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 _____	04/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUCILLE'S BEHAVIORAL, INC	204 HIGHWAY 58 NORTH SNOW HILL, NC 28580

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V 000	INITIAL COMMENTS An annual survey was completed on April 14, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		6/13/2023
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112	RECEIVED MAY 12 2023 DHSR-MH Licensure Sect RECEIVED MAY 1 [illegible] DHSR-MH Licensure Sect	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Patricia S. Phillips TITLE CEO (X6) DATE 4/30/2023

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interviews the facility failed to develop and implement strategies based on assessment for 1 of 2 clients (#1). The findings are: Review on 04/14/23 of client #1's record revealed: - 42 year old male. Admission date of 03/12/15. - Diagnoses of Intellectual Developmental Disability-Moderate, Depressive Disorder-Unspecified, Dialysis, Kidney Disease, Hypertension; Bipolar, Acute Gout of right knee, End Stage Renal Failure, Chronic Kidney Disease Stage III-moderate and Synovitis. Review on 04/14/23 of a dialysis recommendation sheet for client #1 dated 07/28/22 revealed: - Fluid 32 ounces (oz.). Review on 04/14/23 of client #1's Individual Support Plan (ISP) dated 08/01/22 revealed: - "My Choices & Supports...Supports I need: Transportation, scheduling, staff supervision, monitoring, help preparing supplies needed throughout the day. [Client #1] needs very close supervision to monitor his fluid intake. He can only have 48 oz./day..." - "My Support Needs Medical support needs... [Client #1] must drink water but limited to 48 fluid ounces daily..."	V 112	We have contacted the Eastpointe Care Coordinator to complete an update to his ISP for the 2022-2023 plan year. We have updated the ISP-Short Range Goals to reflect the 32 ounce requirement for Client #1 under all goals. The guardian will sign all updates of the ISP and short range goals to reflect the change in Client #1's fluid intake. A copy will be filed in the client's chart at the group home. Because Client #1 is a high acuity client, we will forward any new changes to his food or fluid regimen to the care coordinator to update his ISP as soon as possible to ensure compliance and a copy of the update will be filed in client's chart at the group home.	6/13/2023

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V 112	Continued From page 2 Observation on 04/14/23 at approximately 11:30am revealed: - A sign on the client refrigerator. - The sign noted client #1 was able to have an 8 oz. bottle of water 4 times a day. Interview on 04/14/23 client #1 stated: - He had dialysis 3 times a week. - He had a special diet for dialysis. - He received two bottles of water per day. Interview on 04/14/23 the Qualified Professional stated: - Client #1 had previously received 48 oz. of water a day. - A recommendation from dialysis was made on 07/28/22 to reduce fluid intake to 32 oz. per day. - Client #1 had a care coordinator. - She understood the ISP needed to have strategies in place to meet client #1's current assessed needs.	V 112		6/13/2023
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.	V 114		

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V 114	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire drills were held at least quarterly and repeated on each shift. The findings are: Review on 04/14/23 of facility records from July 2022 thru March 2023 revealed: - No fire drill conducted in the 3rd quarter of 2022 during the 12 midnight to 12 noon weekend shift. - No fire drill conducted in the 4th quarter of 2022 during the 12 midnight to 12 noon weekend shift. - No fire drill conducted in the 1st quarter of 2023 during the 12 midnight to 12 noon weekend shift. Interview on 04/14/23 the Qualified Professional stated: - The facility had a 4pm to 12 midnight and a 12 midnight to 8am Monday thru Friday. - The weekend shift had a 12 shift. - Weekend shift was from 12 midnight to 12 noon and 12 noon to 12 midnight. - The hours may vary. - She understood drills needed to reflect the shift on the weekend from 12 midnight to 12 noon.	V 114	**V114- 27G .0207 Emergency Plans and Supplies** We have been running three sets of drills for many years. We use to just have drills on first and second shift but added a weekend disaster drill to cover the morning shift when members are at home on the weekend during the day. We understood that the surveyor was asking for a disaster drill to be added to the disaster drill calendar to cover the 12:00noon-12 midnight shift for the weekend staff. We have changed the drill schedule to cover all 4 shifts. Monday-Friday 2nd shift-4:00pm-12:00am 3rd shift-12:00am-8:30am And Saturday-midnight-Sunday-midnight 3rd shift-12:00am-12:00pm 2nd shift-12:00pm-12:00am This change will ensure that disaster drills are covered for every shift at the group home.	6/13/2023
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.	V 736		

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V 736	Continued From page 4 This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 04/14/23 at approximately 10:00am revealed: - Ceiling smoke detectors in the kitchen , the hallway, the game room and client #1's bedroom were emitting a chirping sound approximately every 35 seconds. - The hallway bathroom had one of six light bulbs that did not work. Interview on 04/14/23 the Qualified Professional stated: - The batteries in the smoke detectors had recently been replaced after a fire inspection. - She would follow up on the smoke detectors in the facility.	V 736	**V736-27G .0303(c) Facility and Grounds Maintenance** On 4/16/2023, all bulbs were added to light fixtures in every room. We have pictures of each room with the lights bulbs in tact that were replaced. Light fixture checks will be added to the staff shift duty sheet to ensure all light fixtures have working bulbs and are replaced in a timely manner. **V736 Facility and Grounds Maintenance** On 4/17/2023 an electrician was contacted to come to the group home and replace the smoke detectors. On 4/18/2023, the smoke detectors were purchased for the home. We have a receipt from the purchase and a picture of the box of new smoke detector. On 4/22/2023, all of the smoke detectors in the facility were replaced. Moving forward, Smoke detectors will be checked annually by the fire inspector. The batteries will be changed or smoke detectors will be replaced to ensure proper functioning as recommended by the fire inspector.	6/13/2023