Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
MHL040-018		B. WING		R 08/06/2021							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
LUCILLE'S BEHAVIORAL, INC 204 HIGHWAY 58 NORTH SNOW HILL, NC 28580											
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE						
V 000 INITIAL COMMENTS			V 000								
		w up survey was completed deficiency was cited.									
	This facility is licensed for the following service categories: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.										
V 736	27G .0303(c) Facilit	ty and Grounds Maintenance	V 736								
	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.										
	was not maintained and orderly manner	on and interview, the facility in a safe, clean, attractive . The findings are:									
	of the facility reveal -The wooden front ploose and soft with	porch had 5 boards that were									
	facility.	Staff #1 stated: he front entrance of the ow long the 5 boards were like									

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	(X3) DATE SURVEY COMPLETED						
		MHL040-018	B. WING		08/0	R 16/2021						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
LUCILLE'S BEHAVIORAL, INC 204 HIGHWAY 58 NORTH SNOW HILL, NC 28580												
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE						
V 736	Interview on 8/6/21 understood the faci	the Licensee stated she lity had to be maintained in a ve and orderly manner and the	V 736									

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Division of Health Service Regulation STATE FORM