

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2018
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NAME OF PROVIDER OR SUPPLIER LORETTA'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 109 PENNY STREET ALBEMARLE, NC 28001
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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, complaint and follow-up survey was completed on 11/20/18. The complaint (#NC00145259) was unsubstantiated. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility.</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 interviews, the facility failed to ensure emergency drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/15/18 of the facility's 2018 fire and disaster drills revealed: - There were no 3rd shift fire or disaster drills held</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - Quarter 1: No 1st shift fire drill and no 2nd shift disaster drill - Quarter 2: No 2nd shift fire drill and no 1st disaster drill <p>Interview on 11/19/18 with Client #1 revealed:</p> <ul style="list-style-type: none"> - He had done emergency drills before in the facility, but wasn't sure how many or how often <p>Interview on 11/19/18 with Client #2 revealed:</p> <ul style="list-style-type: none"> - He had done emergency drills while at the facility, but wasn't sure how often. For a fire drill, they went outside in the courtyard. For a disaster drill, "I'm not sure what we do." <p>Interview on 11/19/18 with Client #3 revealed:</p> <ul style="list-style-type: none"> - He did not practice fire and disaster drills at the facility <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		