

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2020
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NAME OF PROVIDER OR SUPPLIER PREMIER BEHAVIORAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 GODWIN AVENUE STE B LUMBERTON, NC 28358
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(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	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 and Type A2 rule violations was completed on November 6, 2020. This was a limited follow up survey, only the Type A1 rule violation is cited for 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and the Type A2 rule violation is cited for 10A NCAC 27G .0201 Governing Body Policies (V105) were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) and Type A2 rule violation is cited for 10A NCAC 27G .0201 Governing Body Policies (V105). No deficiencies were cited.</p> <p>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.</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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