Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | | | | | |
|---|---|--|---|--|-------------------------------|--------------------------|--|--|--|--|--|
| | | | A. BUILDING: | | | 5 | | | | | |
| | | MHL040030 | B. WING | · | 08/0 | 6/2021 | | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | | | | | | |
| LUCILLE'S BEHAVIORAL, INC. #2 351 HOLLOMAN ROAD WALSTONBURG, NC 27888 | | | | | | | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | .D BE | (X5) COMPLETE DATE | | | | | |
| V 000 | 0 INITIAL COMMENTS | | V 000 | | | | | | | | |
| | August 6, 2021. De This facility is licens category: 10A NCA | w up survey was completed ficiencies were cited. sed for the following service AC 27G .5600C, Supervised h Developmental Disabilities. | | | | | | | | | |
| V 120 | 20 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; | | V 120 | | | | | | | | |
| | (D) separately for e (E) in a secure mar for a client to self-m (2) Each facility tha controlled substance registered under the Substances Act, G. subsequent amend This Rule is not me Based on observatifailed to ensure me | external and internal use; nner if approved by a physician nedicate. It maintains stocks of the ses shall be currently be North Carolina Controlled S. 90, Article 5, including any ments. | | | | | | | | | |

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: | , , | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | | | | | |
|--|--|--|---------------------|---|-------------------------------|---|--|--|--|--|--|
| | | | 71. BOILBING. | | F | ₹ | | | | | |
| MHL040030 | | MHL040030 | B. WING | | 08/06/2021 | | | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STATE, ZIP CODE | | | | | | | | | |
| LUCILLE'S BEHAVIORAL, INC. #2 351 HOLLOMAN ROAD WALSTONBURG NC 27888 | | | | | | | | | | | |
| WALSTONBURG, NC 2/888 | | | | | | | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | OULD BE COMPLETE | | | | | | |
| V 120 | Continued From page 1 | | V 120 | | | | | | | | |
| | REGULATORY OR LSC IDENTIFYING INFORMATION) | | | | | | | | | | |

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Division of Health Service Regulation STATE FORM

RHHX11 If continuation sheet 2 of 2