

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>C</b> <b>04/21/2026</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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 4/21/26. The complaint was substantiated (intake #NC00236453). A deficiency was 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 has a current census of 3. The survey sample consisted of audits of 1 current client.</p>	V 000	V000- NA	06/20/26
V 105	<p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105	<p style="text-align: center;"><b>RECEIVED</b> <b>MAY 11 2026</b> DHSR-MH Licensure Sect</p>	

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

*K. Chapman*

TITLE

*Executive Director*

(X6) DATE

*5/6/26*

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility governing body failed to follow their written discharge policy. The findings are:</p> <p>Review on 4/20/26 of Client #1's record revealed: -Admission date of 12/1/23. -Diagnoses of Schizophrenia, Traumatic Brain Injury and Mild Intellectual Developmental Disability. -No Discharge notice documented.</p> <p>Review on 4/20/26 of Client #2's record revealed: -Admission date of 2/7/21. -Diagnoses of Autsim Spectrum Disorder, IDD-Severe, Cerebral Palsy, Type 2 diabetes. -No Discharge notice documented.</p> <p>Review on 4/20/26 of Client #3's record revealed: -Admission date of 4/15/08. -Diagnoses of Dysmenorrhea, IDD-profound, Autism Disorder, Major Depressive Disorder. -No Discharge notice documented.</p> <p>Interview on 4/21/26 with the Qualified Professional revealed: -Had no longer been working at the facility as of today. -Had not returned phone calls.</p> <p>Interview on 4/21/26 with the Executive Director revealed: -The Qualified Professional was responsible for discharge documentation. -All three clients were discharged from the facility</p>	V 105	<p>V105:The QP will ensure that all admission summaries and discharge summaries are completed within 24-48hours to ensure documentation is initiated and completed within the required timeframes. The QP will conduct monthly chart reviews where missing or incomplete documentation will be corrected at that time. The QP will conduct monthly chart audits to verify compliance. This will be monitored during the review of the monthly QAPI meeting.</p>	06/20/26
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V 105	Continued From page 3  and moved to the sister facility approximately 2 weeks ago.	V 105		



05/06/2026

Sylvia Jarrett  
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

Dear Ms. Jarrett,

Please find enclosed the Plan of Correction (POC) addressing the deficiencies cited at our facility located at 3170 Dunns Mountain Road, Salisbury NC 28146 following the complaint survey completed on April 21, 2026.

All corrective actions outlined in the POC have been fully addressed. We respectfully invite you to return to the facility for a follow-up visit on or around June 20, 2026.

Should you have any questions or require additional information regarding this location, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Keisher Hampton, CEO". The signature is written in a cursive, flowing style.

Keisher Hampton  
Executive Director  
RHA Health Services, LLC  
[Keisher.hampton@rhanet.org](mailto:Keisher.hampton@rhanet.org)

