

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/15/2022
NAME OF PROVIDER OR SUPPLIER CATAWBA HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3170 DUNNS MOUNTAIN ROAD SALISBURY, NC 28146		
(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 A complaint and follow up survey was completed on 12/15/2022. The complaints were substantiated (intake #NC00195164 and #NC00195524). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a census of 3. The survey sample consisted of audits of 3 current client.	V 000	V 112 RHA Health Services will ensure each Person Supported's Individualized Support Plan will outline the individual needs of the person. The Qualified Professional will ensure the direct support staff are all in-service trained on the client specifics of each person. The Qualified Professional will ensure if the needs of each person include the need of a rights' limitation, consent and due process will be followed appropriately. When a rights' limitation is no longer needed and lifted, the Qualified Professional will ensure the limitation is removed from the facility including child proof latches on the refridgerator and kitchen cabinets. This will be monitored by routine Meal/Interaction Assessments and Environmental Assessments. All assessments are reviewed monthly in the Safety and CQI Meetings. In the future the QP will ensure no limitations are in place without a need identified, consent obtained and due process followed.	2/13/23
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

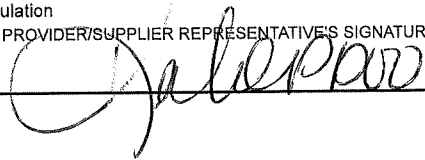
Division of Health Service Regulation

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

TITLE

(X6) DATE

Katherine Benton



Director of Operations

12/23/2022

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, interviews, and observations the facility staff failed to implement strategies or goals in the treatment/habilitation plan to address the needs of the clients for 3 of 3 audited clients (#1- #3). The findings are: 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) - There were no strategies or goals in client #1's treatment plan to address why client #1 needed child proof latches on the kitchen cabinets, refrigerator, and freezer. Review on 12/9/22 of client #2's record revealed: - Admission date: 2/12/21 - Diagnoses: Cerebral Palsy; Other Reduced Mobility; Unspecified Mood Affect; Autistic; and Severe IDD - There were no strategies or goals in client #1's	V 112		

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V 112	<p>Continued From page 2</p> <p>treatment plan to address why client #1 needed child proof latches on the kitchen cabinets, refrigerator, and freezer.</p> <p>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 strategies or goals in client #1's treatment plan to address why client #1 needed child proof latches on the kitchen cabinets, refrigerator, and freezer.</p> <p>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.</p> <p>Attempted Interview on 12/14/22 of client #2 - Client #2 is nonverbal</p> <p>Attempted Interview on 12/14/22 of client #3 - Client #3 is nonverbal</p> <p>Interview on 12/14/22 with the Qualified Professional revealed: - The treatment plans for client #1, client #2, and client #3 did not document the need for child proof latches on kitchen cabinets, refrigerator, and freezer.</p> <p>Interview on 12/14/22 with the Director of Operations revealed: - The child proof latches on the cabinets, refrigerator and freezer had been installed for two former clients "years ago." - She had maintenance remove the latches today.</p>	V 112		

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V 291 V 291	Continued From page 3 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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate services for 1 of 3 clients (#2). The findings are:	V 291 V 291	V 291 RHA Health Services will ensure operations between nursing, clinical and direct support teams communicate appropriately and thoroughly for each person supported. The Qualified Professional (QP) & nurses will be in-serviced to ensure thorough communications occur when new diet orders are implemented. The QP will ensure all DSP staff are trained on all updated diet orders for each person supported. This will be monitored through routine Client Specific training and Meal Assessments. All Client Specific trainings are updated at minimum annually or anytime changes occur throughout the year. All Meal Assessments are reviewed monthly in the Safety and CQI meetings. In the future the QP will ensure all DSP staff are trained on client specifics.	2/13/23	

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V 291	<p>Continued From page 4</p> <p>Review on 12/9/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/12/21 - Diagnoses: Cerebral Palsy; Other Reduced Mobility; Unspecified Mood Affect; Autistic; and Severe IDD - Review of client #2's physician orders dated 9/8/22: "GI (Gastrointestinal) consult related to continued weight loss." - Review of client #2's physician orders dated 9/14/22: "Change diet to a weight gain diet ...Change diet to 2000 cal (calorie) regular diet ..." <p>Attempted Interview on 12/14/22 of client #2</p> <ul style="list-style-type: none"> - Client #2 is nonverbal <p>Interview on 12/12/22 with staff #4 revealed:</p> <ul style="list-style-type: none"> - She had no idea why client #2 was being provided sugar free foods. - "One of our papers said [client #2] is still a diabetic and one said she is not." <p>Interview on 12/14/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Recently client #2 had been fed sugar free pancake syrup, sugar free Jell-O, and sugar free cookies. - "Sometimes we might give her (client #2) crackers instead of cookies." - "As far as I know [client #2] was on a diabetic diet." <p>Interview on 12/14/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> - Recently client #2 had been fed sugar free pancake syrup, sugar free Jell-O, and sugar free cookies - "It is her understanding [client #2] is on a diabetic diet." <p>Interview on 12/12/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #2 "is still on a diabetic diet." 	V 291		

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V 291	Continued From page 5 Interview on 12/13/22 with the Nutritionist revealed: - She had been seeing client #2 over the past year for weight loss. - She took client #2 off the diabetic diet in July 2022. Client #2 diet had no restrictions. - "The clients can eat as much as they want." Interview on 12/12/22 with the Nurse Practitioner revealed: - She started seeing client #2 on 7/6/22 for weight loss. Recently, she had been seeing client #2 weekly due to weight loss. - On 9/14/22 she changed client #2's diet to include unlimited fruits and vegetables and "without dessert restrictions." - It had never been ordered that client #3 could not have sugar. - "[Client #2] has significantly lost weigh over the year." - "I think we have made that clear that they (all the clients) can have unlimited food and no restrictions."	V 291		
V 513	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities	V 513		

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V 513	Continued From page 6 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 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.	V 513	V 513 RHA will ensure the facility is a least restrictive environment. The Qualified Professional will ensure if the needs of each person include the need of a rights' limitation, consent and due process will be followed appropriately. When a rights' limitation is no longer needed and lifted, the Qualified Professional will ensure the limitation is removed from the facility including child proof latches on the refridgerator/freezer and kitchen cabinets. This will be monitored by routine Meal/Interaction Assessments and Environmental Assessments. All assessments are reviewed monthly in the Safety and CQI Meetings. In the future the QP will ensure no limitations are in place without a need identified, consent obtained and due process followed.	2/13/23

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V 513	<p>Continued From page 7</p> <p>Review on 12/9/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 2/12/21 - Diagnoses: Cerebral Palsy; Other Reduced Mobility; Unspecified Mood Affect; Autistic; and Severe IDD - No documents were signed by client #2's legal guardian that child proof latches should be installed on the kitchen cabinets, refrigerator, and freezer. <p>Review on 12/14/22 of client #3's "Consent for Rights Limitation" revealed:</p> <ul style="list-style-type: none"> - Signed by client #3's legal guardian on 2/23/22. - "Description of Limitation: Lock on refrigerator door." - "Detailed Justification for Limiting this Right: [Client #3] lives with an individual (client #1) who seeks out food and can harm herself if she consumes food and the wrong consistency, safety latch on the refrigerator door will prevent this from occurring." - Client #3 had limitations regarding access to the refrigerator based upon client #1 "seeks out food and can harm herself if she consumes food and the wrong consistency..." However, client #1 had no limitations in place. - No documents were signed by client #3's legal guardian that child proof latches should be installed on the kitchen cabinets, and freezer. <p>Observations and attempted Interview on 12/14/22 of client #1</p> <ul style="list-style-type: none"> - 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. <p>Attempted Interview on 12/14/22 of client #2</p> <ul style="list-style-type: none"> - Client #2 is nonverbal <p>Attempted Interview on 12/14/22 of client #3</p>	V 513		

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V 513	Continued From page 8 - Client #3 is nonverbal Interview on 12/12/22 with the Nurse Practitioner revealed: - She started seeing client #1 on 5/11/22 for weight loss and now sees her almost every week due to weight loss. - She started seeing client #2 on 7/6/22 for weight loss and now sees her almost every week due to weight loss. - She started seeing client #3 on 5/11/22 for weight loss and now sees her almost every week due to weight loss. - She was not aware that the group home food cabinets, refrigerator, and freezer had child proof latches. - "I think we have made that clear that they (all the clients) can have unlimited food and no restrictions." Interview on 12/14/22 with the Director of Operations revealed: - The child proof latches on the cabinets, refrigerator and freezer had been installed for two former clients "years ago." - "I have had all the latches removed today by maintenance because we don't have consent."	V 513		



December 23, 2022

[REDACTED] MSW
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. [REDACTED]

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Catawba House Group Home during your complaint & follow-up survey visit on 12/15/2022. We have implemented the POC and invite you to return to the facility on or around 2/13/2023 to review our POC items.

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

Sincerely,

[REDACTED]
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org



RHA
HEALTH SERVICES, LLC

In-service Training

Date: **12/23/2022**

Place Held: **Catawba House**

Title of Training: **Treatment Planning/Service Coordination/Operations**

Instructor's Name:



Title: **Director of Operations**

Instructor's Name:



Title **Regional Administrator**

Purpose/Outline of Training

RHA Health Services will ensure each Person Supported's Individualized Support Plan will outline the individual needs of the person. The Qualified Professional will ensure the direct support staff are all in-service trained on the client specifics of each person. The Qualified Professional will ensure if the needs of each person include the need of a rights' limitation, consent and due process will be followed appropriately. When a rights' limitation is no longer needed and lifted, the Qualified Professional will ensure the limitation is removed from the facility including child proof latches on the refrigerator and kitchen cabinets. This will be monitored by routine Meal/Interaction Assessments and Environmental Assessments. All assessments are reviewed monthly in the Safety and CQI Meetings. In the future the QP will ensure no limitations are in place without a need identified, consent obtained and due process followed.

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Meal Assessments are reviewed monthly in the Safety and CQI meetings. In the future the QP will ensure all DSP staff are trained on client specifics.

Instructor's Signature:

[Redacted Signature]

Director of Operations

Instructor's Signature

Attendance Roll

Full Name	Shift	Home	Grade
[Redacted]		QP	
[Redacted]		LPN	