Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING _ 01/08/2020 MHL013-140 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 280 EXECUTIVE PARK DRIVE, SUITE 160 FACILITY BASED CRISIS OF CABARRUS CONCORD, NC 28025 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS **DHSR** - Mental Health An annual and follow-up survey was completed on 1/8/20. Deficiencies were cited. FEB 0 3 2020 This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .5000 Facility Crisis Services for all Disability Groups V 131 G.S. 131E-256 (D2) HCPR - Prior Employment V 131 Verification 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. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for 1 of 3 audited staff (Staff #1). The findings are: Per HR director, all new hires receive full background Review on 1/7/20 of staff #1's record revealed: checks. This includes a criminal background check, - Re-Hire date of 8/25/16 MVR check, Health Care Registry Check, OIG and - No prior to hire documentation of HCPR check others as required. Interview on 1/7/20 with The Director revealed: - The Human Resource Department was not able to find HCPR documentation for the date when staff #1 was re-hired. Division of Health Service Regulation FRA- Calmun, Center Director PZ3611 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

nelina Knianell, LPW

Division of Health Service Regulation

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLI	
		MHL013-140	B. WING		01/0	R 08/2020
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FACILITY	BASED CRISIS OF CAB	ARRUS 280 EXE		DRIVE, SUITE 160		
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V 133	Continued From page	÷ 1	V 133			
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	G.S. §122C-80 CRIM CHECK REQUIRED IN APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabil services that is licensic Chapter. (b) Requirement An provider licensed undurapplicant to fill a positia applicant to have an oconditioned on conser criminal history record the applicant has been less than five years, this conditioned on conscriminal history record national criminal history record section. Except as other working and applicant were conditional offer of shall submit a request Justice under G.S. 112 criminal history record section or shall submit entity to conduct a Stacheck required by this	INAL HISTORY RECORD FOR CERTAIN MPLOYMENT. ed in this section, the term in area authority/county vider of mental health, ity, and substance abuse able under Article 2 of this offer of employment by a er this Chapter to an ion that does not require the eccupational license is int to a State and national check of the applicant. If in a resident of this State for men the offer of employment sent to a State and national check of the applicant. The record check shall replicant's fingerprints. If in a resident of this State for en the offer is conditioned criminal history record in A provider shall not the refuses to consent to a check required by this envise provided in this business days of making employment, a provider to the Department of 4-19.10 to conduct a check required by this		Per HR director, if a re-hire is gone longer months they receive the same background process as a new hire.	han 6 check	

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: MHL013-140 B. WING 01/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 280 EXECUTIVE PARK DRIVE, SUITE 160 FACILITY BASED CRISIS OF CABARRUS CONCORD, NC 28025 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 2 V 133 return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all

Division of Health Service Regulation

hire the applicant:

of the following factors in determining whether to

PZ3611

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: __ B. WING MHL013-140 01/08/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 280 EXECUTIVE PARK DRIVE, SUITE 160 FACILITY BASED CRISIS OF CABARRUS CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 133 V 133 | Continued From page 3 (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL013-140 B. WING 01/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 280 EXECUTIVE PARK DRIVE, SUITE 160 FACILITY BASED CRISIS OF CABARRUS CONCORD, NC 28025 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 133 Continued From page 4 V 133 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.

Division of	f Health Service Regu	lation				SURVEY
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.00	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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FACILITY	BASED CRISIS OF CAB	ARRUS	CORD, NC 28025			
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V 133	applicant for employs supplies, or otherwis an employment appl criminal history reconshall be guilty of a C (g) Conditional Employ an applicant obtaining the results check regarding the following requirement (1) The provider shaprior to obtaining the criminal history reconsubsection (b) of this fingerprint cards as (2) The provider shaprimal history reconsultational history reconsultational history reconsultational employing 2001-155, s. 1; 200-	thing False Information Anyment who willfully furnishes, e gives false information on ication that is the basis for a rd check under this section lass A1 misdemeanor. oyment A provider may conditionally prior to of a criminal history record applicant if both of the his are met: Ill not employ an applicant e applicant's consent for rd check as required in section or the completed required in G.S. 114-19.10. Ill submit the request for a rd check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	Based on record refacility failed to require history record check making the condition	et as evidenced by: view and interviews, the uest the required criminal k within five business days of inal offer of employment for 1 1). The findings are:	f			
	- Re-Hire date of 8/	of staff #1's record revealed: 25/16 ocumentation of criminal				

Division of Health Service Regulation

history record check

PZ3611

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AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
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	Intension on 1/7/00	W. T. D.		DI		
	- The Human Resou	with The Director revealed:		Plan moving forward is that if a rethan 30 days they will now receive	e-hire is gone longer re the same	
	- The Human Resource Department was not able to find criminal record check documentation for the date when staff #1 was re-hired.			background check as new hires.		
				HR conducts audits on new hire all required documentation. An	audit form will now	
				be used for all re-hires to confirm	n all required	
				information is received/updated.	Form attached.	
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STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER A. Building DATE OF REVISIT MHL013-140 B. Wing NAME OF FACILITY 1/8/2020 Y3 STREET ADDRESS, CITY, STATE, ZIP CODE FACILITY BASED CRISIS OF CABARRUS 280 EXECUTIVE PARK DRIVE, SUITE 160 CONCORD, NC 28025 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey ITEM DATE ITEM DATE Y4 ITEM Y5 DATE Y4 Y5 Y4 Y5 ID Prefix V0271 Correction ID Prefix V0752 Correction ID Prefix 27G .5003 Correction Reg. # 27G .0304(b)(4) Completed Reg. # Completed Reg. # LSC 01/08/2020 Completed LSC 01/08/2020 LSC ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # LSC Completed LSC LSC ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # LSC Completed LSC LSC ID Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed Reg. # LSC Completed LSC LSC **ID** Prefix Correction ID Prefix Correction ID Prefix Correction Reg. # Completed Reg. # Completed LSC Reg. # Completed LSC LSC REVIEWED BY REVIEWED BY DATE STATE AGENCY SIGNATURE OF SURVEYOR (INITIALS) DATE Leuma REVIEWED BY 1/8/20 REVIEWED BY DATE CMS RO TITLE (INITIALS) DATE FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF 11/19/2018 UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO STATE FORM: REVISIT REPORT Page 1 of 1 EVENT ID: (11/06)UY0412

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

Human Resources	
Certification (current)	Background Check: Criminal Driving HealthCare Registry
☐ Certification (current) ☐ Licensure ☐ Transcripts (original) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	(careil)
Offer Letter	Diploma - Copy from College/University
SUPERVISOR New Hire Documents	Diploma - High School
References (3 required)	
☐Job Description	
Credentialing Forms (DRS)	
Supervision Contract (DRS)	
Center Specific Orientation Checklist	
BENEFITS	
Benefits Declination F	_ (auto enroll 3% if employee did not submit document to decline)
Benefits Declination Form	to dome,
PAYROLL	
rainings	
」 BBP/TB	Paula noted that those see he to do like D. II
	Paula noted that these can be tracked in Relias now.
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Orientation Checklist	License SS card Dother ID
Orientation Checklist TB results	
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Reviewer Name:sed 10/19	Date:
3cu 10/13	



ROY COOPER · Governor MANDY COHEN, MD, MPH · Secretary MARK PAYNE · Director, Division of Health Service Regulation

January 21, 2020

DHSR - Mental Health

Melissa Krivanek Daymark Recovery Services, Inc. 2129 Statesville Blvd. Salisbury, NC 28147

FEB 03 2020

Lic. & Cert. Section

Annual and Follow-Up Survey Completed 1/8/20 Re:

Facility Based Crisis of Cabarrus, 280 Executive Park Drive, Suite 160 Concord NC 28025

MHL # 013-140

E-mail Address: mkrivanek@daymarkrecovery.org

Dear Ms. Krivanek:

Thank you for the cooperation and courtesy extended during the annual and follow-up

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of

Type of Deficiencies Found

All other tags cited are standard level deficiencies.

Time Frames for Compliance

Standard level deficiencies must be corrected within 60 days from the exit of the

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Daymark Recovery Services, Inc.

- Indicate what measures will be put in place to correct the deficient area of
 practice (i.e. changes in policy and procedure, staff training, changes in staffing
 patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

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 704-596-4078.

Sincerely,

Devora Neely, MSW, BSN, RN

Devera R. neely

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc:

gmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant