


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on October 10, 2022. The complaint was substantiated (intake #NC00193734). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Bases Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and currently has a census of 11. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p>	V 364	<p>DHSR - Mental Health</p> <p>NOV 21 2022</p> <p>Lic. &amp; Cert. Section</p>	

	REPRESENTATIVE'S SIGNATURE EAD, DMM, LCMHC-A, LCAS, CCS	TITLE Regional Director	(X6) DATE
--	--	----------------------------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 364	<p>Continued From page 1</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-088</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379</b>		
(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
V 364	Continued From page 2  own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate.	V 364		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 364	<p>Continued From page 3</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <ol style="list-style-type: none"> <li>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</li> <li>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</li> <li>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</li> <li>(4) Receive special education and vocational training in accordance with federal and State law;</li> <li>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</li> <li>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</li> <li>(7) Participate in religious worship;</li> <li>(8) Have access to individual storage space for the safekeeping of personal belongings;</li> <li>(9) Have access to and spend a reasonable sum of his own money; and</li> <li>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</li> </ol> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 364	<p>Continued From page 4</p> <p>by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, records reviews and interviews, facility staff failed to ensure clients could make and receive confidential telephone calls affecting three of three current clients #1, #2</p>	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 364	<p>Continued From page 5</p> <p>and #3.) and one former client (FC #4.) The findings are:</p> <p>Review on 10/7/22 of Client #1's record revealed: -Admission date of 8/26/22. -Diagnoses of Cannabis Use D/O; Oppositional Defiant Disorder; Post Traumatic Stress Disorder; Major Depressive Disorder, Recurrent Episode, Moderate. -She was 17 years old. -There was no documentation in her record to indicate staff could monitor her phone calls.</p> <p>Review on 10/7/22 of Client #2's record revealed: -Admission date of 9/7/22. -Diagnoses of Post-Traumatic Stress Disorder; Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive/Impulse Presentation; Generalized Anxiety Disorder; Cannabis Abuse; Alcohol Abuse; Unspecified Bipolar and Related Disorder; Unspecified Mental Disorder. -He was 15 years old. -There was no documentation in her record to indicate staff could monitor her phone calls.</p> <p>Review on 10/7/22 of Client #3's record revealed: -Admission date of 9/9/22. -Diagnoses of Reactive Attachment Disorder; Post Traumatic Stress Disorder; Intellectual Developmental Disorder. -She was 11 years old. -There was no documentation in her record to indicate staff could monitor her phone calls.</p> <p>Review on 10/7/22 of Former Client #4's record revealed: -Admission date of 8/16/22. -Discharge date of 9/16/22 -Diagnoses of Oppositional Defiant Disorder. History of Attention Deficit Hyperactivity Disorder</p>	V 364		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/10/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  CHILD FAC BASED CRISIS OF RICHMOND-DAYMARK	STREET ADDRESS, CITY, STATE, ZIP CODE 523 NORTH US HIGHWAY 1, SUITE C ROCKINGHAM, NC 28379
--	--

(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
V 364	<p>Continued From page 6</p> <p>and Academic Problems.</p> <p>-He was 17 years old.</p> <p>-There was no documentation in his record to indicate staff could monitor his phone calls.</p> <p>Interview on 10/7/22 with Client #1 revealed:</p> <p>-Staff dialed the phone number and listened to the conversations on the speaker phone while she talked.</p> <p>-They were told that it was their policy and that they could not change them.</p> <p>-She felt uncomfortable about it. She felt that there was no privacy.</p> <p>Interview on 10/7/22 with Client #2 revealed:</p> <p>- Staff listened to the conversations.</p> <p>-Staff sat in the room with them while they talked on the speaker phone.</p> <p>Interview on 10/7/22 with Client #3 revealed:</p> <p>- All calls were placed on the speaker.</p> <p>-Staff listened to the conversations.</p> <p>Interview on 10/7/22 with the Clinical Director revealed:</p> <p>- The speaker phone was used to protect staff, kids and who they were talking with on the other end.</p> <p>-Whenever a kid came new to the center, the client's parent/guardian were explained of the phone policy and that all calls would be on speaker.</p> <p>-They would let the clients talk, but would stop the conversation if parent were emotionally driven and started insulting the child.</p> <p>-Kids may had also call unapproved numbers.</p> <p>-She confirmed facility staff failed to ensure clients could make and receive confidential telephone calls.</p>	V 364		

██████████ MA, Ed.D, D.Min, LCMHC-A, LCAS, CCS  
Regional Operations Director/Interim Center Director  
Daymark Recovery Services (CFBC Richmond)  
523 N. US Hwy 1  
Rockingham, NC 28379  
11/15/2022

Mr. ██████████  
Facility Compliance Consultant I  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Mr. ██████████

First, please find all requested information enclosed with this letter. We have also faxed a copy of this packet to your attention. As of 11/14/2022 Ms. Tameka Sutton who was the acting Center Director at the time of your visit is no longer with our center. As the Regional Director, I assumed the position on a temporary basis. In response to the audit dated 11/08/2022, the follow plan of correction was implemented the day after your visit:

- A. Concerning patient privacy and phone calls
  1. All patients will be provided with a private space in which to place/receive phone calls. As is with our normal policy, patients have a set time each day (2x per day) that they may make calls so not to interrupt their daily treatment schedule. If the patient needs to make a phone call outside of those hours, a clinician and/or the Center Director is to be notified and provision are made for said call.
  2. Staff have been informed both via email, in writing, and verbally during weekly staff meetings as to the following requirements:
    - i. Patients must be allowed to make calls in a private environment.
    - ii. Calls cannot be made on speaker phone.
    - iii. Calls are not to be monitored except in specific circumstances (See 3)
    - iv. Staff are not to inquire as to the details of the call nor deny access to make these calls.
  3. All clients have the right to make confidential phone calls unless it is determined by the treatment team and the guardian that calls need to be monitored given the minor status of the client. In the event that calls need to be monitored, it will be documented in the treatment plan.
- B. Concerning who will monitor





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

November 8, 2022

[REDACTED] Clinical Director  
Daymark Recovery Services, Inc.  
523 North US Highway 1  
Rockingham, NC 28379

Re: Complaint Survey completed October 10, 2022  
Child Facility Based Crisis of Richmond-Daymark Recovery Service, Inc., 523 North US Highway  
1, Suite C, Rockingham, NC 28379  
MHL # 077-088 [REDACTED]  
E-mail Address [REDACTED]  
Complaint Intake #NC00193734

Dear Ms. Sutton:

Thank you for the cooperation and courtesy extended during the complaint survey completed October 10, 2022. The complaint was substantiated.

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 Correction.

**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 survey, which is 12/9/22.

**What to include in the Plan of Correction**

- 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.**

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

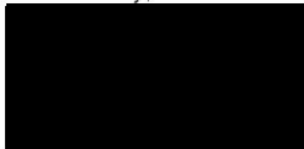
November 8, 2022  
Daymark Recovery Services, Inc.  
Ms. Sutton

Send the original 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

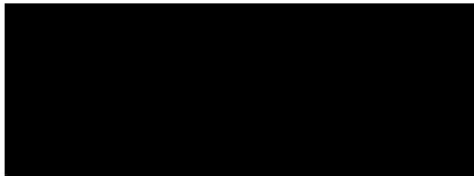
A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown, Team Leader at (919) 855-3822.

Sincerely,



Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc:



es LME/MCO

November 8, 2022  
Daymark Recovery Services, Inc.  
Ms. Sutton