

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET ALBEMARLE, NC 28001</b>
--	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on October 13, 2021. The complaint was unsubstantiated (intake #NC00181901. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 reviews and interviews the facility failed to conduct quarterly disaster drills for each shift under conditions that simulate emergencies. The findings are:</p> <p>Review on 10/13/21 of the facility's fire drill log revealed:</p>	V 114		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET ALBEMARLE, NC 28001</b>
--	--

(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 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-9/8/21- 10:00 am - 1st shift</li> <li>-7/19/21- 10:55 am- 1st shift</li> <li>-6/9/21- 6:45 pm- 2nd shift</li> <li>-5/21/21- 1:15pm- 1st shift</li> <li>-4/14/21- 8:45 am- 1st shift</li> <li>-2/9/21- 12:52 pm- 1st shift</li> <li>-1/28/21- 6:45 pm- 2nd shift</li> <li>-11/18/20- 6:30 pm- 2nd shift</li> <li>-10/21/20- 12:20 pm- 1st shift</li> <li>-There were no fire drills for 2nd shift for the third quarter of 2021.</li> </ul> <p>Review on 10/13/21 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>-8/25/21- 2:15pm- 1st shift</li> <li>-5/21/21- 1:15pm- 1st shift</li> <li>-3/25/21- 6:46 pm- 2nd shift</li> <li>-12/9/20- 10:15 am- 1st shift</li> <li>-There were no disaster drills for 2nd shift for the fourth quarter of 2020.</li> <li>-There were no disaster drills for 1st shift for the first quarter of 2021.</li> <li>-There were no disaster drills for 2nd shift for the second quarter of 2021.</li> <li>-There were no disaster drills for the 2nd shift for the third quarter of 2021.</li> </ul> <p>Interview on 10/13/21 with the Quality Management Director revealed:</p> <ul style="list-style-type: none"> <li>-Facility operated under two shifts.</li> <li>-First shift was from 6:30 am to 6:30 pm.</li> <li>-Second shift was from 6:30 pm to 6:30 am.</li> <li>-She was unaware that the facility had not completed the right amount of fire and disaster drills for each shift and each quarter.</li> <li>-She confirmed the facility failed to conduct quarterly fire and disaster drills for each shift under conditions that simulate emergencies.</li> </ul>	V 114		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET ALBEMARLE, NC 28001</b>
--	--

(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 736 V 736	<p>Continued From page 2</p> <p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Second Floor:</p> <p>Observation on 10/13/21 at about 4:00 pm of Room #4 revealed: -Paint was peeling off on wall next to bathroom door. -Foam and vinyl from seat inside the shower stall of the bathroom was cracking and ripped at different sections. -One of the wall tiles by door inside the bathroom was cracked/broken.</p> <p>Observation on 10/13/21 at about 4:05 pm of Room #3 revealed: -There was a patch up work on the wall that was not finished and needed to be painted over. -There was a hole on top of the light switch inside the bathroom. -Ceiling inside the bathroom had path up work that was unfinished and needed to be painted over.</p>	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET ALBEMARLE, NC 28001</b>
--	--

(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 736	<p>Continued From page 3</p> <p>Observation on 10/13/21 at about 4:08 pm of Room #2 revealed: -Remodeling of bathroom was not fully finished and ceiling needed to be painted over.</p> <p>Observation on 10/13/21 at about 4:10 pm of the upstairs common area revealed: -There were water stains on the ceiling panels. -Wood panels on the walls were dirty/stained.</p> <p>Observation on 10/13/21 at about 4:13 pm of Room #6 revealed: -Paint was peeling off from the walls. -There was unfinished patch up work that needed to be painted over. -Tinted film from window was peeled off in some sections.</p> <p>Observation on 10/13/21 at about 4:15 pm of bathroom separating Room #5 and Room #6 revealed: -There was a broken tile on the wall.</p> <p>Observation on 10/13/21 at about 4:17 pm of Room #5 revealed: -Paint was peeling off from the walls. -Tinted film from window was peeled off in some sections.</p> <p>First Floor:</p> <p>-Observation on 10/13/21 at about 4:20 pm of the elevator area revealed: There were several holes on the wall.</p> <p>Observation on 10/13/21 at about 4:23 pm of the Classroom revealed: -There were holes on the wall closest to the teacher's desk.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-085</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/13/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>LORETTA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 PENNY STREET ALBEMARLE, NC 28001</b>
--	--

(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 736	<p>Continued From page 4</p> <p>Interview on 10/13/21 with the Maintenance Staff revealed:                      -Facility was constantly being maintained. Residents would always be peeling off paint from the walls and damaging walls.                      -He had been remodeling some of the bathrooms and still needed to finish them.                      -Facility was planning to change all bathroom showers and get rid of seating showers.                      -He confirmed the facility was not clean, attractive and orderly at the time.</p> <p>Interview on 10/13/21 with the Quality Management Director revealed:                      -She was aware that the facility was always in need to be patched up and maintained as residents would chip paint off from walls or punch/brake the walls.                      -Facility was in process of remodeling the bathrooms.                      -Agency was responsible for doing maintenance.                      -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736		