

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 08/05/2019
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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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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type A1 was completed on 8/5/19. This was a limited follow up survey, only 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control V517 and cross referenced 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537 were reviewed for compliance. The following were brought back into compliance: 10A NCAC 27E .0104 Seclusion, Physical Restraint and Isolation Time-Out and Protective Devices used for Behavioral Control V517 and cross referenced 10A NCAC 27E .0108 Training in Seclusion, Physical Restraint and Isolation Time Out V537. 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies to address client needs for 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/5/19 of client #2's record revealed: -admission ate of 5/30/19 with diagnoses of Anxiety Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Unspecified Trauma; -treatment plan dated 5/23/19 documented goals of identifying triggers for anger, leaning anger management skills, staying on tasks and paying attention, develop and maintain age appropriate relationships, build healthy social skills, participate in therapy, use coping skills to manage impulsive behaviors, respect others' personal space and maintain appropriate boundaries daily; -documentation in the treatment plan a history of client #2 touching a female staff breast with an umbrella inappropriately in a past placement and</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>also trying to latch onto a female staff's leg at a past placement.</p> <p>Review on 8/5/19 of client #3's record revealed: -admission date of 4/17/19 with diagnoses of Disruptive Mood Dysregulation Disorder; -treatment plan dated 7/1/19 documented the goals of complying with rules and expectations of placement, follow directions within 2 prompts, remain in assigned area, participate in activities, complete hygiene routine daily, eliminate all aggressive behaviors, learn and implement coping skills and communication skills to combat negative feelings, improve target behaviors, improve overall school performance; -no documentation of inappropriate sexual behaviors with peers in admission information or treatment plans.</p> <p>Review on 8/5/19 of facility incident reports from 7/3/19-8/5/19 revealed: -incident report dated 7/11/19 regarding client #2 and client #3; -staff caught client #3 bending over client #2's bed and kissing client #2.</p> <p>Interview on 8/5/129 with the facility's Case Manager revealed: -client #2 and #3 were roommates; -happened on night shift; -staff had just completed rounds and bed checks; -had a behavioral issues with another client and had to handle; -when went back to check on client #2 and #3, client #3 was leaned over client #2 kissing him; -immediately separated, posted a staff in door of bedroom for rest of night; -next morning, reassigned rooms; -client #3 has his own room with no roommate;</p>	V 112		

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V 112	<p>Continued From page 3</p> <ul style="list-style-type: none"> -client #2 in a room with a room mate who has no history of any sexualized behaviors; -staff not observed or reported any sexualized interaction/behaviors between client #2 or client #3 since their admissions; -client #3 has since been referred for a Neuropsychyche and added to it a request for a Sexual harm Evaluation; -appointments scheduled for August 13 and 14 for client #3; -just had a Child and Family Treatment Team Meeting for client #3 last week and talked about issue. <p>Interviews on 8/5/19 with staff #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -aware of client #3 and client #2 being inappropriate with each other; -client #3 has his own bedroom; -increased monitoring of clients; -often prompt and redirect client #3 for invading others personal space and testing boundaries; -not observed any sexual interactions or behaviors regarding client #2 or client #3. <p>Review on 8/5/19 of the Child and Family Team Meeting documentation dated 8/1/19 revealed:</p> <ul style="list-style-type: none"> -incident on 7/11/19 was discussed in the meeting; -client #3 has been separated from client #2 and placed in a room by himself; -birth mother stated she was not surprised as client #3 had the behaviors at home with his siblings and she just monitored him closely; -client #3 has processed the incident with his therapist; -no discussion or documentation to develop and implement a strategy to address client #3's inappropriate behaviors and lack of personal 	V 112		

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V 112	Continued From page 4 boundaries. Interview on 8/5/19 with the Program Director revealed: -aware of incident between client #2 and client #3; -client #2 and client #3 were immediately separated; -client #3 placed in a room by himself, no roommate; -will ensure goal and strategies developed and implemented for client #3 addressing recent behaviors.	V 112		