

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/17/2024
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NAME OF PROVIDER OR SUPPLIER DAYMARK GUILFORD RESIDENTIAL TREATMENT FA	STREET ADDRESS, CITY, STATE, ZIP CODE 5209 WEST WENDOVER AVENUE HIGH POINT, NC 27265
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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
V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type B was completed on June 17, 2024. This was a limited follow up survey, only 10A NCAC 27G. 0209(b) (V117), 10A NCAC 27G .0209 (d) (V119), 10A NCAC 27G .0209 (h) (V123) and 10A NCAC 27G .0209 (c)(V118) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G. 0209(b) (V117), 10A NCAC 27G .0209 (d) (V119), 10A NCAC 27G .0209 (h) (V123) and 10A NCAC 27G .0209 (c)(V118). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 56 and has a current census of 24. 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders has a current census of 23 and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency has a current census of 1. The survey sample consisted of audits of 2 current clients and 3 former clients in the 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders and 1 current client in the 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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