

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL010-075</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <u>AUG 11 2021</u><br>B. WING: <u>Lic. &amp; Cert. Section</u> | (X3) DATE SURVEY COMPLETED<br><br>R<br><b>07/14/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHALLOTTE HOUSE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4763 MILLIKEN STREET<br/>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 | PLAN OF CORRECTION  | (X5) COMPLETE |
|--------------------|--|---------------|---|---------------|
| V 000              | INITIAL COMMENTS<br><br>An annual and follow up survey was competed on 7/14/21. A deficiency was cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.   | V 000         | <b>V291 27G.5603<br/>Operations<br/>B- Service Coordination</b><br><b>Coordination shall be maintained be maintained between the facility operator and the qualified professional who are responsible for treatment/habilitation or case management.</b><br><b>This Rule is not met as evidenced by:</b><br><b>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 1 of 3 clients. Client # 1 Medical appointment consultation dated 12/3/20 revealed symptoms present for nose bleeds, prescriptions and treatment ordered by Doctor for a Humidifier in bedroom. Observation revealed no presence of humidifier in client # 1 bedroom.</b> |               |
| V 291              | 27G .5603 Supervised Living - Operations<br><br>10A NCAC 27G .5603 OPERATIONS<br>(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.<br>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.<br>(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.<br>(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         | <b>Plan of correction:</b><br>RHA will ensure all recommended treatment on a prescription or medical consult form ordered by the physician are implemented.<br>RHA will purchase a humidifier for client # 1 bedroom ( <b>completed 7/30/21</b> ) and ensure recommended treatments are being used daily.<br>RHA home manager will follow up with client # 1 physician for continued need of a humidifier in client #1 bedroom. If it is recommended to stop using the humidifier, home manager will obtain a discontinuation order.<br>Monitoring of this process will be the responsibility of RHA QP and Home manager and will take place at least monthly/as needed<br>Completion date 9/12/21.   |               |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Meriah O'Brien Meriah O'Brien Administrator TITLE  
8/3/21 (X6) DATE  
STATE FORM 6899 KOI211 If continuation sheet 1 of 3

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|--------------------|---|---------------|---|--------------------|
| V 291              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>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:<br/>- 53-year-old male.<br/>- Admission date of 11/01/10.<br/>- 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:<br/>- Symptoms Present: Nosebleeds<br/>- Prescriptions and Treatment: Humidifier in bedroom.</p> <p>Observation on 7/14/21 at approximately 4:30pm revealed:<br/>- No presence of humidifier in client #1 ' s bedroom.</p> <p>Interview on 7/14/21 client #1 stated:<br/>- He had not resided at facility for too long.<br/>- House Manager would have to answer questions about medications and treatments.</p> <p>Interview on 7/14/21 House Manager stated:<br/>- Client #1 did not have humidifier for bedroom.<br/>- 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<br><br>Interview on 7/14/21 the Administrator stated:<br>- The team would the address need for a humidifier at client #1 's upcoming appointment with physician. | V 291         |   |                    |

All ▾ Enter keyword or product number

Deliver to Meriah

Departments

Buy Again

EN

Hello, Meriah  
Account for RHA Heal...

Lists

Business Prime

0

Your Account > Your Orders > Order Details

### Order Details

Ordered on July 30, 2021 Order# 111-1326187-0259447

[Printable Order Summary](#)

#### Shipping Address

Meriah O'Brien  
4763 MILLIKEN ST  
SHALLOTTE, NC 28470-4467  
United States  
[Change](#)

#### Payment Method

\*\*\*\* 6642  
[Change](#)

#### Apply gift card balance

Enter code  
[Apply](#)

#### Order Summary

|                                |                |
|--------------------------------|----------------|
| Item(s) Subtotal:              | \$26.99        |
| Shipping & Handling:           | \$0.00         |
| Your Coupon Savings:           | -\$10.00       |
| Total before tax:              | \$16.99        |
| Estimated tax to be collected: | \$1.15         |
| <b>Grand Total:</b>            | <b>\$18.14</b> |

Order method  
Cost center  
Spend Category

Business  
2555  
Medical

#### Arriving Monday



iVania Humidifiers, Cool Mist Humidifier for Bedroom, 2.7 L/0.7 Gal Baby Humidifier with Adjustable Output, Lasts to 30 Hours, Whisper-Quiet, Auto Off, Filterless Humidifier for Home Office Nursery  
Sold by: iVania  
\$26.99  
Condition: New  
[Add gift option](#)  
[Buy it again](#)

[Track package](#)

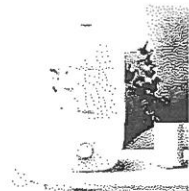
[Change Payment Method](#)

[Change shipping speed](#)

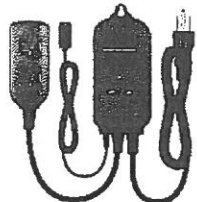
[Cancel items](#)

### Customers who bought iVania Humidifiers, Cool Mist Humidifier for Bed... also bought

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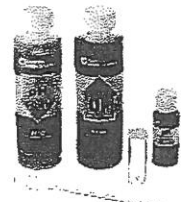
iVania Humidifiers, Cool Mist Humidifier for Large Bedroom Baby, Maternal...  
35  
26% off  
~~\$19.99~~ **\$26.00**  
Lowest price in 30 days  
FREE Delivery



Inkita Humidity Controller IHC200  
Humidistat Mushroom Greenhouse Pro Wired Outlet Dual Stage...  
2,191  
\$41.99  
FREE Delivery



Humidifiers, iVania Cool Mist Humidifier with 2.7L/0.7Gal Water Tank for Large Room & Bedroom, Quiet Touch...  
98  
\$26.98  
FREE Delivery  
Only 2 left in stock - order soon.



General Hydroponics pH Control Kit for a Balanced Nutrient Solution  
28,785  
\$20.14  
FREE Delivery