DHSR - Mental Health

SEP 3 2021

Lic. & Cert. Section

PRINTED: 08/18/2021
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-018	A. BUILDING: ______ 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed August 6, 2021. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000	Deficiency –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 Findings	9/1/2021
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 8/6/21 at approximately 9:50am of the facility revealed: -The wooden front porch had 5 boards that were loose and soft with each step. -The 5 boards made cracking sounds when stepped on. Interview on 8/6/21 Staff #1 stated: -They had not use the front entrance of the facility. -He was not sure how long the 5 boards were like that.	V 736	1) DHSR Officer stated that the wooden front porch ramp that was attached to the brick porch had 5 boards that were soft, loose and made cracking noises. 2) Interviews with the Staff, showed that the front entrance had hardly ever been used in the past three years since a member who used a walker left the facility. We currently have all ambulatory members. Opportunities for Improvement was noted during this process: The QM/TD made the following recommendation to be implemented: 1) The wooden ramp is to be removed from the front of the home, immediately, since there is no longer a need for the ramp. 2) Staff will document all future repairs and submit them to the corporate office immediately and the CEO will schedule repairs within 24 hours.	

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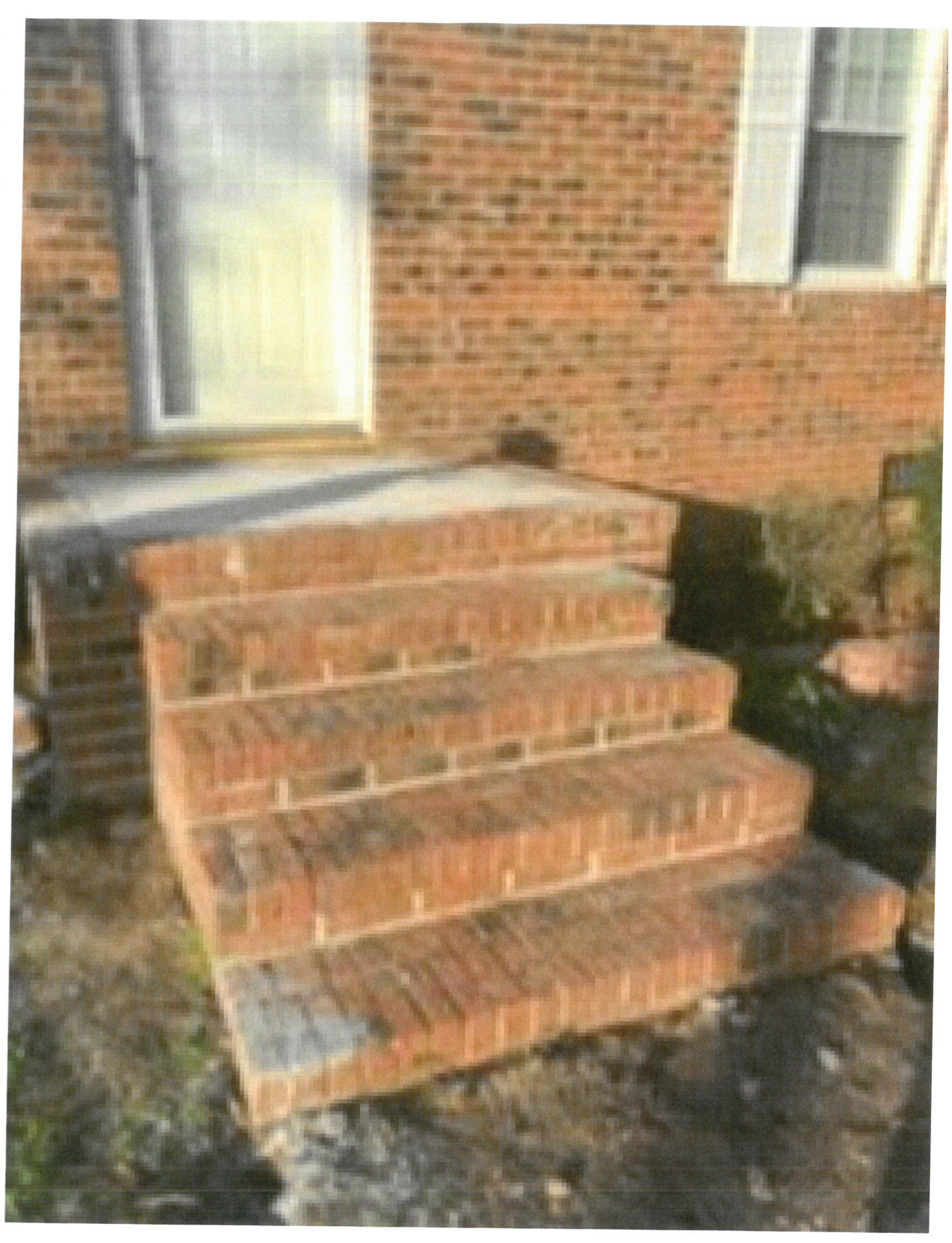
V 736	Continued From page 1 Interview on 8/6/21 the Licensee stated she understood the facility had to be maintained in a safe, clean, attractive and orderly manner and the boards would be fixed right away.	V 736	3) All repairs will be completed within 24 hours or as soon as reasonably feasible not to exceed 7 days. 4) QM/TD will continue to conduct Safety Self-Inspections quarterly to ensure this deficiency will not recur in the future. 5) Accessibility Plan will be updated to reflect the action taken. Attached please find: 1) A photo of the repaired front porch at the group home at 204 Highway 58 North, Snow Hill, NC 28580; 2) Updated Accessibility Plan for 2021-2023 (Page 2 and 8). and 2) An attached completed copy of the Safety Self-Inspection conducted by the QMTD on 8/28/2021.	9/1/2021



Lucille's Behavioral, Inc.
Community Healthcare Provider

Safety Self-Inspection Checklist

Site: 204 HWY 58 N, SNOW HILL, NC 28580

Date/Time: 8/6/2021 / 5:00 PM

Quarter: 3RD QTR

Inspector: [signature], MA, LCMHC, QMHP

COPY

NOTE: All boxes not marked require a response and corrective action.

1. Main Entrance
   - a. ☑ Free of clutter/unobstructed
   - b. ☑ Doors locked
2. Exits
   - a. ☑ Marked and accessible
   - b. ☑ Passageways leading to exits are completely clear
   - c. ☑ Internal doors leading to exits are all unlocked
3. Fire Extinguishers
   - a. ☑ Are available and operational
4. Fire and Smoke Alarms
   - a. ☑ Are available and operational
5. First Aid Kit (s)
   - a. ☑ On site, marked and visible

   Includes:
      1. ☑ Thermometer
      2. ☑ Bandages
      3. ☑ Saline Solution
      4. ☑ Band-aids
      5. ☑ Sterile Gauze

Safety Self-Inspection Checklist

6. ☑Tweezers
7. ☑Instant Ice pack
8. ☑Adhesive tape
9. ☑First-Aid cream
10. ☑Antiseptic soap

b. ☑Description of first-aid basics near first-aid kit

6. Phones:

a. ☑Available, accessible
b. ☑Contain emergency phone numbers
c. ☑Poison Control number clearly visible

7. Emergency Lighting:

a. ☑On site and operational (back up lighting system or flashlights available in all areas and in working order)

8. Evacuation Diagrams:

a. ☑Located in areas where people congregate, but not an exit
b. ☑Easy to interpret and follow
c. ☑At all required locations

9. Plumbing:

a. ☑Drains in good working order
b. ☑No leaks noted

10. Equipment, Appliances and Machinery

a. ☑Cords and plugs are in good repair and properly grounded
b. ☑No exposed wires
c. ☑No use of extension cords in place of permanent wiring
d. ☑No extension cords under carpet or through ceiling
e. ☑No extension cords in pathways
f. ☑No power strips used in combination with extension cords

Safety Self-Inspection Checklist

g. ☑No refrigerators, copiers, microwaves, space heaters, or coffee makers plugged into a power strip
h. ☑Space heaters at least 2 feet from any wall and 3 feet from a combustible

11. Storage Areas and Closets

a. ☑Organized
b. ☑Locked if contents are dangerous to client's health and safety

12. Restrooms

a. ☑Clean and sanitary
b. ☑Pump Soap
c. ☑Paper Towels
d. ☑Afford Privacy
e. ☑Quick Release gain access if needed from the outside

13. Hot Water Heater

a. ☑Temperature set at no greater than 110 degrees

14. Lunch/Break Areas

a. ☑Appliances are in good working order and clean and sanitary
b. ☑Sink, counter, and table are clean
c. ☑Food properly stored

15. Stairways

a. ☑Handrails in place
b. ☑Clean/clear and safe walking areas
c. ☑Any low ceiling/overhead is clearly marked

16. Biohazards/Regulated Waste

a. ☑All regulated waste related to blood borne pathogens and medical procedures are discarded and contained according to regulations.
b. ☑All hazardous material containers are labeled appropriately

Safety Self-Inspection Checklist

17. Walkways

   a. ☑ All aisles and passageways are clear
   b. ☑ Any wet surfaces are covered or marked
   c. ☑ Holes or cracks in floor are covered and safe
   d. ☑ Adequate headroom is provided throughout all walkways
   e. ☑ Any change in floor level is clearly marked and visible

18. Exterior Building

   a. ☑ Main entrance well marked and visible
   b. ☐ Buildings and exterior equipment are clean and in good repair
   c. ☑ No parking on sidewalks
   d. ☑ Adequate exterior lighting for parking and sidewalks

19. Grounds

   a. ☑ Grass is cut and trimmed
   b. ☑ Trash is removed
   c. ☑ Designated smoking areas are identified and away from all entrances
   d. ☐ Walkways are free of tripping hazards and barriers to wheelchair access

20. Parking

   a. ☑ Signs and markings identified for handicapped parking areas
   b. ☑ Clear pathway for wheel chairs from accessible space

21. Annual Fire and Sanitation Inspection

   a. ☑ Fire Inspection completed within the past 12 months. Date: 7/19/2021
   b. ☑ Sanitation Inspection completed within the past 12 months. Date: 7/19/2021
   c. ☑ Posted in plain view.

Lucille's Behavioral, Inc.
Community Healthcare Provider

Safety Self-Inspection Checklist

SELF-INSPECTION CORRECTIVE ACTIONS

Checklist Item Number	Action Taken (during inspection) or Recommended To Be Taken (Or discussion of why action is not needed) **(All needed repairs will be reported immediately, scheduled within 24 hours, and completely as soon as reasonably feasible not to exceed 7 days.)**	Person Responsible	Date Completed
18b & 19d	HANDICAP ACCESSIBLE RAMP NEEDS TO BE DISMANTLED AND REMOVED FROM THE PREMISES	CEO	
	DUE TO LACK OF USE AND NEED. WEATHER DAMAGE HAS MADE IT A HAZARD DUE TO DHSR STANDARDS		
	BRICK PORCH AT THE FRONT DOOR NEEDS TO BE CLEANED AND RESTORED TO SAFE USE	CEO	
	HANDICAP RAMP DISMANTLED AND REMOVED FROM PREMISES	CEO-CONTRACTOR	8/24/2021
	PORCH CLEANED FRONT ENTRANCE RESTORED	MAINTENANCE STAFF CONTRACTOR	8/27/2021 8/28/2021
		[signature]	8/28/2021

ACCESSIBILITY PLAN
Lucille's Behavioral, Inc.

The following serves as Lucille's Behavioral, Inc.'s Accessibility Plan for the 2018-2020 year. The purpose of this document is to provide a means to facilitate continual quality improvement in the area of accessibility.

Lucille's Behavioral, Inc. is committed to providing an organizational milieu that seeks to accommodate the needs of all members, employees, and stakeholders. Central to this commitment is the removal of architectural, attitudinal, employment, and other barriers that may impede full access to the services and programs of the organization.

This Accessibility Plan corresponds to Lucille's Behavioral, Inc.'s internal evaluation of barriers through the use of quarterly facility inspections, assessments of need, and member, stakeholder, and employee feedback. The Accessibility Plan is a three year plan that is reviewed and endorsed by Lucille's Behavioral, Inc. The plan will provide for the continual monitoring of LBI's accessibility status, plans, and priorities, as well as its financial and other resources. LBI will implement barrier removals as new measures become readily available and attainable.

The Accessibility Plan for the Fiscal Year 2021-2023 is as follows:

1. **ARCHITECTURAL:**
   Each architectural barrier is identified through internal assessments completed by employees of each enhanced service. This barrier was reviewed from the stance of its existence in both the agency and community settings that may hinder current and future members from accessing services. The findings of the survey were shared with the QA/QI Committee, active employees and Clinical Management Team by the Quality Management/Training Director to aid in the ongoing monitoring of conditions within the organization that serves to improve access. The organization's leadership conducts long and short range planning meetings that routinely include assessment of architectural needs and related costs analysis. The following items were identified as current barriers that fall under the architectural heading:
   - Safety in all facilities
     - All doors and floors in facilities have been upgraded in the past year.
     - The Handicap Ramp was removed from Group Home #1 due to lack of use or need. **(8/28/2021)**

ACCESSIBILITY PLAN FOR FISCAL YEAR 2021-2023

1. ARCHITECTURAL:

Goal	Plan of Action	Measure	Responsible Party	Cost/Source	Target Date	Action Taken
Improve safety in and around all facilities	Quarterly Review of Incident Reports for all facilities to ensure member and employee safety. Minimize the number of Level I and Level II incident reports and have no Level III incidents for all facilities. Staff will receive annual refresher trainings on non-violent crisis and restrictive interventions.	Incidents Level I: Less than 10 incidents per quarter. Level II: Less than 5 incidents per year Level III: 0 incidents per year of deaths due to restrictive interventions	Patricia Phillips, CEO Facility Directors QM/TD	Staff time	Ongoing	August 2021 A DHSR Survey was conducted on 8/6/2021. An opportunity for Improvement was identified which included dismantling the Handicap Ramp from Group Home #1 due to lack of use or need and weather damage. The front brick porch was cleaned and the front porch was restored to its previous state. The total repair was completed on 8/28/2021.

2. ATTITUDINAL: