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client's needs.	\exists		11.	Course N. d. A. S	V 270	1		4270	
	1		ship	a party series to			client's needs.		
assignment (DDRS FBC	-		200 00000000000000000000000000000000000					1	
4- Training checklists.	1		sto.	4- Training checklis				1	
This Rule is not met as evidenced by: Based on record reviews and interviews, the	1		able	will be made availa		8 evidenced by:	Based on record review		
180 mily failed to ensure each direct care staff was 142 LKS Munaci Manage 142 LKS	1		Oto	to DRS nomagemen		each direct care stoff was	Recitity falled to ensure	- 1	
trained and had besid knowledge about mental	1			want & anitial		(nowledge about month)	uained and had basio		
elde official and the managements and triali			-			opic medications and their	side effects: mental ret		
developmental disabilities and accompanying	1			report for which		les and accompanying	developmental disabilit	1	
Denaviors; the nature of addiction and consumer						f addiction and rannimes	behaviors; the nature of	[(
and the withdrawal syndrome; and treatment methodologies for adults and children in chals.						B and children in chile	methodologies for adult	l l	
The findings are:			**			and the chief of the chief.	The findings are:	1	
Review on 11/9/16 of the facility's contract with a Staffing Agency revealed:						e facility's contract with a	Review on 11/9/18 of th	F	
- The Licensee entered into a contract with the						into a contract with the	- The Licenses entered	-	
Staming Agency on 2/7/17 to provide					į	17 to provide	Staffing Agency on 2/7/	5	
"supplemental clinical and administrative personnel" to the facility;						nd administrative	"aupplemental clinical ar	D.	
- " [The Staffing Agency] agrees that it shall						CVI agrees that it shall	- " [The Staffing Agen	1-	
ensure that all Supplemental Staff provided to			***************************************			ental Staff provided to	ensure that all Suppleme	1 6	
Facility are fully familiar with Facility policies, Facility's job description, Facility protocols and					1	Facility policies,	Facility's job description	F	
BUILDINATED SIGNORING OF CARS. However any						care. However any	epishners bendards of	1 86	
onsite orientation of Supplemental Staff shall be the Facility's responsibility"		1				plemental Staff chall be	onsite orientation of Sup	OF	
- The contract did not specify that supplemental DHSR - Mental Health			ealth	DHSR - Mental He		active that Sugniamental	The contract did not so	-7	
oran would receive training in mental illnesses						no in mental ilineages	Pian would receive training	01	
and psychotropic medications and their side effects; mental retardation and other DEC 272018				DFC 272018		tions and their side	ing psychotropic medica) an	
developmental disabilities and accompanying				520 2 1 2 10		and accompanying	evalopmental disabilities	de	
Denaviors; the nature of addiction and recovery			ion	Lic & Cert Section		iddiction and recovery	enaviors; the nature of a	De	
and the withdrawal syndrome; and treatment methodologies for adults and children in crisis.			IUII	210. 0 001. 000.		ome; and treatment	sethodologies for adults	me	
								ł	
Review on 11/8/18 of the facility's staffing					Personal	facility's staffing	eview on 11/8/18 of the	Re	
schedules from 8/1/18 to 10/31/18 revealed:						IU/31/18 revealed:	Service Regulation	n of Health &	

Division of Health Service Regulation FORM APPROVED							
STATEM	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	RIDVEY	
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DAVID	SON CRISIS CENTER	1104 8 9	MAIN STREE	T		1	
		LEXINGT	ON, NC 2729	2			
(X4) II	BUMMARY STA	atement of deficiencies Y must be preceded by full	lo lo	PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
DAT	REGULATORY OR L	SC IDENTIFYING INPORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD DROBS-REPERENCED TO THE APPROP	BE	COMPLETE	
			100	DEFICIENCY)	MAIH	DATE	
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	1		V 270		j		
	- The facility provided	Supplemental Staff from					
	the Staffing Agency w	ith orientation information					
	related to cultural dive	reity, client rights,					
	nationalities, socio-eci	onomic status, victims of	1				
	domestic violence, sex	kutu orlentation and/or			1		
	acynei bieleletice, auc	d other related information.				- 1	
	Interview on 11/0/18 w	ith the Staffing Agency		-	1	1	
	Director of Nursing (6)	ADON) taxasled:	and a second			- 1	
	- The SADON was not	awara of the specific					
	trainings required by Ili	censure rule for each direct			- 1		
	care staff that worked	at the facility:			1		
	- The Staffing Agency	did provide training to			1		
	nurses before they wor	ked at the facility, but it did	1		1	- 1	
	not include mental iline	eses, psychotropic			1		
	medications and their s	ride effects, mental			1		
	retardation and other d	avelopmental disabilities			- 1	- 1	
	and accompanying beh	saviors, the nature of				- 1	
	addiction and recovery	and the withdrawal	1			1	
	syndrome, or treatment	t methodologies for adulte			1	1	
	and children in crisis;	d as the telescope at the second				- 1	
	Librium in detox, but no	d get training on the use of				1	
	medications;	of other baachorobic	1		.]	- 1	
		ental Staff that the Staffing		1	1	1	
	Agency sent to the facil	ity had worked in similar				1	
	environments, and they	were utilized as much as				- 1	
	possible when the facili	ly needed steff.					
						- 1	
	Interview on 11/9/18 wit	h the Program Diractor				- 1	
	(PD) revealed:						
	- The PD dld not have a	role in training					
	Supplemental Staff from	the Staffing Agency;				1	
	- The PD called the SAL	JUN When the facility					
	needed a nurse to cover	r a shirt at the facility;					
	- The Staffing Agency th to work at the facility;	en arrangeo for e nurse				1	
	- The contract with the S	Haffing Agency year					
	coordinated through the	Licensee's Human					
	Resources (HR) Departr	nent:					
sian of He	Ign of Health Service Regulation						

Division	of Health Service Req				FOR	MAPPROVE
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	
		MHL028-134	8. WING	Account of the last of the las	1	C 08/2018
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(h) Service providers sh	all maintain and refresher training for				
on of Health 8	Service Regulation					

1	Division	of Health Service Regu				FOR	MAPPROVED
	AND PLAN	IT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
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ı	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATG, ZIP CODE		V3/2016
-	DAVIDSO	N CRISIS CENTER	1104 B 3	MAIN STREET			
ŀ	(X4) ID	QUALADY PT	LEXING?	ON, NC 27292	7		
	PREMX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD S CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	36	COMPLETE COMPLETE COMP
	V 538	Continued From page	7	V 536			
		review by the coach.					
		(7) Trainers sha	Il teach a training program				
		need for restrictive inte	aducing and aliminating the erventions at least once				,
	1	ennually,					
	1	(8) Treiners shall instructor training at lea	Il complete a refresher				
	- 1	(j) Service providers a	hall maiotain				
	- 1	documentation of initial training for at least three	and refresher instructor				
	- 1	 Documen 	tation shall include:				
		(A) who participat	led in the training and the				1
		outcomes (pass/fall); (8) When and wh	ere attended; and				
		(C) instructor's na	ame,				
		(2) The Division of	of MH/DD/SAS may documentation any time.				- 1
	1 ((k) Qualifications of Co	aches:			1	ĺ
		 Coaches shall equirements as a traine 	I meet all preparation			1	- 1
	(Coaches shall	teach at least three times			1	- 1
		he course which is bein	ig coached.				
		 Cogohes shall competence by complet 	demonstrate				
	t	ain-the-trainer instructi	on.				
	(1) Documentation shall s for trainers.	be the same preparation				1
		o ioi ogingis,					
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	TI	nis Rule is not met as a	svidenced by:			ļ	
	B	ased on record reviews	and Interviews, the				
	tra	vally taked to ensure se lining on alternatives to	ervice providers received prestrictive interventions	To the second se			
	pri	ior to providing services	s to olients. The findings				
lo	ar	e: Servico Regulation					
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AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		CONSTRUCTION	(X3) DAT	SURVEY
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V 536	Continued From pag	9	V 536			-
	interventions as part	of her orientation.				
	Interview on 11/9/18	with the Staffing Agency				1
	Director of Nursing (SADON) revealed				
	- The SADON was no	ot aware that training on				
	ellematives to restric	tive interventions was				
	with clients:	e providers prior to working				ĺ
	- The Staffing Agency	did provide training to				
- 1	nurses before they we	orked at the facility, but it did				
	not include training or interventions.	a elternatives to restrictive				
	matabilions,					
	nterview on 11/9/18 v	vith the Program Director				
- 11	(PU) revealed:					
	coordinated through #	e Staffing Agency was ne Licensee's Human				
i i	Resources (HR) Deps	iqueut.				
-	HR may have worker	d out the details of treining				
10	n anematives to restr	ictive interventions for			ĺ	
	The PD did not have	m the Staffing Agency;	1 1		}	
s	Supplemental Staff from	m the Staffing Agency had	1 1			
re	scelved required train	ings.			1	
ir	iterviews on 11/8/18	and 11/9/18 with the Facility				
	saed Crisis Operation	is Director (FBCOD)				
		with the Staffing Agency			1	
10	r nursing staff to cove	ir shifts in which the facility				
l W	as unable to fill with th	neir own nursing steff.				
-	ine Staffing Agency w	VAS SUpposed to provide				
be	ofore they were sent to	Supplemental Staff nurses				
-7	The Staffing Agency h	ad a checklist of trainings	1			
TO:	at they provided to Su	Ipplemental Staff				
-7	he facility did not pro	Vide Supplemental Staff			1	
1 110	m the Staffing Agence emetives to restrictive	v with training on				
all	emenyas to teatuctive	interventions.	I		1	

	Division of Health Service Regulation FORM APPROVED					
	it of deficiencies of correction	(X1) PROVIDENSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF IDAVIDSO (X4) ID PREPIX TAG V 537	PROVIDER OR SUPPLIER SUMMARY ST, (EACH DEMCIENCY OR L. Continued From page Paragraph (g) of this if (g) Acceptable training but are not limited to, if the use of restrictive in the use of restrictive in the use of restrictive in the use of insert restrictive incremental steps in a concepts of least restrictive intervention of restrictive intervention swhich incremental steps in a concept of insert restrictive intervention interventions which incremental steps in a concept of restrictive intervention; (5) the use of restrictive intervention; (6) prohibited preciping similar promoted intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (6) prohibited preciping similar promoted in the concepts of intervention; (7) dependent prohibited preciping similar prohibited precipin	MHL029-134 STREET AL 1104 B S LEXINGT ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION) 11 Rule. g programs shall include, presentation of: cormation on alternatives to interventions; in when to intervene ant danger to self and is safety and respect for the ipersons involved (using lottive interventions and intervention); the safe implementation one; inergency safety lude continuous oring of the physical and ig of the dilent and the safe iout the duretion of the incedures; altegies, including their e; and in methods/procedures.	A. BUILDING	PROMDER'S PLAN OF CORRECTION ELOUGO EACH CORRECTION ELOUGO CROSS-REFERENCED TO THE APPROPRI Approved De- escalary Absuratives to Risk Chiquentian Tran Sechusian, Physical Rishaint, Doclarie Time Out training Staff to be assigned FBC shifts in 60 C 4 Documentation of Completion of training will be provided to Completion of training will be provided to Completion of training will be provided to Completion of training Completion of training Completion of training Completion of training Communication of Completion of training Communication of Communication Communica	COMPLETED 11/08/2018 12/08/2018 12/08/2018 14/08/2018 14/08/2018 14/08/2018 14/08/2018	PYE
	at least three years. (1) Documentation (A) who participate outcomes (pass/fall); (B) when and who instructor's recipitation of the provision of the provisi	on shall include: sed in the training and the ere they sitended; and ame. of MH/DD/SAS may umentation at any time.		FBC Cerofer Director wi harder hard suspension for anaging manistar	wiling	
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Divisio	n of Health Service Requ			¥	FO	RM APPROVED
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PREFIX	REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	Provider's Plan of Corf (Each Corrective action S Cross-referenced to the Af Deficiency)	HOIRDRE	(X5) COMPLETE DATE
V 53	7 Continued From page	13	V 537			
	annually.					
	(11) Trainers shall instructor training at le	Il complete a refresher		ĺ		
	(k) Service providers	ast every two years. Shall maintain				
	documentation of initia	i and refresher instructor				1 1
	I training for at least thre	ee years.				1 1
		on shall include; ted in the training and the				1 [
	outcome (pass/fall);					
	(B) when and wh	ere they attended; and				
	(C) instructor's no (2) The Division of	ame. of MH/DD/SAS may				
	review/request this doo	Umentation at any time				
	(I) Qualifications of Cos	aches:				
	(1) Coaches shall requirements as a train	I meet all preparation				
	(2) Coaches shall	teach at least three				
	times, the course which	is being coached.				
	(3) Coaches shall competence by complete	demonstrate				
	train-the-trainer instructi	on.				
- 1	(m) Documentation sha	ill be the same				
1	preparation as for trains	rs.				
	×					
- 1						
	This Rule is not met as	Avidanaed by				
- 1	Based on record raviews	and interviews the				
- 1	facility felled to ensure se	ervice providers				ŀ
	completed training in sec and isolation time out pri	clusion, physical restraint			l	
	The findings ere:	or to browding services.				
	Review on 4410140 -f	- Allituda - A - A - A - A - A - A - A - A - A -				
	Review on 11/9/18 of the Staffing Agency revealed	recurty's contract with a				
1.	The Licensee entered in	nto a contract with the				
13	Staffing Agency on 2/7/17	7 to provide				
1.	supplemental clinical and personnel" to the facility;	d administrative	-			
sion of Heeli)	Sorvice Regulation					

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Intermediate in the coordinate	incling with oldents; ne Staffing Agency with each of they we include training in a seas before they we include training in a seas before they we include the training in a season of the training and they are they were season of the training staff of the training staff agency were sent to Staffing Agency were sent to Staffing Agency in a Staffing Agency he Staffing Agency	vith the Program Director a Staffing Agency was the Licensee's Human striment; d out the details of training restraint and isolation time Staff from the Staffing a role in ensuring in the Staffing Agency had lings. and 11/9/18 with the Facility as Director (FBCOD) I with the Staffing Agency or shifts in which the facility heir own nursing staff; was supposed to provide Supplemental Staff nurses to the facility to work; ad a checklist of trainings upplemental Staff; vide Supplemental Staff;				



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 swiloox@davmarkrecovery.org should you have any further questions regarding our enclosed response.

Respectfully,

Sharan Willow BN, BS, BSN

Sharon Wilcox, RN, BS, BSN Daymark Recovery Services Inc.

FBC Operations Director

DHSR - Mental Health

DEC 272018

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

CONFIDENTIALITY/REDISCLOSURE NOTICE: The documents accompanying this fax transmission contain confidential and privileged health information. Health information is personal and sensitive information related to a person's health care and is projected by state and federal regulations. It is being faxed after appropriate authorization from the client or under circumstances that don't require client authorization. The recipient is obligated to maintain it in a safe, secure and confidential manner If you are the intended recipient, or if you are NOT the intended recipient, you are hereby notified that any re-disclosure of the confidential information is STRICTLY PROHIBITED without an additional valid authorization. If you are NOT the intended recipient, please immediately notify the sender at 336-667-5151 to arrange for return of the

Date: 12-27-18 To: NCNHSR Fax: 919-715-8078 From: Daymark Recovery		Ne and Certification cluding this fax cover): 19
Message and/or description of faxed material:		
TO BE COMPLETED PRIOR TO FAXING INFORMA	ATION:	DHSR - Mental Health
Authorization verified and on file: Yes	No	DEC 272018
Name of person contacted prior to transmission: Date: Time: Name of staff co	ntacting this person	Lic. & Cert. Section
Inform the recipient or contact person to call the send number into facsimile machine, verify that the number	er if faxed information is	not received. After entering

number into facsimile machine, verify that the number is correct prior to sending documents.