

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 05/02/2025
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 An annual survey was completed on May 2, 2025. A deficiency was 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 current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 291	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.	V 291		

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

TITLE

(X6) DATE

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V 291	<p>Continued From page 1</p> <p>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.</p> <p>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 (#1). The findings are:</p> <p>Review on 5/1/25 of client #1's record revealed: -An admission date of 2/12/21 -Diagnoses of Autism Spectrum Disorder, IDD-Severe, Cerebral Palsy, Scoliosis, Borderline Diabetes, and Borderline Obesity -Review of client #1s physician orders dated 3/5/25: "Check Blood Sugars Daily (Notify nursing if below 70 and above 250)."</p> <p>Review on 5/1/25 of client #1's February MARs revealed: -Client #1 had low blood sugars on 2/3/25 at 69, 2/6/25 at 64, 2/15/25 at 60, 2/17/25 at 63, 2/30/25 at 64 and 2/27/25 at 68. -No documentation nursing had been notified of the low blood sugars</p> <p>Attempted Interview on 5/1/25 of client #1 - Client #1 is nonverbal</p> <p>Interview on 5/2/25 with the Residential Supervisor revealed: -Was not aware there was no documentation of client #1's blood sugar checks for six days in February 2025</p> <p>Interview on 5/1/25 with the Qualified</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>Professional revealed: -Anything that had to do with medical issues, nursing was responsible. -"If a client has Diabetes and the blood sugars aren't documented, that isn't good." -Would discuss the importance of documentation with staff. -Would inform the Director of the issues.</p> <p>Interview on 5/1/25 with the Licensed Practical Nurse revealed: -Was unable to locate documentation nursing was notified when client #1's blood sugars were under 70. -Facility staff "might have called nursing to report low blood sugars for [client #1], but there is no documentation."</p> <p>Interview on 5/1/25 with the Director revealed: -"If there was no documentation (of low blood sugars being communicated to the nursing staff), then staff is not following protocol."</p>	V 291		