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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		COMIL LETED							
		MHL049-135	B. WING		C <b>07/10/2025</b>							
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
DAYMARK RECOVERY CRC STATESVILLE  524 SIGNAL HILL DRIVE EXTENSION  STATESVILLE, NC 28625												
(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	INITIAL COMMENTS		V 000									
	deficiency was cited.	as completed on 7/10/25. A										
	category: 10A NCAC	d for the following service 27G .5000 Facility Based viduals of all Disability										
		d for 16 and has a current rvey sample consisted of ent.										
V 541	27F .0104 Client Right Cloth/Poss	nts - Stor. & Protect of	V 541									
	10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.											
	facility failed to make client's personal cloth	as evidenced by: and record reviews, the every effort to protect each ning from loss, affecting 1 of ht (FC #6). The findings are:										
	- Admission date: 6/1 - Discharged date: 6/											

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MIII 040 405	B. WING			C	
		MHL049-135	B. W		] 07	/10/2025	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
DAYMAR	RECOVERY CRC STAT	ESVILLE	IAL HILL DRIVE E /ILLE, NC 28625	XTENSION			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 541	that client #6 had at a Interview on 7/10/25 revealed: - She was unable to Property Log." - There should have Log saved both times discharge)" in FC #6' - "I spoke with the Diaddressed it a couple	with the Support Supervisor locate FC #6's "Personal been a "Personal Property s (at admission and s record.	V 541	DEFICIENC			

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STATE FORM REWC11 If continuation sheet 2 of 2