

PRINTED: 11/13/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL028-134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/09/2018
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NAME OF PROVIDER OR SUPPLIER
DAVIDSON CRISIS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**1104 B S MAIN STREET
LEXINGTON, NC 27202**

(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
V270	<p>Continued From page 1</p> <p>client's needs.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each direct care staff was trained and had basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis. The findings are:</p> <p>Review on 11/9/18 of the facility's contract with a Staffing Agency revealed: - The Licensee entered into a contract with the Staffing Agency on 2/7/17 to provide "supplemental clinical and administrative personnel" to the facility; - "... [The Staffing Agency] agrees that it shall ensure that all Supplemental Staff provided to Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and established standards of care. However, any onsite orientation of Supplemental Staff shall be the Facility's responsibility ..."</p> <p>- The contract did not specify that Supplemental Staff would receive training in mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis.</p> <p>Review on 11/8/18 of the facility's staffing schedules from 8/1/18 to 10/31/18 revealed:</p>	V270	<p>Completed prior to shift assignment @ DRS FBC 4- Training checklists will be made available to DRS management @ request + @ initial report for shift</p> <p>DHSR - Mental Health DEC 27 2018 Lic. & Cert. Section</p>	

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NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET LEXINGTON, NC 27282
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V 270	<p>Continued From page 3</p> <ul style="list-style-type: none"> - The facility provided Supplemental Staff from the Staffing Agency with orientation information related to cultural diversity, client rights, nationalities, socio-economic status, victims of domestic violence, sexual orientation and/or sexual preference, and other related information. <p>Interview on 11/9/18 with the Staffing Agency Director of Nursing (SADON) revealed:</p> <ul style="list-style-type: none"> - The SADON was not aware of the specific trainings required by licensure rule for each direct care staff that worked at the facility; - The Staffing Agency did provide training to nurses before they worked at the facility, but it did not include mental illnesses, psychotropic medications and their side effects, mental retardation and other developmental disabilities and accompanying behaviors, the nature of addiction and recovery and the withdrawal syndrome, or treatment methodologies for adults and children in crisis; - Supplemental Staff did get training on the use of Librium in detox, but not other psychotropic medications; - Some of the Supplemental Staff that the Staffing Agency sent to the facility had worked in similar environments, and they were utilized as much as possible when the facility needed staff. <p>Interview on 11/9/18 with the Program Director (PD) revealed:</p> <ul style="list-style-type: none"> - The PD did not have a role in training Supplemental Staff from the Staffing Agency; - The PD called the SADON when the facility needed a nurse to cover a shift at the facility; - The Staffing Agency then arranged for a nurse to work at the facility; - The contract with the Staffing Agency was coordinated through the Licensee's Human Resources (HR) Department; 	V 270		

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NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1184 B S MAIN STREET LEXINGTON, NC 27282		
(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 536	Continued From page 6 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 by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with 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). (h) Service providers shall maintain documentation of initial and refresher training for	V 536	Operations Director 3- US will include State Approved De-escalation Alternatives to Restrictive Intervention Training in 60 days for staff to be assigned to FBC shifts 4- Documentation of completion of training will be provided to FBC Center Director for each staff @ initial training & @ annual recertification. FBC Center Director will have responsibility for ongoing monitoring.	

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NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 B S MAIN STREET LEXINGTON, NC 27292		
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V 538	Continued From page 7 review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure service providers received training on alternatives to restrictive interventions prior to providing services to clients. The findings are:	V 538		

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V 538	<p>Continued From page 9</p> <p>Interventions as part of her orientation.</p> <p>Interview on 11/8/18 with the Staffing Agency Director of Nursing (SADON) revealed:</p> <ul style="list-style-type: none"> - The SADON was not aware that training on alternatives to restrictive interventions was required for all service providers prior to working with clients; - The Staffing Agency did provide training to nurses before they worked at the facility, but it did not include training on alternatives to restrictive interventions. <p>Interview on 11/9/18 with the Program Director (PD) revealed:</p> <ul style="list-style-type: none"> - The contract with the Staffing Agency was coordinated through the Licensee's Human Resources (HR) Department; - HR may have worked out the details of training on alternatives to restrictive interventions for Supplemental Staff from the Staffing Agency; - The PD did not have a role in ensuring Supplemental Staff from the Staffing Agency had received required trainings. <p>Interviews on 11/8/18 and 11/9/18 with the Facility Based Crisis Operations Director (FBCOD) revealed:</p> <ul style="list-style-type: none"> - The facility contracted with the Staffing Agency for nursing staff to cover shifts in which the facility was unable to fill with their own nursing staff; - The Staffing Agency was supposed to provide necessary trainings to Supplemental Staff nurses before they were sent to the facility to work; - The Staffing Agency had a checklist of trainings that they provided to Supplemental Staff; - The facility did not provide Supplemental Staff from the Staffing Agency with training on alternatives to restrictive interventions. 	V 538		

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V 537	<p>Continued From page 11</p> <p>Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the</p>	V 537	<p>Approved De-escalation/ Alternatives to Restrictive Intervention Training/ Seclusion, Physical Restraint, Deactivation Time Out training to staff to be assigned to FBC shifts in 60 days</p> <p>4- Documentation of completion of training will be provided to FBC Center Director for each WS staff @ initial training @ annual recertification. FBC Center Director will have have responsibility for ongoing monitoring</p>	

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NAME OF PROVIDER OR SUPPLIER DAVIDSON CRISIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 S S MAIN STREET LEXINGTON, NC 27292		
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V 537	<p>Continued From page 13</p> <p>annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure service providers completed training in seclusion, physical restraint and isolation time out prior to providing services. The findings are:</p> <p>Review on 11/9/18 of the facility's contract with a Staffing Agency revealed: - The Licensee entered into a contract with the Staffing Agency on 2/7/17 to provide "supplemental clinical and administrative personnel" to the facility;</p>	V 537		

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V 637	<p>Continued From page 15</p> <p>was required for all service providers prior to working with clients;</p> <ul style="list-style-type: none"> - The Staffing Agency did provide training to nurses before they worked at the facility, but it did not include training in seclusion, physical restraint and isolation time out. <p>Interview on 11/9/18 with the Program Director (PD) revealed:</p> <ul style="list-style-type: none"> - The contract with the Staffing Agency was coordinated through the Licensee's Human Resources (HR) Department; - HR may have worked out the details of training in seclusion, physical restraint and isolation time out for Supplemental Staff from the Staffing Agency; - The PD did not have a role in ensuring Supplemental Staff from the Staffing Agency had received required trainings. <p>Interviews on 11/8/18 and 11/9/18 with the Facility Based Crisis Operations Director (FBCOD) revealed:</p> <ul style="list-style-type: none"> - The facility contracted with the Staffing Agency for nursing staff to cover shifts in which the facility was unable to fill with their own nursing staff; - The Staffing Agency was supposed to provide necessary trainings to Supplemental Staff nurses before they were sent to the facility to work; - The Staffing Agency had a checklist of trainings that they provided to Supplemental Staff; - The facility did not provide Supplemental Staff from the Staffing Agency with training in seclusion, physical restraint and isolation time out. 	V 637		



Davidson Facility Based Crisis
 1104B South Main Street
 Lexington, NC 27292
 Phone: (336) 300-8826

www.daymarkrecovery.org

November 21, 2018

Dear Ms. Rising and Branton:

Enclosed please find the plan of correction related to the recent audit completed 11-9-18 at Daymark Davidson FBC.

Upon review of the information, we have moved forward with working with the staffing agency to ensure basic training on general knowledge re: MH/SUD/I/DD and are working with them to develop their training for de-escalation and physical restraints, time out.

I would like to request clarification regarding the letter received along with the summary of deficiencies.

In the body of the letter, there is a statement that the complaint was substantiated. My notes from the exit interview indicated that many of the complaints were unsubstantiated. I am confused with the wording apparently identifying all allegations were substantiated.

Could I receive your interpretation on this statement, please?

Thank you in advance, and please contact me at 336-466-5404 or at swilcox@daymarkrecovery.org should you have any further questions regarding our enclosed response.

Respectfully,

Sharon Wilcox RN, BS, BSN

Sharon Wilcox, RN, BS, BSN
 Daymark Recovery Services Inc.
 FBC Operations Director

DHSR - Mental Health

DEC 27 2018

Lic. & Cert. Section



WILKES CENTER
 1400 WILLOW LANE
 NORTH WILKESBORO, NC 28659
 PHONE # 336-667-5151

FRONT DESK FAX # 336-838-3133

MEDICAL RECORDS FAX # 336-667-5048

**FAX COVER SHEET
 CONFIDENTIAL HEALTH INFORMATION ATTACHED**

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Date: 12-27-18
 To: NCDHHSR
 Fax: 919-715-8078
 From: Daymark Recovery

ATTENTION: NCDHHSR
 RE: Licensure and Certification
 Number of pages (including this fax cover): 14

Message and/or description of faxed material:

TO BE COMPLETED PRIOR TO FAXING INFORMATION:

Authorization verified and on file: Yes No
 Name of person contacted prior to transmission: _____
 Date: _____ Time: _____ Name of staff contacting this person: _____

DHSR - Mental Health
 DEC 27 2018
 Lic. & Cert. Section

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