Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHL080-058 B WING 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2129 STATESVILLE BOULEVARD DAYMARK RECOVERY SERVICES, INC. SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 1/14/19. The complaint was unsubstantiated (Intake #NC 143473). A deficiency was cited. 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 V 267 27G .4402 Sub. Abuse Intensive Outpt- Staff V 267 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a **DHSR** - Mental Health Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets ection the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (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. DHSR - Mental Health (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in JAN 3 0 2019 the following areas: (1) alcohol and other drug withdrawal symptoms; and Lic. & Cert. Section (2)symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing education that includes the following: understanding of the nature of Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TATE FORM

(X6) DATE

If continuation sheet 1 of 4

PRINTED: 01/16/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 01/14/2019 MHL080-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2129 STATESVILLE BOULEVARD DAYMARK RECOVERY SERVICES, INC SALISBURY, NC 28147 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 267 V 267 Continued From page 1 addiction: the withdrawal syndrome; (2)group therapy; (3)family therapy; (4) relapse prevention; and (5)other treatment methodologies. (f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following: adolescent development; and (1) therapeutic techniques for adolescents. (2)This Rule is not met as evidenced by: Staff will recieve training on The Nature of 02/14/2019 Based on interviews and records review, the Addiction and Withdrawal Symptoms, as well as facility failed to ensure each direct care staff relapse prevention. This training will be provided to received continuing education that included the all clinical staff no later than 02/14/2019. Clinicians understanding of the nature of addiction, the will receive certificates, which will be maintained in withdrawal syndrome and relapse prevention for 2 their HR files. Moving forward, this training will be utilized with all staff who provide SA treatment of 2 audited staff (#1, #2). The findings are: at this center. Center Director (CD) will be responsible for monitoring and facilitating the training to ensure Interview on 1/14/19 with staff #2 revealed: the deficiency does not occur again. Monitoring will be ongoing with new staff and staff transitioning into -worked for agency since June 2017; SA services. -started facilitation of the SAIOP (Substance Abuse Intensive Outpatient Program) about 3

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months ago:

-licensed as a Clinical Social Worker Associate; -have consultation with Center Director who is a LCAS (Licensed Clinical Addiction Specialist)

-had some courses focusing on substance abuse

Interviewing specific to Substance Abuse while

during her undergraduate degree;
-had trainings in HIV and Motivational

PRINTED: 01/16/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING_ MHL080-058 01/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2129 STATESVILLE BOULEVARD DAYMARK RECOVERY SERVICES, INC SALISBURY, NC 28147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRFFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 267 Continued From page 2 V 267 employed here. Review on 1/14/19 of staff #2's record revealed: -hire date of 6/5/17 with job title of Human Services Clinician: -current licensure for Licensed Clinical Social Worker Associate to expire on 6/30/19; -documentation of completed trainings in Ethics, Boundaries, Person Centered Planning, Suicide Prevention, Dialectic Behaviors, Co-Occurring Mental Health and Substance Abuse Disorders: -no documentation of completed training in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention present in the record. Review on 1/14/19 of staff #1's record revealed: -hire date of 9/15/17 with job title of Human Services Clinician; -current licensure for Licensed Clinical Social Worker Associate to expire on 6/30/19; -documentation of completed trainings in Ethics, Boundaries, Trauma, Depression, Overview of CBT; -no documentation of completed training in understanding of the nature of addiction, the withdrawal syndrome and relapse prevention present in the record. Unable to interview staff #1 on 1/14/19 as she was on leave.

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revealed:

Interview on 1/14/19 with the Center Director

-staff #2 took over facilitation of the SAIOP in

-provide weekly staffings on cases with staff #1 and staff #2 and also available on a daily basis for

-do not have documentation with completed

December 2018 along with staff #1;

any issues that may arise:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL080-058		B. WING	B. WING		01/14/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DAYMARK RECOVERY SERVICES, INC 2129 STATESVILLE BOULEVARD SALISBURY, NC 28147							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COM		(X5) COMPLETE DATE	
V 267	trainings on the unde addiction, the withdra prevention present in staff #2;	rstanding of the nature of wal syndrome and relapse the record for staff #1 or if #1 and #2 will obtain this	V 267				

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STATE FORM

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Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,

Gina McLain

Facility Compliance Consultant I

Hima McLain

Mental Health Licensure & Certification Section

Cc: Trey Sutten, Director, Cardinal Innovations LME/MCO

Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO

File