STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-204	A. BUILDING: _____ B. WING _____	02/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHEASTERN BEHAVIORAL HEALTHCARE	3575 LACKEY STREET LUMBERTON, NC 28359

(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 .1100 Partial Hospitalization For Individuals Who Are Acutely Mentally Ill, 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		
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	V 114		

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V 114	Continued From page 1 facility failed to implement a written disaster plan as required. The findings are: Review on 2/7/2020 of the facility client list revealed 16 clients had attended a Sister Facility Psychosocial Rehabilitation (PSR) program, located in a neighboring town, during the prior year. Interview on 2/7/2020 the Vice President of Administration stated: -There was an emergency relocation of the clients to the Sister Facility PSR due to facility damages caused by the hurricane in the fall of 2018. -The clients were not admitted to the Sister Facility PSR. -The clients were integrated with the Sister Facility PSR clients for services during this relocation. -The clients had returned to the facility the prior week. -The facility had notified the Managed Care Organization when the emergency relocation was done. -He was not aware of the requirements to notify the Division of Health Service Regulation of any emergency relocation.	V 114		