PRINTED: 10/18/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
ANDIEAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _									
		MHL078-251	B. WING		R 10/17/2019							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
PREMIER BEHAVIORAL SERVICES INC 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358												
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE							
V 000	INITIAL COMMENTS		V 000									
V 736	A follow up survey was completed October 17, 2019. A deficiency was 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; 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment. 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.		V 736									
	was not maintained in orderly manner. The formal of the following of the f	is and interviews, the facility in a clean, attractive and findings are: 7/19 at the facility revealed: ption area of the itation (PSR) office was from local fast food int chairs, the current sign in oped, and several wall fripped. There was dirt and the floor, multiple skuff										

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
					R					
		MHL078-251	B. WING		10/1	7/2019				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
PREMIER BEHAVIORAL SERVICES INC LUMBERTON, NC 28358										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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				
bugs in located - The complete substance of the complete substance of the complete substance of the substanc	d near the receptarpet in the larged and mis-marked with chairs of aped-off and not in the hallway ance Abuse Collent (SACOT) Stient Program at amerous large of clients' restrooming on the outsick behind them elients' restroom floor and stronges on the outsick behind them elients' restroom floor and stronges Clients were outinely by the SACOT classroom. Bew on 10/17/19 or stated: PSR clients were outinely by the SACOT classroom. Bew on 10/17/19 or stated: PSR clients were outinely by the sacom as the SACOT classroom. Bew on 10/17/19 or stated: PSR clients were outinely by the sacom as the SACOT classroom.	es in the client bathroom ption area. ge PSR room had been tched tile was partially n the tables and the was it available for use. The and classroom area of the imprehensive Outpatient Substance Abuse Intensive ind (SAIOP) area was soiled dark stains and wrinkled up. ins in the classroom area ide of the doors which read selves and "Don't Be ins contained trash littered g foul odors. ire observed in a classroom SACOT and SAIOP clients. om walls had numerous black writing throughout the in The Quality Manager ire sharing the same COT clients who were out of s due to the flooring repairs	V 736							

Division of Health Service Regulation

STATE FORM 6899 K10Q11 If continuation sheet 2 of 2