

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2026
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NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey was completed on 5/21/26. This was a limited follow up survey, only 10A NCAC 27G .5601 Scope (V289), 10A NCAC 27G .5602 Staff (V290) were reviewed for compliance. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The facility is licensed for 5 and has a current census of 4. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a</p>	V 289		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 289	<p>Continued From page 1</p> <p>developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p>	V 289		

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V 289	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to operate within the scope of their license providing services in a homelike environment affecting 4 of 4 clients (#1, #2, #3, #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5602 Staff (V290) Based on record reviews and interviews, the facility failed to maintain staffing to respond to meet the individualized client needs affecting 4 of 4 clients (#1, #2, #3, #4).</p> <p>Review on 5/21/26 of the Plan of Protection dated 5/21/26 and signed on 5/21/26 by the Executive Director (ED) revealed: -" What immediate action will the facility take to ensure the safety of the consumers in your care? 1) Weekly workforce review meetings will continue to assess scheduled staffing coverage, identified vacancies, availability of relief staff, and the progress of recruitment and hiring efforts. Each review will be documented on the Weekly Workforce Status & Plan form to ensure transparency, accountability, and consistent monitoring of staffing stability. a. To stabilize the current vacancies, the Senior Vice President, West Vice President, and [local town] Executive Director have coordinated relief team (RHA) personnel from other locations to ensure adequate coverage and continuity of care. b. Relief Coordination will remain in effect until staffing has been stabilized to ensure adequate coverage. During this period, the Executive Director will coordinate "Relief Coordination" meetings each month, with peers (Executive Directors) across the state. And neighboring states where applicable. This schedule allows</p>	V 289		

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V 289	<p>Continued From page 3</p> <p>sufficient time for planning, execution, and consistent rotation while new staff are being recruited, hired, and trained.</p> <p>c. Ongoing, aggressive recruitment efforts will continue. The RHA (Licensee) Recruitment Department is actively implementing grassroots strategies, including partnerships with local universities, colleges, churches, and the North Carolina Workforce Employment program. These collaborative efforts aim to strengthen candidate pipelines and expedite the hiring process to ensure sustained staffing stability.</p> <p>d. The RHA Senior Vice President has implemented a self-imposed Suspension of Admission effective immediately, to allow the program to stabilize and ensure adequate staffing and continuity of care.</p> <p>e. As new staff are hired and trained, relief staff will be gradually phased out on an individual basis to ensure continuity of care and maintain operational stability during the transition.</p> <p>i. As of this date, two career fairs have been scheduled and successfully completed by the RHA Recruitment Department. These events were designed to enhance visibility, attract qualified candidates, and strengthen recruitment efforts across the region.</p> <p>Describe your plans to make sure the above happens.</p> <p>1) The weekly review will be monitored by the Vice President (VP) and Senior Vice President (Sr. VP) of Operations no later than Friday of each week for a period of one (1) month, and thereafter on a routine basis.</p> <p>2) In the event the Emergency Operational Workforce Continuity Plan is implemented, it will be reviewed collaboratively with the VP and/or Sr.</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>VP of Operations. This review will ensure that all feasible workforce options have been exhausted while maintaining the health, safety, protection of rights, and overall well-being of the individuals supported.</p> <p>3) Formal evaluation of the outcomes of each weekly review to determine whether conditions meet the criteria for activation of the Emergency Operational Workforce Continuity Plan. If a relocation is required, the Clinical and Management teams will utilize the Emergency Operational Workforce Continuity Plan, in collaboration with Executive Leadership.</p> <p>a. Relief Coordination - Stabilization Actions:</p> <p>ii. The rotation schedule will be reviewed, audited, and monitored weekly by the Executive Director and Qualified Professional to maintain accountability and consistency.</p> <p>iii. Employee worked hours will be audited, monitored, and reviewed weekly by the Qualified Professional (QP) every Friday to ensure compliance and accuracy between the Workday and Humanity scheduling platforms. This process will promote consistency in timekeeping, accountability, and alignment of staffing schedules across systems.</p> <p>iv. Daily on-site check-ins will be conducted by the QP to verify schedule consistency and provide ongoing support to field staff, promoting accountability and operational stability."</p> <p>The clients had diagnoses of Mild and Moderate IDD, Cerebral Palsy, Quadriplegia, Anxiety Disorder, Mood Disorder, Psychotic Disorder, Fetal Alcohol Syndrome, White Matter Disease, Tremors, Sleep Apnea and Attention Deficit Hyperactivity Disorder. There continued to be limited staffing during 2nd shift hours after 3pm</p>	V 289		

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V 289	Continued From page 5 for 9 of 34 days reviewed. A lone staff worked a total of 40 hours during these high need times including being responsible for Client #1 who needed to be transferred to her bed to be changed when needed, physical assistance of Client #4 with hygiene (showering) and personal care (toileting), assisting Client #3 with showering as well as close monitoring of behaviors of Client #2 and #3. Staff reported having great difficulty managing all 4 clients alone. A family guardian also reported client disappointment of limited activities due to lack of staffing. The previous system put in place to utilize relief staff as well as HM, PM/QP and current direct support professional's working time was not well coordinated leaving gaps of 1 staff to manage all 4 clients alone. This deficiency constitutes a continuing Type A1 rule violation originally cited for serious neglect for failure to correct within 23 days.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.	V 290		

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V 290	<p>Continued From page 6</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain staffing to respond to meet the individualized client needs affecting 4 of 4 clients (#1, #2, #3, #4). The findings are:</p> <p>Review on 5/20/26 of Client #1's record revealed:</p>	V 290		

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V 290	<p>Continued From page 7</p> <p>-Date of admission: 7/1/15.</p> <p>-Diagnoses: Mild Intellectual Developmental Disability (IDD), Cerebral Palsy, Osteoporosis, Sleep Apnea, Gastroesophageal Reflux Disease, Spasmodic Torticollis, Major Depressive Disorder, Adjustment Disorder, Psychotic Disorder, Quadriplegia.</p> <p>-Hospitalized 3/12/26-3/18/26 for gall bladder removal and hernia repair. Hospitalized again 4/25/26-4/28/26 due to low blood pressure and low oxygen saturation.</p> <p>-Treatment plan dated 10/1/25 revealed: required full physical assistance for all activities of daily living.</p> <p>Review on 5/20/26 of Client #2's record revealed:</p> <p>-Date of admission: 6/9/21.</p> <p>-Diagnoses: Fetal Alcohol Syndrome (FAS), Mild IDD.</p> <p>-Treatment plan dated 6/3/25 revealed: "...will recognize and respect the personal space of peers, his brother and others by maintaining arm's length distance between himself and others ...will use appropriate social skills independently including not touching himself in front of others and engaging in appropriate conversation ..."</p> <p>-Positive behavior support plan dated 7/16/25 revealed: target behaviors of "...engaging in incest with twin brother (Client #3), touching oneself inappropriately in public, inappropriate behaviors towards children, aggression ...staff should maintain a line of sight or within earshot proximity to [Client #2] whenever possible particularly during transitions or unstructured time....rely heavily on door alarms and other monitoring technology to alert staff if [Client #2] attempts to access other resident's rooms, especially his brother's (room)...all sharp knives ...will be removed and stored in a locked, inaccessible location ..."</p>	V 290		

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V 290	<p>Continued From page 8</p> <p>Review on 5/20/26 of Client #3's record revealed: -Date of admission: 6/9/21. -Diagnoses: FAS, Moderate IDD, Attention Deficit Hyperactivity Disorder (ADHD). -Treatment plan dated 6/3/25 revealed: "...needs extensive assistance for bathing, food preparation, completing laundry, wearing clean and appropriate clothing and using appropriate social skills (personal space, not touching others and engaging in appropriate conversation) ...fascinated with funerals and the dead ...likes to read and discuss obituaries, funerals and cemeteries ...also fascinated with children ..." -Positive behavior support plan dated 7/16/25 revealed: target behaviors of "...engaging in incest with twin brother (Client #2), touching self inappropriately in public...staff will consistently maintain [Client #3] within their line of sight or within earshot...especially during transitions or periods of less structured time...supervision involves staff maintaining vigilant observation to reinforce positive behaviors and to intervene promptly at the earliest warning signs of a target behavior ..."</p> <p>Review on 5/20/26 of Client #4's record revealed: -Date of admission: 7/1/15. -Diagnoses: Moderate IDD, Tremors, Nightmare Disorder, Pseudobulbar Affect, Anxiety Disorder, Mood Disorder, White Matter Disease, Leukemia in Remission, ADHD, Sleep Apnea. -Treatment plan dated 5/1/26 revealed: "...at high risk for choking ...at risk for falling and sometimes can't see the floor ...easily distracted, forgetful, disorganized ...significant mood swings, sudden outbursts of anger, increased irritability ...behaviors can last only a few minutes up to several hours ...behavior plan did not seem appropriate for someone with declining cognitive</p>	V 290		

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V 290	<p>Continued From page 9</p> <p>function (white matter disease) ...due to RHA's (Licensee) staff changes, specialized consultative services were extremely difficult to implement and RHA continues to have these issues ...RHA continues to have issues with maintaining staff and member (Client #4) does not do well with new staff ...recent declines in cognitive functioning and skill levels ...loss of skills over the past year likely related to the progression of this condition (white matter disease) ...now requires hand over hand assistance with toileting, washing her hair and body ...in need of a shower chair due to the loss of balance in the shower ..."</p> <p>Review on 5/12/26 of staffing schedule and time sheets from 4/6/26 to 5/12/26 revealed: -There was only 1 staff on 2nd shift from 3pm-8pm on: 4/15/26, 4/16/26, 4/21/26, 4/23/26, 5/6/26 and on 4/22/26 from 5pm-8pm on 4/29/26 from 3pm-11pm, on 5/4/26 and 5/11/26 from 3pm-5pm. -This included time worked by the House Manager (HM) and the Program Manager/Qualified Professional (PM/QP) who may not have been included on the schedule.</p> <p>Interview on 5/20/26 with Client #1 revealed: -"Always have 2 staff ...a few times it was just [HM]. She can get me in the bed by herself." -"[Staff #3] couldn't change (disposable incontinence undergarments) me by herself ...neither could [Former Staff #5]. -"Have to be changed more often" since she had been in the hospital.</p> <p>Interview on 5/20/26 with Client #2 revealed: -"Only 1 staff worked some afternoons." -"[HM] is here (at the facility) a lot." -"I'm alright with just 1 staff."</p>	V 290		

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V 290	<p>Continued From page 10</p> <p>Interview on 3/24/26 with Client #3 revealed: -"Two staff (worked at the facility), I guess all the time." -After returning to the facility from the vocational center, "I'm usually in my room ...I'd rather shower before dinner ...[Client #2] showers in the evening, [Client #4] showers morning or evening, and [Client #1] showers in the morning."</p> <p>Interview on 5/20/26 with Client #4 revealed: -Could not remember how many staff worked in the afternoons. -When he returned home from work at the vocational center, "I get a snack then take a nap." -"Staff has to help me in the shower ...I need a chair ...[HM] washes my hair and I dry it." -Most of the time she showered after dinner.</p> <p>Interview on 5/21/26 with Client #4's parent/guardian revealed: -"[Client #4] doesn't do well with staff she doesn't know ...there was a different staff (at the facility) every time they picked her (Client #4) up." -"[Client #4] is disappointed when staff tell them they are doing something on the weekend and the weekend comes and they don't have enough staff to do it."</p> <p>Interview on 5/13/26 with Staff #1 revealed: -Primarily worked 1st shift at the facility. "Most of the time we have 2 staff ...relief staff helps." -"[Staff #3] stayed over and helped me this morning. Three people called out at [sister facility] so [HM] went there ...I would have quit already (as the HM) ...she (HM) works all the time ..."</p> <p>Interview on 5/13/26 with Staff #2 revealed: "We're down to only 4 full time staff (direct service professionals) now."</p>	V 290		

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V 290	<p>Continued From page 11</p> <p>-Residential staff also worked at the vocational center with their perspective facilities. "There are 2 relief staff here (vocational center) today (5/13/26) along with me, [Staff #1], [Staff #4] and [HM] ...scheduling doesn't make sense."</p> <p>"I worked 13 hours yesterday ...[Staff #3] worked from 1pm on Monday (5/11/26) till 8:30am on Tuesday (5/12/26) ...she was in tears so exhausted ..."</p> <p>Interview on 5/20/26 with Staff #3 revealed: -"I quit last week." -"Had relief staff help during 2nd shift but worked alone at times." She could not remember specifically when or how often she worked alone. -"Couldn't watch the twins (Clients #2, #3) and change [Client #1] at the same time ...it was very difficult. I had to stop every 15 minutes to find out where the boys (Clients #2, #3) are or I had to send them to their rooms ...could change [Client #1] alone but it was not my preference ...should be 2 staff with her and 1 with the boys...I loved my job."</p> <p>Interview on 5/13/26 with Staff #4 revealed: -"Had worked at the facility a few times. "Usually had 2 staff when I worked." -"Someone called out at the last second, but I was not informed until my shift was over. I couldn't leave until someone came in."</p> <p>Interviews on 5/11/26 and 5/20/26 with the HM revealed: -"Was working with the PM/QP and the Administrator to hire relief staff to the facility. -"We've had 3-4 relief staff, and I fill in when there are gaps." -"A typical afternoon at the facility from 3pm- 8pm began with snacks were provided upon return from the vocational center. Client #3 and Client</p>	V 290		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2026
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NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
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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 290	<p>Continued From page 12</p> <p>#4 required physical assistance with showering; Client # 2 was independent and Client #1, who needed full physical assistance, preferred to shower in the mornings. After showers, was preparation for dinner and assisting clients with laundry. Dinner was around 5:00-5:30pm and medication administration began around 7pm. Clients then brushed their teeth and went to bed.</p> <p>- "Second shift was the hardest to fill because of resident (client) needs during this time ...some people can't handle all this responsibility."</p> <p>- "We've always had 1 staff on 2nd shift (3pm-8pm) ...our 3rd shift has been coming in at 8pm till 8am."</p> <p>- Staff #3 and FS #5 had to call additional staff to come in to help with transferring Client #1.</p> <p>- "Had worked 24 hours just a couple of times ...I try to keep busy (not to fall asleep) ...if people don't show, I will go in ...I do what I have to do ..."</p> <p>- "[PM/QP] had been here (to work at the facility) 7-8 times in the past month or so.."</p> <p>Interviews on 5/13/26 and 5/19/26 with the PM/QP revealed:</p> <p>- Had been acting QP since 3/8/26 but a new QP was recently hired who was still in training.</p> <p>- The HM was responsible for scheduling and would call if staff called out for their shifts.</p> <p>"Always had 2 staff at the facility."</p> <p>- He was no longer employed with the Licensee as of Friday 5/15/26.</p> <p>Interviews on 5/12/26 and 5/21/26 with the Executive Director (ED) revealed:</p> <p>- He was responsible for contacting other units across the state to recruit relief staff for staffing multiple facilities in this area. Relief staff usually stayed in local area hotels for a couple weeks.</p> <p>"We are able to deploy (relief staff) from other (local) locations."</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/21/2026	
NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714		
(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 290	<p>Continued From page 13</p> <ul style="list-style-type: none"> -The HM was responsible for the weekly schedules and for notifying the PM/QP if there were gaps in scheduling and the PM/QP would notify the ED. -"There seemed to be a lack of communication." Was not aware the HM was working so many hours, nor was he aware of staff callouts. "The [HM] has relief staff contact information so she can call them in anytime." -Had hired a QP who had "plenty of good experience and would be cleaning this up quickly." -"We have been really aggressive in making sure these shifts were filled." -"[HM] should be coordinating relief staff to work 2nd shifts and she should only be filling in when needed." -Was still meeting with senior management at least weekly "to discuss these staffing issues." -"Plan was to have relief staff off the board by July 15 (2026)." -"Felt the inconsistency with management and lack of accountability was why staffing continued to be an issue." - The PM/QP and the HM had been "let go." <p>This deficiency is cross referenced into 10A NCAC 27G.5601 Scope (V289) for a continued failure to correct Type A1 rule violation.</p>	V 290		