

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 1/10/19. The complaint was unsubstantiated (Intake #NC 143558). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment for Individuals with Substance Abuse, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. 	V 107		

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: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 107	<p>Continued From page 1</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to ensure client confidentiality. The findings are:</p> <p>Interview on 1/10/19 with client #1 revealed: -been coming to SAIOP (Substance Abuse Intensive Outpatient Program) since 10/2018; -get drug tested 1-3 times a month at random; -when walk into group room, see name written on white board, know that day will get drug tested.</p> <p>Interview on 1/10/19 with client #2 revealed: -been coming to SAIOP (Substance Abuse Intensive Outpatient Program) since 10/2018; -get drug tested at random, done at break; -name written on white board in group room for</p>	V 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 107	<p>Continued From page 2</p> <p>drug tests and individual counseling.</p> <p>Interview on 1/10/19 with client #3 revealed: -been coming to SAIOP (Substance Abuse Intensive Outpatient Program) for over a month; -get drug tested at random, don't know ahead of time; -name written on board, "if your name under UDS(Urine Drug Screen,) know drug test that day."</p> <p>Interview on 1/10/19 with staff #1 revealed: -facilitate am SAIOP group; -test all clients at least once a month, more as needed; -UDS done at random; -write names of clients on board in group room on the day they need to have a UDS.</p> <p>Interview on 1/10/19 with staff #2 revealed: -facilitate pm SAIOP group; -UDS on clients, some weekly, some not as much, once a month; -write names on white board in group room at beginning of group let clients know who has UDS that evening.</p> <p>Observation on 1/10/19 at 2:21pm of the SAIOP group room revealed: -large room with tables and chairs; -large white blank erase board on right wall by door leading to hallway; -planning calendar posted on wall of hallway to left of SAIOP group room door listed several other staff with other groups using same group room.</p> <p>Interview on 1/10/19 with the Substance Abuse Team Lead revealed: -staff only used first names of clients on board for</p>	V 107		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 107	Continued From page 3 UDS; -would worry about staff making sure they erase names as other types of client groups use same group room; -will talk with staff and develop another system of notifying clients of UDS and maintain confidentiality.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 108	<p>Continued From page 4</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure at least one staff member trained in basic first aid and cardiopulmonary resuscitation(CPR) and trained in the Heimlich maneuver or other first aid techniques was available in the facility at all times when a client was present affecting 1 of 2 audited staff (#2). The findings are:</p> <p>Review on 1/10/19 of staff #2's personnel record revealed: -hired on 9/24/18 with job title of Human Services Clinician; -no documentation of current CPR and First Aid certification present in the record.</p> <p>Interview on 1/10/19 with staff #2 revealed: -facilitated the evening SAOP group from 5pm-8pm; -CPR and First Aid certification expired a month before she started this position with this agency; -has not recertified in CPR and First Aid; -receptionists at front desk are here with her in evenings.</p> <p>Interview on 1/10/19 with the Center Director revealed: -can not completely verify someone is present at all times at the facility with CPR and First Aid when clients are present; -some of the front desk staff have CPR and First Aid and some don't;</p>	V 108		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 108	Continued From page 5 -front desk staff rotate and can not confirm the front desk staff who have CPR and First Aid always work with staff #2 in the evenings; -will address the situation by ensuring staff #2 completes training in recertification in CPR and First Aid.	V 108		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 1/10/19 at 2:11pm revealed the hot water temperature in the UDS (Urine Drug Screen) bathroom sink was 121 degrees Fahrenheit. Interviews on 1/10/19 with client #1, #2 and #3 revealed no concerns expressed regarding the hot water temperature in the UDS bathroom. Interview on 1/10/19 with the Substance Abuse	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL-090-00	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER DAYMARK RECOVERY SERVICES - UNION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD MONROE, NC 28110
---	--

(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 752	Continued From page 6 Team Lead revealed: -not aware the hot water in the UDS bathroom sink was too hot; -will ensure it gets regulated within required temperature range.	V 752		