

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ DHSR - Mental Health B. WING _____ MAR 14 2019	(X3) DATE SURVEY COMPLETED 02/20/2019
NAME OF PROVIDER OR SUPPLIER SHALLOTTE HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 4763 MILLIKEN STREET SHALLOTTE, NC 28470		
(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	INITIAL COMMENTS An annual survey was completed on 2/20/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	V112 Plan of Correction V112 27G. 0205 (C-D) Assessment/Treatment Habilitation Plan Based on record reviews and interviews,	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112	the facility failed to develop and implement strategies to address one of three clients behaviors of self-harm. RHA Qualified Professional will update treatment plan/person centered plan/ crisis plan with what worked and what did not work in the event of a crisis, to include updated strategies for staff to follow for self-harming behaviors. Monitoring of this process will be the responsibility of RHA Qualified Professional/ Administrator and will take place as new behaviors are exhibited/as needed. Completion date 4/21/2019	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Meriah O'Brien *Meriah O'Brien* Administrator 3/7/19

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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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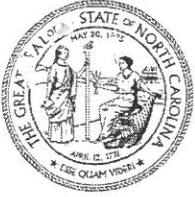
V 112	<p>Continued From page 2</p> <p>stated a 'shaving razor.' Once at [local hospital] consumer was admitted to behavioral health unit."</p> <p>- Describe the cause of the incident: "Consumer stated that 'I have nothing to live for' when questioned by staff on her actions."</p> <p>-Incident Prevention: "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."</p> <p>Interview on 2/19/19 Client #3 stated:</p> <p>- She was uncertain how long she had been at the facility.</p> <p>- The transition to the facility had been difficult, as she missed living with family.</p> <p>- She was attending counseling sessions.</p> <p>- She felt safe in facility.</p> <p>Interview on 2/19/19 Staff #1 stated:</p> <p>- She had worked at the agency for approximately 15 years.</p> <p>- She recalled the recent incident (1/06/19) with client #3.</p> <p>- Client #3 cut wrists and was treated by local hospital.</p> <p>- Wounds to Client #3's wrists were superficial wounds and required no stitches or surgery.</p> <p>- There had been no additional incidents with Client #3.</p> <p>Interview on 2/19/19 the QP revealed:</p> <p>-Client #3 had been admitted to facility in 2018.</p> <p>-One previous attempt of self-harm was reported by grandmother of Client #3. The previous attempt included consuming an excessive number of aspirin.</p> <p>-There had been no additional concerns since 1/06/19.</p> <p>- Client #3 was now attending regular counseling</p>	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		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 27, 2019

Meriah O'Brien
RHA Health Services NC, LLC
3255 Burnt Mill Road, Suite 5
Wilmington, NC 28403

Re: Annual Survey completed 2/20/19
Shallotte House, 4763 Milliken Street, Shallotte, NC 28459
MHL # 010-075
E-mail Address: mdeegan2@rhanet.org, igarcia@rhanet.org

Dear Ms. O'Brien:

Thank you for the cooperation and courtesy extended during the annual survey completed 2/20/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 04/21/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

2/27/19
RHA Health Services NC, LLC
Meriah O'Brien

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,



Ryan Meredith
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO