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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S	
			A. BUILDING: _			
		MHL0411015	B. WING		07/0	7/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DAYMARK	GUILFORD RESIDENTI	AL TREATMENT FA	TWENDOVER IT, NC 27265	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 7/7/2022. The com (intake #NC189365). This facility is licensed categories: - 10A NCAC 27G .34t Treatment/Rehabilitat Substance Abuse Dis - 10A NCAC 27G .56t Adults with Substance	ion for Individuals with				
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.					
		ns and interviews, the facility n a safe, clean and attractive				
	Observation from approximately 1:20pm to 2:45pm on 7/6/2022 of the facility and it's grounds revealed:  - The dining room floor was heavily stained with black scuffs and scratches throughout the room;					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0411015		B. WING		07	7/07/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STAT	TE, ZIP CODE		
DAYMARI	K GUILFORD RESIDENT	ΙΔΙ ΤΡΕΔΤΜΕΝΤ ΕΔ	5209 WEST	WENDOVER	AVENUE		
DATIMAN	COOL OND REOBERT	IAL INCAIMENT IA	HIGH POIN	T, NC 27265			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 1		V 736			
	- Floor tiles in multiple client bathrooms had stains on the floors near toilets and showers; - Floor tiles were scuffed ad cracked in multiple areas of the facility.						
	areas of the facility.  Observation from approximately 3:00pm to 3:30pm on 7/7/2022 of the interior of the facility revealed:  Brown stains were present on the carpet in multiple areas of the facility, including the management staff office hallway, the hallway outside of the nurse's office and medical records, and the medical records staff office'  The linoleum-type tiles in the staff break room, the front lobby, and the classroom were scuffed and stained;  The classroom had a floor to ceiling sliding divider wall with a cardboard sign taped over it with "Please do not move" handwritten on it.  Interviews on 7/6/2022 and 7/7/2022 with the Support Supervisor revealed:  The Local County Government (the County) owned the building.  The floors in the facility used to be waxed regularly, but over time, the surface became so worn that they could no longer be waxed.  Estimates for replacing the flooring throughout the building had been obtained approximately 6 months ago and again approximately one month ago.  The company that gave the estimate 6 months ago later said the job was too big for them.  The current estimates were still being reviewed by management and the County.  Interview on 7/7/2022 with the Residential Manager revealed:  The divider in the classroom was broken and should not be opened due to concerns about it		y ords, om, ffed r it				
			nout ly 6 onth nths ewed				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED	
		MHL0411015	B. WING		07.	07/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
DAYMAR	( GUILFORD RESIDENTI	AL TREATMENT FA	T WENDOVER	AVENUE			
		HIGH POI	NT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From page	e 2	V 736				
	falling on someone.						
	Interviews on 7/6/202 Director revealed: - The County owned to the estimates for re	placement of the flooring ng were still being reviewed					
V 750 27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems		V 750					
	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.  (3) Electrical, mechanical and water systems shall be maintained in operating condition.						
	This Rule is not met as evidenced by: Based on observation and interviews, the facility's electrical system was not maintained in operating condition. The findings are:  Observation from approximately 1:20pm to 2:45pm on 7/6/2022 of the facility and it's grounds revealed:  - The wall-mounted fluorescent lights in 9 of 14 observed client bedrooms and bathrooms were either very dim or required the light switches to be flipped off and back on multiple times before they would turn on.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE : COMPL		E SURVEY PLETED	
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	ROVIDER OR SUPPLIER  GUILFORD RESIDENT	TIAL TREATMENT FA	REET ADDRESS, CITY, STA D9 WEST WENDOVER GH POINT, NC 27265			
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V 750	Interview on 7/6/202 - It sometimes took a lights in her bedroom the switch.  Interview on 7/6/202 - One of the lights in ready to go out"  Interviews on 76/202 Support Supervisor III - The Local County (IV) owned the building The County had be clients' bedrooms an with them turning on Interviews on 7/6/20 Director revealed: - She was not aware bedrooms were not to see the switch to see the see the see the see to see the	2 with Client #1 revealed: a few minutes before the n turned on after she flipped  2 with Client #3 revealed: her bedroom "is getting  22 and 7/7/2022 with the revealed: Government (the County)  agun replacing light ballasts in d bathrooms after issues were identified on 7/6/2022  22 and 7/7/2022 with the that the light fixtures in clien	in			
V 752	EQUIPMENT (b) Safety: Each factors and equipment of the physical visitors. (4) In areas of exposed to hot water water shall be maint degrees Fahrenheit.  This Rule is not medical process.	old FACILITY DESIGN AND illity shall be designed, ipped in a manner that a safety of clients, staff and the facility where clients are to the temperature of the ained between 100-116				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	5209 WE	ADDRESS, CITY, STATE EST WENDOVER AV DINT, NC 27265	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 752	hot water was not madegrees Fahrenheit (were exposed to hot  Observation from app 2:45pm on 7/6/2022 of temperatures in clien areas revealed:  - Client bedrooms we individual sinks in each shower room betwee bedrooms.  - The hot water tempe bedrooms and shower 120-126 degrees F.  Interview on 7/6/2022  - The hot water was "  - She was able to adj without assistance.  Interviews on 7/6/202  Residential Manager  - The hot water tempe month.  - "Mixers" were install November of 2021.  - The mixer was a de near the water heater regulate the temperar  - The hot water temperar  - The yellows on 76/202.  Support Supervisor re  - A plumbing companiem temperatures every re	aintained between 100-116 F) in areas where clients water. The findings are:  proximately 1:20pm to of the facility's hot water ts' bedroom and bathroom  are double-occupancy with the bedroom and a shared in each two adjacent  eratures in 13 random ar areas ranged between  a with Client #1 revealed:  sometimes" too hot.  ust the water temperature  and 7/7/2022 with the revealed:  erature was checked once a led in the hot water lines in vice on the hot water line in that was supposed to ture.  erature was difficult to  and 7/7/2022 with the evealed:  y checked the water in onth.  any was scheduled to send	V 752			

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 752	- Mixers were installe sometime last year The hot water tempe despite the mixers.	d in the hot water lines erature continued to go with the Director reveal the hot water temperature.	led:	V 752			

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