

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 06/08/2022
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow-up survey was completed on June 8, 2022. The complaint was substantiated (intake #NC00188613). A deficiency was 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> <p>This facility is licensed for 12 beds and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<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 6/8/22 at about 2:50 pm of Room #2 revealed: -There were unpainted repaired patch-up work on the walls.</p>	V 736	<p>DHSR - Mental Health</p> <p>JUN 29 2022</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Clinical Director	(X6) DATE 6/22/22
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V 736	<p>Continued From page 1</p> <p>Observation on 6/8/22 at about 2:53 pm of the Bathroom between Rooms #1 and #2 revealed: -Ceiling needed to be painted. Seemed unfinished. -Extractor was missing its cover.</p> <p>Observation on 6/8/22 at about 2:55 pm of Room #3 revealed: -Significant number of scratches on the wall. -Extractor inside the bathroom was missing its cover. -There was a hole on the wall above the right switch inside the bathroom.</p> <p>Observation on 6/8/22 at about 2:58 pm of Room #4 revealed: -Paint was peeled of from wall next to the bathroom. -Bathroom door was scratched. -Several wall tiles inside the bathroom were cracked/broken.</p> <p>Observation on 6/8/22 at about 3:01 pm of Room #5 revealed: -There were unpainted repaired patch-up work on the walls.</p> <p>Observation on 6/8/22 at about 3:03 pm of the Bathroom between Rooms #5 and #6 revealed: -A tile from the wall was missing. -There were holes on the wall.</p> <p>Observation on 6/8/22 at about 3:05 pm of Room #6 revealed: -Paint had been peeled off from wall underneath the window.</p> <p>Observation on 6/8/22 at about 3:08 pm of the Common Area revealed:</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>-There were unpainted repaired patch-up work on the walls.</p> <p>Interview on 6/8/22 with the Clinical Director revealed:</p> <p>-Agency was responsible for doing its maintenance.</p> <p>-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.</p> <p>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

Appendix 1-B: Plan of Correction Form

Plan of Correction	
<p>Please complete <u>all</u> requested information and mail completed Plan of Correction form to: NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718</p>	<p>In lieu of mailing the form, you may e-mail the completed electronic form to:</p>

Provider Name:	Premier Service of Carolina, Inc.	Phone:	704-985-1189
Provider Contact Person for follow-up:	Megan Bryant, Clinical Director	Fax:	704-985-0106
		Email:	premierservicesofthecarolinas@yahoo.com
Address:	109 Penny St Albemarle NC 28001		Provider #

Finding	Corrective Action Steps	Responsible Party	Time Line
<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: V 736 Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Second Floor: Observation on 6/8/22 at about 2:50 pm of Room #2 revealed: -There were unpainted repaired patch-up work on the walls</p> <p>Observation on 6/8/22 at about 2:53 pm of the Bathroom between Rooms #1 and #2 revealed: -Ceiling needed to be painted. Seemed unfinished. -Extractor was missing its cover. Observation on 6/8/22 at about 2:55 pm of Room #3 revealed: -Significant number of scratches on the wall. -Extractor</p>	<ul style="list-style-type: none"> - The Executive Director will paint each bedroom wall, in reference to all scratches and peeled paint. - The Executive Director will repair each wall displaying a hole. - The Executive Director will repair the bathroom wall, replacing each missing and/or broken tile. - The Executive Director will paint the ceiling in the bathrooms of Room #1 and #2. - The Executive Director will replace each missing extractor inside the bathrooms. - All repairs will be completed by no later than July 7, 2022. - The Executive Director will complete monthly routine maintenance to ensure all facility grounds are clean and safe. 	<p>Reece Harris, Executive Director</p> <p>Megan Bryant, Clinical Director</p>	<p>Implementation Date: Immediately</p> <p>Projected Completion Date: 7/7/2022</p>

<p>inside the bathroom was missing its cover. - There was a hole on the wall above the right switch inside the bathroom. Observation on 6/8/22 at about 2:58 pm of Room #4 revealed: -Paint was peeled of from wall next to the bathroom. -Bathroom door was scratched. -Several wall tiles inside the bathroom were cracked/broken. Observation on 6/8/22 at about 3:01 pm of Room #5 revealed: -There were unpainted repaired patch-up work on the walls. Observation on 6/8/22 at about 3:03 pm of the Bathroom between Rooms #5 and #6 revealed: -A tile from the wall was missing. -There were holes on the wall. Observation on 6/8/22 at about 3:05 pm of Room #6 revealed: -Paint had been peeled off from wall underneath the window. Observation on 6/8/22 at about 3:08 pm of the Common Area revealed:</p> <p>-There were unpainted repaired patch-up work on the walls. Interview on 6/8/22 with the Clinical Director revealed: -Agency was responsible for doing its maintenance. -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. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	<p>- Please see the attached pictures as reference that painting in each bedroom has been completed, and the missing tile has been replaced.</p>		
			<p>Implementation Date:</p> <p>Projected Completion Date:</p>
			<p>Implementation Date:</p> <p>Projected Completion Date:</p>
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