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 MHL-090-004 01/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD DAYMARK RECOVERY SERVICES - UNION CENTER MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on 1/10/19. The complaint was unsubstantiated (Intake #NC 143558). Deficiencies were 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 107 27G .0202 (A-E) Personnel Requirements V 107 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS DHSR - Mental Health (a) All facilities shall have a written job JAN 3 0 2019 Lic. & Cert. Section description for the director and each staff position which: (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. (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: (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

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Personnel Registry.

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

TITLE

(X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL-090-00	B. WING		01/10	0/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
DAYMARK	RECOVERY SERVICES	- LINION CENTER	EST ROOSEVELT E, NC 28110	BOULEVARD		
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V 107	Continued From page 1 (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. (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. (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.		V 107			
	failed to ensure clientare: Interview on 1/10/19 -been coming to SAI Intensive Outpatient -get drug tested 1-3 -when walk into grouwhite board, know the Interview on 1/10/19 -been coming to SAI Intensive Outpatient -get drug tested at ra	as evidenced by: and observation, the facility t confidentiality. The findings with client #1 revealed: OP (Substance Abuse Program) since 10/2018; times a month at random; p room, see name written on lat day will get drug tested. with client #2 revealed: OP (Substance Abuse Program) since 10/2018; andom, done at break; ite board in group room for		Starting 1/10/19, all staff were i of new procedure not to write n board but to inform clients priva process will be reviewed ongoin treament team meetings with start teams.	ames on ately. This ng in	1/10/2019 Ongoing

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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 MHL-090-00 01/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD DAYMARK RECOVERY SERVICES - UNION CENTER MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 107 Continued From page 2 V 107 drug tests and individual counseling. 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." 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. 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. 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

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room.

door leading to hallway:

Team Lead revealed:

-planning calendar posted on wall of hallway to left of SAIOP group room door listed several other staff with other groups using same group

Interview on 1/10/19 with the Substance Abuse

-staff only used first names of clients on board for

PRINTED: 01/11/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: ___ B. WING 01/10/2019 MHL-090-00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD DAYMARK RECOVERY SERVICES - UNION CENTER MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 107 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 108 27G .0202 (F-I) Personnel Requirements V 108 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

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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	
		MHL-090-00	B. WNG		01/	10/2019	
	PROVIDER OR SUPPLIER	- UNION CENTER 1190 WE	ADDRESS, CITY, S' EST ROOSEVEL E, NC 28110	TATE, ZIP CODE T BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 108	and communicable disclients.	seases of personnel and	V 108				
	facility failed to ensure trained in basic first aid resuscitation(CPR) an maneuver or other firs available in the facility was present affecting The findings are:	ew and interviews, the at least one staff member d and cardiopulmonary d trained in the Heimlich		Evening SAIOP provider was CPR to 1/18/19. See attached certification. All SA staff covering the evening growth receive CPR training. Certification was tracked and staff will renew prior to to deadline.	oup will vill be	Ongoing	
	revealed: -hired on 9/24/18 with Clinician;	job title of Human Services					
	before she started this -has not recertified in C	SAIOP group from tification expired a month position with this agency;					
	all times at the facility v when clients are presen	rify someone is present at vith CPR and First Aid					

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER AND PLAN OF CORRECTION A. BUILDING: _ B. WING 01/10/2019 MHL-090-00 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD DAYMARK RECOVERY SERVICES - UNION CENTER MONROE, NC 28110 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 108 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 752 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. In areas of the facility where clients are (4)exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. Plummer adjusted water temperatures on This Rule is not met as evidenced by: .1/17/2019 1/17/2019. See attached invoice. 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.

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Interview on 1/10/19 with the Substance Abuse

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_ MHL-090-00 01/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1190 WEST ROOSEVELT BOULEVARD DAYMARK RECOVERY SERVICES - UNION CENTER MONROE, NC 28110 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 752 Continued From page 6 V 752 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.

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CERTIFICATE OF COMPLETION

This certificate is awarded to

Frances Johnson RN, BSN

DAYMARK RECOVERY SERVICES, INC.

North-South Services, Inc. (704) 989-9654; (704) 770-8844 Waxhaw, NC 28173 northsouthservicesinc@gmail.com

INVOICE

BILL TO

Daymark 1190 West Roosevelt Blvd Monroe

ACTIVITY Commercial Service call	QTY 1	RATE 110.00	AMOUNT	
2 men one hour	SUBTOTAL		110.00	
Turned water heater to 110 and checked public restrooms all three read at 103-106.	TAX (6.75%)		7.43 117.43	
	BALANCE DUE		\$117.43	