

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL010-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SHALLOTTE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4763 MILLIKEN STREET SHALLOTTE, NC 28470</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was competed on 2/20/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <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>	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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to address one of three clients (client #3) behaviors of self-harm. The findings are:</p> <p>Review on 2/20/19 of client #3's record revealed: -21 year old female. -Admission date of 07/20/18. -Diagnoses of Autism, Attention-deficit/hyperactivity disorder (ADHD), Hypothyroidism, Intermittent Explosive Disorder, and Dysthymia -Treatment Plan dated 12/28/18 revealed: "In the event of a crisis QP (Qualified Professional) will update pcp (Person-Centered Profile) with what worked and what did not work in the event of a crisis." -No updated strategies for staff to follow for self-harming behaviors.</p> <p>Review on 2/19/19 of the North Carolina Incident Response Improvement System (IRIS) reports for client #3 revealed: Date of Incident: 1/06/19. - Time of incident: 2:45pm. - Incident Comments: "Around 2:45 pm when staff was getting ready for med (medication) pass Consumer came out of the room stating to staff 'I think I need to show you something I shouldn't have done' consumer proceeded to show staff her wrists which were bleeding, staff told her to sit down when she saw the blood and applied pressure to the wounds. Staff called 911. EMS (Emergency Medical Services) had staff ask consumer questions over the phone, staff asked consumer why she cut her wrists and consumer replied that 'she had nothing to live for', staff also asked consumer what she cut herself with she</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>stated a 'shaving razor.' Once at [local hospital] consumer was admitted to behavioral health unit."</p> <ul style="list-style-type: none"> <li>- Describe the cause of the incident: "Consumer stated that 'I have nothing to live for' when questioned by staff on her actions."</li> <li>-Incident Prevention: "All objects that can be used for self injury will be locked away and only used under staff supervision by consumer to try and prevent any other incidents of self injurious behaviors."</li> </ul> <p>Interview on 2/19/19 Client #3 stated:</p> <ul style="list-style-type: none"> <li>- She was uncertain how long she had been at the facility.</li> <li>- The transition to the facility had been difficult, as she missed living with family.</li> <li>- She was attending counseling sessions.</li> <li>- She felt safe in facility.</li> </ul> <p>Interview on 2/19/19 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>- She had worked at the agency for approximately 15 years.</li> <li>- She recalled the recent incident (1/06/19) with client #3.</li> <li>- Client #3 cut wrists and was treated by local hospital.</li> <li>- Wounds to Client #3's wrists were superficial wounds and required no stitches or surgery.</li> <li>- There had been no additional incidents with Client #3.</li> </ul> <p>Interview on 2/19/19 the QP revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 had been admitted to facility in 2018.</li> <li>-One previous attempt of self-harm was reported by grandmother of Client #3. The previous attempt included consuming an excessive number of aspirin.</li> <li>-There had been no additional concerns since 1/06/19.</li> <li>- Client #3 was now attending regular counseling</li> </ul>	V 112		

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V 112	Continued From page 3  sessions and team was working to identify a new psychiatrist. Client #3's treatment plan was going to be revised once team members had strategized with psychiatrist.	V 112		