) and there was no documentation of continuing education in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention present on the record; -staff #2 was hired on 7/23/18 with the job title of Human Services Clinician, was a LCSW-A(Licensed Clinical Social Worker Associate) and there was no documentation of continuing education in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention present on the record; -staff #3 was hired on 6/26/17 with the job title of Human Services Clinician, was a LCSW-A(Licensed Clinical Social Worker Associate) and there was no documentation of continuing education in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention present on the record.</p>	V 267		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - CABARRUS CEN'	STREET ADDRESS, CITY, STATE, ZIP CODE 284 EXECUTIVE PARK DRIVE CONCORD, NC 28025
--	--

(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 267	<p>Continued From page 8</p> <p>Interview on 11/14/18 with staff #1 revealed she had not received continuing education in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention.</p> <p>Interview on 11/14/18 with staff #2 revealed continuing education in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention</p> <p>Interview on 11/14/18 with staff #3 revealed she had had initial trainings but no refreshers or continuing education.</p> <p>Interview on 11/15/18 with the Center Director revealed she will ensure the required SAIOP staff training is completed.</p>	V 267		