

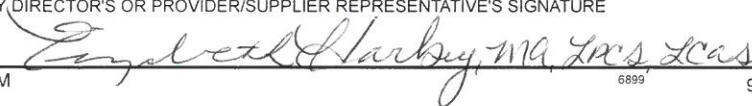
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>01/15/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DAYMARK RECOVERY SERVICES, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000-1 NORTH FIRST STREET ALBEMARLE, NC 28001</b>
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 1/15/19. The complaint was unsubstantiated (Intake #NC 143428). A deficiency was 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 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry(HCPR) was accessed prior to hire for 1 of 2 staff (#1). The findings are:</p> <p>Interview on 1/15/19 with staff #1 revealed: -was hired by the facility in June 2012; -took over the responsibility of the facilitation of the SAIOP (Substance Abuse Intensive Outpatient Program) about 2 years ago; -facilitates the SAIOP three days a week three</p>	V 131	<p style="text-align: center; color: blue;">DHSR - Mental Health</p> <p style="text-align: center; color: red;">FEB 06 2019</p> <p style="text-align: center; color: blue;">Lic. &amp; Cert. Section</p> <p>In order to ensure that HCR is completed on every new hire prior to start date, HR staff will immediately begin using the attached audit sheet. This sheet will be placed with all new staff information from the time of receipt of request to hire. Approval for hire of new employees will not be provided until all background checks and HCR are shown as complete on the audit sheet.</p>	1/22/19

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Center Director	(X6) DATE 1-29-19
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/15/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DAYMARK RECOVERY SERVICES, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000-1 NORTH FIRST STREET</b> <b>ALBEMARLE, NC 28001</b>		
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V 131	<p>Continued From page 1</p> <p>hours per day; -licensed as a Clinical Addiction Specialist.</p> <p>Review on 1/15/19 of staff #1's personnel record revealed: -hire date of 6/25/12 with job title of Human Services Clinician; -current licensure as a Clinical Addiction Specialist with expiration date of 6/30/20; -no documentation present in the record the HCPR was accessed prior to hire.</p> <p>Interview on 1/15/19 with the Center Director revealed: -there was an unexpected death in Human Resources recently; -been an issue trying to locate certain HR documentation; -was not able to locate staff #1's HCPR check; -know it was done because no one is hired without one completed, company policy; -must have been misplaced.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 131		

**Daymark Recovery Services, INC.**  
**HUMAN RESOURCES DEPARTMENT**  
**NEW HIRE FILE AUDIT SHEET**

New Employee **NAME & Hire Date:** \_\_\_\_\_

**Human Resources**

- Application/Resume     Consent/Release Form    **Background Check:**     Criminal     Driving     HealthCare Registry
- Certification (current) \_\_\_\_\_     Licensure (current) \_\_\_\_\_
- Transcripts (**original**) \_\_\_\_\_     Diploma - Copy from College/University
- Offer Letter \_\_\_\_\_

**SUPERVISOR New Hire Documents**

- References (3 required)
- Job Description
- Credentialing Forms (DRS)
- Supervision Contract (DRS)
- Training Contract ( 03/26/2012)

**BENEFITS**

- 401(k) Enrollment & Beneficiary Form \_\_\_\_\_
- FMLA notice \_\_\_\_\_
- Eye Med (Vision Insurance) \_\_\_\_\_
- Health & Dental Enrollment Form \_\_\_\_\_
- MetLife Insurance Enrollment \_\_\_\_\_

**PAYROLL**

- HR Action Form \_\_\_\_\_
- W-4 Form \_\_\_\_\_
- NC-4 Form \_\_\_\_\_
- Direct Deposit

**Trainings**

- BBP/TB \_\_\_\_\_
- Crisis Response \_\_\_\_\_
- Client Rights \_\_\_\_\_
- CPR/First Aid \_\_\_\_\_
- Cultural Competency \_\_\_\_\_
- Emergency Services \_\_\_\_\_
- HIPAA/Confidentiality \_\_\_\_\_
- Incident Report \_\_\_\_\_
- Medication Administration \_\_\_\_\_
- Mindset/PAB \_\_\_\_\_
- Peer Support \_\_\_\_\_
- Person Centered Planning \_\_\_\_\_
- Person Centered Thinking \_\_\_\_\_
- Policy/Procedure \_\_\_\_\_

**Orientation Documents**

- Confidentiality \_\_\_\_\_
- Corporate Compliance Form (p9) \_\_\_\_\_
- Credo \_\_\_\_\_
- Driver Evaluation Form \_\_\_\_\_
- Emergency Contact \_\_\_\_\_
- Finger Print Card     SBI Release Form (required for Fingerprint card)
- Handbook Receipt Form \_\_\_\_\_
- I-9 Form (Employment Eligibility Form)     Drivers License \_\_\_\_\_     SS card \_\_\_\_\_     Other ID \_\_\_\_\_
- Orientation Checklist \_\_\_\_\_
- TB results \_\_\_\_\_

**HR Reviewer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_