STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040030	A. BUILDING: _____ B. WING _____	12/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUCILLE'S BEHAVIORAL, INC. #2	351 HOLLOMAN ROAD WALSTONBURG, NC 27888

(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 A complaint survey was completed on December 2, 2019. The complaint was unsubstantiated (Intake #NC00158631). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the	V 132		

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V 132	Continued From page 1 investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an allegation of abuse to the Health Care Personnel Registry (HCPR). The findings are: Review on 12/02/19 of facility records revealed no documentation the HCPR was notified of an allegation of abuse against the House Manager on 11/23/19. See Tag V367 for specifics. Interview on 12/02/19 the Quality Management Training Director stated: - A representative of the local Department of Social Services (DSS) had made a visit to the facility last week in regards to an allegation of abuse made by client #3 against the House Manager. - She did not complete a Level II incident report or reported the allegation to the HCPR as required. - She was not aware she was required to complete a Level II or report the allegation to	V 132		

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V 132	Continued From page 2 HCPR.	V 132		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

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V 367	Continued From page 3 (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have	V 367		

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V 367	Continued From page 4 been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure critical incident reports were submitted to the Local Management Entity (LME) within 72 hours as required. The findings are. Review on 12/02/19 of the North Carolina Incident Response Improvement System (IRIS) revealed no facility incident report for the allegation of abuse against the House Manager on 11/23/19. Review on 12/02/19 of client #3's record revealed: - 41 year old female. - Admission date of 11/21/17. - Diagnoses of Schizophrenia Disorder, Obsessive Compulsive Disorder, Diabetes Type A, Mild Intellectual Disability, Hypertension, Psychosis, Anemia and Enuresis. Review on 12/02/19 of the facility's Level 1 report dated 11/23/19 revealed: "-[Client #3] reported to her worker at [Day Program] that [House Manager] brushed her across her face when she was trying to get her to get up out of the bed on Saturday. [Client #3] reported that [House Manager] cursed at her, as well. When DSS (Department of Social Services) arrived today [Client #3] was here with her worker. [Staff], and [County] DSS Social Worker. [Client #3] enacted how she perceived the	V 367		

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V 367	Continued From page 5	V 367		

incident occurred at the home. She started laughing and admitted that she was causing trouble because she wanted everyone to understand that she wanted to go home to be with her family. [Client #3] somehow thinks that if she leaves the group homesite will get to go home and live with her family. When she was advised that what she wanted was not a reality. The courts have advised that she cannot go live with her family anymore. [Client #3] continues to attempt to taunt staff into letting her have her way. During the meeting she even threatened to run away if she was not allowed to have visitation with her family for the holidays."

During interview on 12/02/19 client #3 revealed:
-The House Manager had hit her on a Sunday.
-The House Manager told her to get out of the "d*** bed."
-Staff #3 was at the facility when it happened.
-She had never had any problems with the House Manager.
-She cussed at the House Manager but she did not mean any harm.
-She was not hurt when she was hit.
-The House Manager just brushed her hand across her face.
-She did want to go home and did not understand why she was not allowed.

During interview on 12/02/19 the House Manager revealed:
-Client #3 had called home the week before Thanksgiving and told her family she wanted to stay for several days.
-Client #3's family told her she could not visit.
-Client #3 became upset because she was not allowed to go home and the other clients were going home.
-Her behavior went "down hill" after she was told

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V 367	Continued From page 6 she was not allowed to go home. -Client #3 told her Care Coordinator that she hit her in the face. -Client #3 was cussing at her and was very upset. -Client #3's one on one worker was present the day client #3 said I hit her and cussed at her. -She did not even go into client #3's room. -DSS visited last week and she told them she was going to keep saying it until she was allowed to go home. -Client #3 had not talked about the incident anymore to anyone after she made the allegation. During interview on 12/02/19 staff #3 revealed: -She worked as client #3's one on one staff. -Client #3 stated the House Manager had hit her across the chest then she changed it and stated she had been hit in the face. -She had never witnessed any inappropriate actions by any staff in the facility. -She had never seen the House Manager hit client #3 or cuss at any of the clients. Interview on 12/02/19 the Quality Management Training Director stated: - A representative of the local Department of Social Services (DSS) had made a visit to the facility last week in regards to an allegation of abuse made by client #3 against the House Manager. - She did not complete a Level II incident report or reported the allegation to the HCPR as required. - She was not aware she was required to complete a Level II or report the allegation to HCPR.	V 367		