

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>R</b> <b>07/14/2021</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	INITIAL COMMENTS  An annual and follow up survey was completed on 7/14/21. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 291	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#1). The findings are:</p> <p>Review on 7/14/21 of client #1's record revealed: - 53-year-old male. - Admission date of 11/01/10. - Diagnoses of Moderate Intellectual Disability, Conduct Disorder, Obsessive Compulsive Disorder, Neuropathy, Pancytopenia, and Seizure Disorder.</p> <p>Review on 7/14/21 of client #1's Medical Appointment Consultation Record dated 12/03/20 revealed: - Symptoms Present: Nosebleeds - Prescriptions and Treatment: Humidifier in bedroom.</p> <p>Observation on 7/14/21 at approximately 4:30pm revealed: - No presence of humidifier in client #1 ' s bedroom.</p> <p>Interview on 7/14/21 client #1 stated: - He had not resided at facility for too long. - House Manager would have to answer questions about medications and treatments.</p> <p>Interview on 7/14/21 House Manager stated: - Client #1 did not have humidifier for bedroom. - She would follow-up on need for humidifier in client #1 ' s room.</p>	V 291		

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V 291	Continued From page 2  Interview on 7/14/21 the Administrator stated: - The team would the address need for a humidifier at client #1 ' s upcoming appointment with physician.	V 291		