STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-043	A. BUILDING: _____ B. WING _____	06/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUCILLE'S BEHAVIORAL, INC	414-F KINGOLD BLVD SNOW HILL, NC 28580

(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 An annual and complaint survey was completed on June 28, 2018. The complaint was unsubstantiated (intake #NC00139328). No deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .1200, Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness, and 10A NCAC 27G .1400, Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.	V 000		