STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-167	A. BUILDING: _____ B. WING _____	02/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHEASTERN BEHAVIORAL HEALTHCARE	3581 LACKEY STREET LUMBERTON, NC 28360

(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 During survey at sister facility, it was revealed an emergency relocation occurred two years ago at this location with no notification to Division of Health Service Regulation. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders, 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program, and 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to implement a written disaster plan as required. The findings are:	V 114		

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V 114	Continued From page 1 Review on 2/7/2020 of the facility client list revealed: -5 clients that had attended a Substance Abuse Intensive Outpatient Program operated by a different Licensee in a neighboring town. -7 clients that had attended a Substance Abuse Comprehensive Outpatient Program operated by a different Licensee in a neighboring town. Interview on 2/7/2020 the Vice President of Administration stated: -There was an emergency relocation of the clients to another licensed program due to facility damages caused by the hurricane in the fall of 2018. -The clients were not admitted to this other facility. -The clients were integrated with the other facility clients for services during this relocation. -The clients had returned to the facility the prior week. -The facility had notified the Managed Care Organization of the emergency relocation. -He was not aware of the requirements to notify the Division of Health Service Regulation of any emergency relocation.	V 114		