

Division of Health Service Regulation

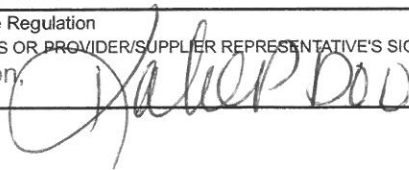
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080-048</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CATAWBA HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146</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 completed on 07/11/2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility was not maintained in a safe, attractive and orderly manner. The findings are:</p> <p>Observation on 06/29/2022 from approximately 4:37 pm - 5:00 pm revealed the following: Bathroom #1: -Jack and Jill bathroom between Bedrooms #1 and #2. -White toilet with inner bowl stained brown with red and brownish-black residue and grime. -White toilet seat worn down to the brown finish. Bathroom #2:</p>	V 736	<p>V 736</p> <p>RHA Health Services will ensure the facility and grounds are kept in good repair. The Maintenance Coordinator will ensure the toilets are replaced. The DSP staff will be in-serviced to complete work orders when anything in the facility needs to be repaired. The facility continues to have annual water testing on the well water with the Rowan County Health Department. This process will be monitored monthly through Environmental Assessments and Work Order process. All Environmental Assessments are monitored and trended at the Safety and CQI Meetings monthly.</p>	9/6/2022

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Katherine Benton,



TITLE

Director of Operations

(X6) DATE

8/12/2022

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-Located in Hallway.</li> <li>-2 to 3 feet of brown staining inside the bathtub with dirt ring around bathtub.</li> <li>-White toilet with inner bowl stained brown with residue and grime.</li> <li>-White toilet seat worn down to the brown finish.</li> </ul> <p>Review on 07/01/2022 of Emailed Correspondence from the Qualified Professional (QP) to Division of Health Service Regulation (DHSR) Surveyor dated 07/01/2022 revealed:</p> <ul style="list-style-type: none"> <li>-Well water was tested last year and revealed no complications with water supply.</li> <li>-"We are also in the process of replacing the toilets just to make sure that we remain in compliance with State Regulations."</li> </ul> <p>Attempted interview on 07/11/2022 with Client #1 was unsuccessful due her refusal to talk with DSHR Surveyor.</p> <p>Attempted interview on 07/11/2022 with Client #2 was unsuccessful due her inability to fully understand and answer questions.</p> <p>Attempted interview on 07/11/2022 with Client #3 was unsuccessful due her inability to fully understand and answer questions.</p> <p>Interview and observation on 06/29/2022 from approximately 4:37 pm - 5:00 pm with Staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-Employed since September 2011.</li> <li>-Would not flush the toilet without going to get gloves.</li> <li>-Toilet looked like that since she was first hired.</li> <li>-Was told that toilet was brown due to use of well water.</li> <li>-"You will see the other bathroom is like this too. The tub and toilet."</li> </ul>	V 736		

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V 736	<p>Continued From page 2</p> <p>-Facility staff were responsible for cleaning the bathrooms.</p> <p>Interview on 07/01/2022 with Staff #2 revealed: -"All staff clean, because the clients poop a lot. They (facility) have well water, so it looks dirty, but I promise they (staff) clean." -Water is tested every year. -No current work orders for the bathrooms. -Bathrooms had been in current state for at least two years.</p> <p>Interview on 07/01/2022 with the QP revealed: -Was filling in at the facility. -Had never conducted a walkthrough of the facility's bathrooms. -"If it is well water, I am sure there is some type of treatment that can be done to get the impurities out. The toilets should not be like that. Facilities can easily replace the toilet seats."</p>	V 736		
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August 12, 2022

Ms. Curnisha L. Leak  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**RE: MHL-080-048 Catawba House**

Dear Ms. Leak:

Please see the enclosed Plan of Correction (POC) for the deficiency cited at the Catawba House Group Home during your annual survey visit on 7/11/2022. We have implemented the POC and invite you to return to the facility on or around 9/6/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Catawba House Group Home (MHL-080-048).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton  
Director of Operations  
RHA Health Services, LLC  
Kbenton2@rhanet.org