

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**RIVERVIEW GROUP HOME**

**421 RIVERVIEW DRIVE  
ASHEVILLE, NC 28806**

(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	<b>INITIAL COMMENTS</b>  A complaint survey was completed on April 23, 2021. The complaint was substantiated (Intake #NC00174523). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.	V 000		
V 738	<b>27G .0303(d) Pest Control</b>  <b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (d) Buildings shall be kept free from insects and rodents.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility was not kept free from insects. The findings are:  Review on 4/14/21 of Client #1's record revealed: -Date of Admission: 4/20/20. -Diagnoses: Bi-Polar Disorder; Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Static Encephalopathy.  Review on 4/14/21 of Client #2's record revealed: -Date of Admission: 2/10/21. -Diagnoses: Schizoaffective Disorder Unspecified.  Review on 4/14/21 of Staff #1's record revealed: -Date of Hire: 7/23/12. -Title/Position: Direct Support Associate.	V 738	The Director of Operations will in-service the Administrator on making sure the unit follows all recommendations from Exterminators. The Qualified Professional and Residential Team Leader will monitor through monthly Environmental Assessments to ensure the group home remains free from insects. In the future the Administrator will make sure all recommendations from the exterminator are followed and the group home remains free of insects.  By: June 22, 2021  <b>DHSR - Mental Health</b>  <b>MAY 17 2021</b>  <b>Lic. &amp; Cert. Section</b>	

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

TITLE

(X6) DATE

STATE FORM

6869

9GTR11

If continuation sheet 1 of 4



May 12, 2021

Maria Smith  
Nurse Consultant I  
Mental Health Licensure & Certification Section

145 Cane Creek Ind. Park Rd  
Suite 250  
Fletcher, NC 28732

Phone: 828.684.1940  
Fax: 828.684.1553

Re: Riverview Survey completed 4/23/2021

Dear Ms. Smith,

Please find the enclosed Plan of Correction for the Riverview Group Home with RHA Health Services. If you have any questions feel free to contact me at [john.carithers@rhanet.org](mailto:john.carithers@rhanet.org) or call me at 828-817-9565.

Thank you,

A handwritten signature in black ink, reading "John M. Carithers". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

John M. Carithers  
Facility Administrator  
828-817-9565  
[john.carithers@rhanet.org](mailto:john.carithers@rhanet.org)