

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER LUCILLE'S BEHAVIORAL, INC. #2	STREET ADDRESS, CITY, STATE, ZIP CODE 351 HOLLOMAN ROAD WALSTONBURG, NC 27888
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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>An annual survey was completed on April 28, 2023. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 04/28/23 of facility records from 4/1/22</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <p>through 3/31/23 revealed:</p> <ul style="list-style-type: none"> -Quarter 4/1/22 - 6/30/22: <ul style="list-style-type: none"> -No fire drill documented on the week day second shift. -No disaster drill documented on the week end night shift. -Quarter 7/1/22 - 9/30/22: <ul style="list-style-type: none"> -No fire drill documented on the week end night shift. -Quarter 10/1/22 - 12/31/22: <ul style="list-style-type: none"> -No fire drill documented on the week day second shift. -No disaster drill documented on the week end night shift. <p>Interview on 04/28/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The facility shifts were as follows: <ul style="list-style-type: none"> -2nd shift Monday through Friday from 2:30 pm to 10 pm. -3rd shift Monday through Friday from 10 pm to 8:30 am. -Weekend night 12 hour shift from 8 pm to 8 am; started on Friday evening at 8 pm. -Weekend day 12 hour shift from 8 am to 8 pm; ended on Sunday evening at 8 pm. -The clients were not typically in the home during the day Monday through Friday. -Fire and disaster drills were done quarterly on the 2nd and 3rd week day shifts. -1 fire drill and 1 disaster drill was done quarterly on the week end. 	V 114		