

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-C 10/22/2024
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NAME OF PROVIDER OR SUPPLIER DAYMARK GUILFORD RESIDENTIAL TREATM	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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 10/22/24. The complaint was unsubstantiated (intake # NC00222695). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3400 Residential Treatment - Individuals with Substance Abuse Disorder and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The facility is licensed for 56 and has a current census of 21. 10A NCAC 27G .3400 Residential Treatment - Substance Abuse Disorder has a current census of 19 and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency has a current census of 2. The survey sample consisted of audits of 4 current clients and 1 former client.</p>	V 000		
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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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