Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		
		MHL080-048	B. WING		R-C 12/15/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIP CODE	12/13/2022	
			IS MOUNTAIN			
CATAWBA	HOUSE		Y, NC 28146			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE
V 000	INITIAL COMMENTS		V 000			
	on 12/15/2022. The consubstantiated (intake #NC00195524). Deficing This facility is license category: 10A NCAC Living for Adults with This facility is license.	#NC00195164 and				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Hahilitation Plan	V 112			
	10A NCAC 27G .0203 TREATMENT/HABILI PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyon (d) The plan shall incompose (e) achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or a service of the plan shall be assessed in the plan shall b	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Slude: I that are anticipated to be a of the service and a levement; I view of the plan at least on with the client or legally r both; I no or assessment of				

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

TITLE (X6) DATE

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080-048			R-C 12/15/2022
					12/15/2022
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA NNS MOUNTAIN		
CATAWBA	HOUSE		IRY, NC 28146	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 112	strategies or goals in plan to address the nead address the strategies on 12/8/22 of the kitcle. The refrigerator had a clear the snack cabinets. Another food cabinets	as evidenced by: ews, interviews, and ity staff failed to implement the treatment/habilitation eeds of the clients for 3 of 3 3). The findings are: eximately 3:41 pm-3:43 pm nen revealed: a child proof latch. hild proof latch. had two child proof latches. t had a child proof latch. client #1's record revealed: 5/18	V 112	DEFICIENCY)	
	_	ual and Developmental			
	Admission date: 2/1Diagnoses: Cerebra	client #2's record revealed: 2/21 I Palsy; Other Reduced Mood Affect; Autistic; and			

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- There were no strategies or goals in client #1's

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		MHL080-048			R-C 12/15/2022
					12/13/2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	,	
CATAWBA	HOUSE		NS MOUNTAIN RY, NC 28146	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 112	Continued From page	2	V 112		
	treatment plan to add child proof latches on refrigerator, and freez				
	Review on 12/9/22 of client #3's record revealed: - Admission date: 4/15/08 - Diagnoses: Profound IDD; Major Depressive Disorder; and Autism Disorder				
	- There were no strate	egies or goals in client #1's ress why client #1 needed the kitchen cabinets,			
	Observations and attempted Interview on 12/14/22 of client #1 - At approximately 10:00 am client #1 kept looking down and put her head on the table.				
	Client #1 would not respond to any questions. Attempted Interview on 12/14/22 of client #2 - Client #2 is nonverbal				
	Attempted Interview of Client #3 is nonverb	n 12/14/22 of client #3 al			
	client #3 did not docu				
	former clients "years a	es on the cabinets, er had been installed for two			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLE	
	D. WING			R-		
		MHL080-048	B. WING		12/1	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CATAWBA	HOUSE		NS MOUNTAIN	ROAD		
		SALISBUR	Y, NC 28146		Т	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 291	Continued From page	3	V 291			
V 291	27G .5603 Supervise	d Living - Operations	V 291			
	six clients when the codevelopmental disabition June 15, 2001, and than six clients at that provide services at no licensed capacity. (b) Service Coordina maintained between the qualified professional treatment/habilitation (c) Participation of the Responsible Person. provided the opportunation of the Responsible Person. provided the opportunation of the facility. Reports annually to the parent legally responsible per Reports may be in work conference and shall progress toward mee (d) Program Activities activity opportunities in needs and the treatmed Activities shall be desinclusion. Choices more legal system is invessed to the safety issues becomes	ty shall serve no more than lients have mental illness or lities. Any facility licensed d providing services to more to more the time, may continue to more than the facility's tion. Coordination shall be the facility operator and the swho are responsible for or case management. The Family or Legally Each client shall be not to maintain an ongoing or his family through such the facility and visits outside thall be submitted at least the of a minor resident, or the terson of an adult resident. The titing or take the form of a focus on the client's ting individual goals. The Each client shall have based on her/his choices, ent/habilitation plan. The signed to foster community any be limited when the court olved or when health or a primary concern.				
		ews and interviews, the inate services for 1 of 3				

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DIVISION	n nealth Service Regu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					R-	C
		MHL080-048	B. WING		1	5/2022
		111112000-040			1 12/1	J/ZUZZ
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CATAWBA	HOUSE	3170 DUN	NS MOUNTAIN	ROAD		
CAIANDA	THOUSE	SALISBU	RY, NC 28146			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIL	DAIL
				,		
V 291	Continued From page	2 4	V 291			
	Review on 12/9/22 of	client #2's record revealed:				
	- Admission date: 2/1	2/21				
	•	l Palsy; Other Reduced				
	•	Mood Affect; Autistic; and				
	Severe IDD					
		s physician orders dated				
		estinal) consult related to				
	continued weight loss					
	- Review of client #2's physician orders dated					
	9/14/22: "Change diet					
	Change diet to 2000	cal (calorie) regular diet"				
	Attempted Interview on 12/14/22 of client #2 - Client #2 is nonverbal					
	CHOIL WE IS HOUVED	ui				
	Interview on 12/12/22	with staff #4 revealed:				
	- She had no idea wh					
	provided sugar free fo					
	- "One of our papers s	said [client #2] is still a				
	diabetic and one said	she is not."				
	Interview on 12/14/22	with staff #1 revealed:				
	- Recently client #2 ha	ad been fed sugar free				
	pancake syrup, sugar	free Jell-O, and sugar free				
	cookies.					
	- "Sometimes we mig	, ,				
	crackers instead of co					
	-	ient #2] was on a diabetic				
	diet."					
	Interview on 12/14/22	with staff #3 revealed:				
		ad been fed sugar free				
	•	free Jell-O, and sugar free				
	cookies	2 2 2 2, a 2 aagai 11 3 2				
	- "It is her understand	ing [client #2] is on a				
	diabetic diet."					
	Internious c= 40/40/00	with the Overlified				
	Interview on 12/12/22					

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- Client #2 "is still on a diabetic diet."

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	RECTION IDENTIFICATION NUMBER: A. BUILDING:		COMPLETED		
		MHL080-048	B 14/110		R-C 12/15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZIP CODE		
	10115211 011 001 1 21211		NS MOUNTAIN			
CATAWBA	HOUSE		Y, NC 28146	NOAD		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	ETE
V 291	Continued From page	e 5	V 291			
V 513	year for weight loss She took client #2 of 2022. Client #2 diet he - "The clients can eat Interview on 12/12/22 revealed: - She started seeing of loss. Recently, she has weekly due to weight - On 9/14/22 she chainclude unlimited fruit "without dessert restrestrestrestrestrestrestrestrestrest	If the diabetic diet in July and no restrictions. as much as they want." With the Nurse Practitioner Client #2 on 7/6/22 for weight and been seeing client #2 loss. Inged client #2's diet to a sand vegetables and ictions." Indered that client #3 could difficantly lost weigh over the de that clear that they (all unlimited food and no and the country of the coun	V 513			
	skills that are alternat self or others;	coping and engagement rives to injurious behavior to noices of activities				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CATAWBA HOUSE SALISBURY, NC 28146 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) A. BUILDING: RC 12/15/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146 DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTION SHOULD BE DATE) COMPLETE DATE
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146 DPROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE DATE DATE
CATAWBA HOUSE 3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) 11 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
CATAWBA HOUSE SALISBURY, NC 28146 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE CACHO CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG DEFICIENCY)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE DEFICIENCY) (X5) COMPLETE DATE
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
V 513 Continued From page 6 V 513
meaningful to the clients served/supported; and
(4) sharing of control over decisions with
the client/legally responsible person and staff.
(b) The use of a restrictive intervention
procedure designed to reduce a behavior shall always be accompanied by actions designed to
insure dignity and respect during and after the
intervention. These include:
(1) using the intervention as a last resort;
and (2) employing the intervention by people
trained in its use.
This Rule is not met as evidenced by:
Based on record reviews, observations, and
interviews, the facility failed to provide services
using the least restrictive and most appropriate methods affecting 3 of 3 client (#1- #3). The
findings are:
Observations at approximately 2:44 pm 2:42 pm
Observations at approximately 3:41 pm-3:43 pm on 12/8/22 of the kitchen revealed:
- The refrigerator had a child proof latch.
- The freezer had a child proof latch.
- The snack cabinets had two child proof latches.
- Another food cabinet had a child proof latch.
Review on 12/9/22 of client #1's record revealed:
- Admission date: 8/15/18
- Diagnoses: Depression; Bipolar Disorder;
Severe IDD (Intellectual and Developmental Disabilities)
- No documents were signed by client #1's legal
guardian that child proof latches should be
installed on the kitchen cabinets, refrigerator, and freezer.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING: _			R-C	
		MHL080-048	B. WING		l l	15/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
CATAWBA	A HOUSE		NNS MOUNTAIN	ROAD			
	I		RY, NC 28146				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 513	Continued From page	e 7	V 513				
	 Admission date: 2/ Diagnoses: Cerebra Mobility; Unspecified Severe IDD No documents were guardian that child pr 	al Palsy; Other Reduced Mood Affect; Autistic; and e signed by client #2's legal					
	Rights Limitation" rev - Signed by client #3': - "Description of Limit door." - "Detailed Justificatio [Client #3] lives with a seeks out food and of consumes food and t safety latch on the re- this from occurring." - Client #3 had limitat refrigerator based up- and can harm herself the wrong consistence no limitations in place - No documents were guardian that child pr installed on the kitche Observations and atte 12/14/22 of client #1	s legal guardian on 2/23/22. tation: Lock on refrigerator on for Limiting this Right: an individual (client #1) who an harm herself if she the wrong consistency, frigerator door will prevent tions regarding access to the on client #1 "seeks out food if she consumes food and y" However, client #1 had e. e signed by client #3's legal oof latches should be en cabinets, and freezer.					
	looking down and put Client #1 would not re Attempted Interview of Client #2 is nonverb	ther head on the table. espond to any questions. on 12/14/22 of client #2					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
ANDTEAN			A. BUILDING: _			
	MHL080-048		B. WING		R- 12/1	C 5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CATAWBA	AHOUSE		NS MOUNTAIN	ROAD		
		SALISBUR	Y, NC 28146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 513	Continued From page	· 8	V 513			
	- Client #3 is nonverb	al				
	revealed: - She started seeing of weight loss and now sidue to weight loss She started seeing of loss and now sees he weight loss She started seeing of weight loss and now sidue to weight loss She was not aware of cabinets, refrigerator, latches "I think we have made the clients) can have restrictions." Interview on 12/14/22 Operations revealed: - The child proof latch refrigerator and freeze former clients "years a "I have had all the later the started seeing of the	with the Director of es on the cabinets, er had been installed for two				

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