

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 000	Initial Comments  The Adult Care Licensure section conducted an annual survey with an onsite visit from 05/26/21-05/28/21 and desk review from 06/01/21-06/02/21 with an exit conference via telephone on 06/02/21.	D 000		
D 131	10A NCAC 13F .0406(a) Test For Tuberculosis  10A NCAC 13F .0406 Test For Tuberculosis (a) Upon employment or living in an adult care home, the administrator and all other staff and any live-in non-residents shall be tested for tuberculosis disease in compliance with control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, NC 27699-1902.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 sampled staff (Staff A, B and C) were tested for tuberculosis (TB) disease upon hire.  The findings are:  1. Review of Staff A's, medication aide (MA), personnel record revealed: -She was hired on 06/23/20 as a MA. -There was documentation of a TB skin test with negative results was read on 6/19/20. -There was no documentation of a second TB skin test having been completed.  Interview with Staff A on 05/28/21 at 1:10pm	D 131		

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 131	<p>Continued From page 1</p> <p>revealed she could not remember if she had a second TB test.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>2. Review of Staff B's, MA, personnel record revealed: -She was hired on 01/19/21 as a PCA. -There was no documentation a TB skin test had been completed.</p> <p>Attempted telephone interview with Staff B, MA, on 05/28/21 at 1:15pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>3. Review of Staff C's, personal care aide (PCA), Personnel record revealed: -She was hired on 03/31/21 as a housekeeper. -There was no documentation of any TB skin test being completed.</p> <p>Interview with Staff C, PCA on 05/27/21 at 2:15pm revealed: -She was hired as a housekeeper then became a PCA. -She had a TB skin test completed when she was hired, but did not know where the documentation was.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed: -The staff were told when they were hired they had to bring a completed TB test from the health department.</p>	D 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 131	Continued From page 2  -She did not know why there were no TB tests in the staff records. -She was in the process of "getting the staff records together".	D 131		
D 137	10A NCAC 13F .0407(a)(5) Other Staff Qualifications  10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall: (5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 3 of 3 sampled staff (Staff A, B and C) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire.  The findings are:  1. Review of Staff A's, medication aide (MA), personnel record revealed: -The date of hire was 06/23/20. -There was no documentation a HCPR check was completed upon hire.  Review of Staff A's HCPR check dated 05/17/21 revealed there was no substantiated findings.  Interview with Staff A, MA on 05/28/21 at 1:10pm revealed: -She had worked at the facility since June of 2020. -She did not know if a HCPR check had been	D 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 137	<p>Continued From page 3</p> <p>completed by the facility when she was hired. -She did not have any substantiated findings on the HCPR.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>Refer to interview with the Property Manager on 05/27/21 at 3:00pm.</p> <p>2. Review of Staff B's, MA, personnel record revealed: -The date of hire was 01/19/21. -There was no documentation a HCPR check was completed upon hire.</p> <p>Review of Staff B's HCPR check dated 02/15/21 revealed there was no substantiated findings.</p> <p>Attempted telephone interview with Staff B, MA, on 05/28/21 at 1:15pm was unsuccessful.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>Refer to interview with the Property Manager on 05/27/21 at 3:00pm.</p> <p>3. Review of Staff C's, personal care aide (PCA), personnel record revealed: -The date of hire was 03/31/21. -There was no documentation a HCPR check was completed upon hire.</p> <p>Review of Staff C's HCPR check dated 05/25/21 revealed there was no substantiated findings.</p> <p>Interview with Staff C, PCA on 05/27/21 at 2:15pm revealed: -She was hired as a housekeeper.</p>	D 137		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 137	<p>Continued From page 4</p> <p>- "I was made a PCA by the Administrator several weeks after I was hired".</p> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed she had noticed that Staff C did not have a HCPR so she ran a check on 05/25/21.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>Refer to interview with the Property Manager on 05/27/21 at 3:00pm.</p> <p>Interview with the Property Manager on 05/27/21 at 3:00pm revealed:</p> <ul style="list-style-type: none"> <li>- Prior to the new management at the facility she was responsible for making sure the HCPR checks were completed before the staff started to work.</li> <li>- Staff A and B had started prior to the new management and should have had a HCPR completed since it was prior to the new management.</li> <li>- She did not currently maintain the employee records.</li> <li>- The new administrator was responsible for the employee records.</li> <li>- The previous administrator had taken all the residents records to the office to start trying to get them in order.</li> </ul> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>- The staff had been hired before she had come to the facility.</li> <li>- She had been trying to organize getting the staffing records in order.</li> <li>- When she started as the Administrator the staffing records were missing "lots" of</li> </ul>	D 137		

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 150	<p>Continued From page 6</p> <p>80-hour personal care training and competency evaluation program.</p> <p>The findings are:</p> <p>1. Review of Staff A's, medication aide (MA), personnel record revealed: -She was hired on 06/23/20 as a MA. -There was no documentation Staff A had completed an 80 hour personal care training and competency evaluation program.</p> <p>Interview with Staff A, MA on 05/28/21 at 1:10pm revealed: -She was a Medication Aide. -She had the Personal Care Aide Training in the past. -She had given a copy of the 80-hour training to the facility when she was hired. -She assisted the residents when they needed assistance with personal care needs.</p> <p>Interview with the Property Manager on 05/27/21 at 3:00pm revealed: -She had been responsible for the staff records in the past, but since the new Administrator had started in April 2021 the new administrator was now responsible for the staff records. -She did not know where the missing documentation was.</p> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed: -She did not know if any of the staff had previously had PCA training. -She had not been at the facility long enough to get the records in order.</p>	D 150		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 162	Continued From page 7	D 162		
D 162	<p>10A NCAC 13F .0504(b) Competency Validation For LHPS Tasks</p> <p>10A NCAC 13F .0504 Competency Validation For Licensed Health Professional Support Task</p> <p>(b) Competency validation shall be performed by the following licensed health professionals:</p> <p>(1) A registered nurse shall validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(1) through (28) of Rule .0903 of this Subchapter.</p> <p>(2) In lieu of a registered nurse, a respiratory care practitioner licensed under G.S. 90, Article 38, may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(6), (a)(11), (a)(16), (a)(18), (a)(19) and (a)(21) of Rule .0903 of this Subchapter.</p> <p>(3) In lieu of a registered nurse, a registered pharmacist may validate the competency of staff who perform the personal care task specified in Subparagraph (a)(8) of Rule .0903 of this Subchapter.</p> <p>(4) In lieu of a registered nurse, an occupational therapist or physical therapist may validate the competency of staff who perform personal care tasks specified in Subparagraphs (a)(17) and (a)(22) through (27) of Rule .0903 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a licensed health professional support (LHPS) competency validation had been completed for tasks including ambulation using assistive devices that requires physical assistance and transferring semi-ambulatory residents for 2 of 3 staff</p>	D 162		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 162	<p>Continued From page 8</p> <p>sampled (staff B and C).</p> <p>The findings are:</p> <p>1. Review of Staff B's, medication aide (MA), personnel record revealed: -She was hired on 01/19/21 as a personal care aide (PCA). -There was no documentation LHPS competency validation for Staff B had been completed.</p> <p>Attempted telephone interview with Staff B, MA, on 05/28/21 at 1:15pm was unsuccessful.</p> <p>Refer to interview with the Property Manager on 05/27/21 at 3:00pm.</p> <p>Refer to interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>2. Review of Staff C's, personal care aide (PCA), Personnel record revealed: -She was hired on 03/31/21 as a housekeeper. -There was no documentation LHPS competency validation for Staff C had been completed.</p> <p>Interview with Staff C, PCA on 05/27/21 at 2:15pm revealed: -She was hired as a housekeeper. - I was made a PCA by the Administrator several weeks after I was hired". -She had worked as a "private sitter" for residents before coming to the facility. -She had not been given any training at the facility. -She assisted the residents with bathing and transferring when needed.</p> <p>Refer to interview with the Property Manager on 05/27/21 at 3:00pm.</p>	D 162		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 162	Continued From page 9  Refer to interview with the Administrator on 05/27/21 at 3:30pm.  Interview with the Property Manager on 05/27/21 at 3:00pm revealed: -The previous Administrator had not kept up the records. -She had been responsible for the staff records in the past, but since the new Administrator came in April 2021 she was no longer responsible for the records. -She did not know where the missing documentation was.  Interview with the Administrator on 05/27/21 at 3:30pm revealed: -She had not been at the facility long enough to get the records in order. -There was not currently a nurse at the facility who done licensed health professional support (LHPS). -She was trying to locate a nurse to do the LHPS tasks. -"Technically" Staff C was a housekeeper and not a PCA.	D 162		
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation  10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council,	D 167		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 167	<p>Continued From page 10</p> <p>American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure at least one staff was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 2 of 3 sampled staff (Staff B and C) who, alone, cared for the 11 residents residing in the building who were considered full resuscitate code status.</p> <p>The findings are:</p> <p>1. Review of Staff B's personnel record revealed: -She was a medication aide (MA). -The hire date for Staff B was 01/19/21. -There was no documentation Staff B had completed training on CPR and choking management.</p> <p>Attempted telephone interview with Staff B, MA, on 05/28/21 at 1:15pm was unsuccessful.</p> <p>Refer to Interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>2. Review of Staff C's, Personal Care Aide (PCA) personnel record revealed:</p>	D 167		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 167	<p>Continued From page 11</p> <p>-She was hired on 03/31/21. -There was no documentation Staff C had completed training on CPR and choking management.</p> <p>Interview with Staff C, PCA on 05/27/21 at 2:15pm revealed: -She was hired as a housekeeper. -Several weeks after she was hired she was made a PCA by the Administrator. -She worked by herself in the building. -She had not had any training at the facility on CPR. -She had previous CPR training, but did not remember when. -She thought she was still certified, but did not have any documentation of CPR.</p> <p>Refer to Interview with the Administrator on 05/27/21 at 3:30pm.</p> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed: -She did not know that the staff did not have CPR training. -She was responsible for making sure staff records were up-to-date and complete. -She was responsible for making sure staff had completed all required training. -She was responsible for the total operations of the facility. -She had not taken the CPR training into consideration when scheduling staff to work. -She did not have CPR training. -She did not have a formal schedule for the staffing "The staff knew when they were supposed to work". -She thought there was some staff who had CPR training, but no documentation. -She did not know when CPR was last done in</p>	D 167		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 167	Continued From page 12  the facility.  The facility failed to ensure at least one staff was on the premises at all times, who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management related to Staff B and C being the only employees on the premises without CPR and supervising residents. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/29/21 for this violation.  THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.	D 167		
D 176	10A NCAC 13F .0601 (a) Management Of Facilities  10A NCAC 13F .0601 Management of Facilities With a Capacity or Census of Seven to Thirty Residents  (a) An adult care home administrator shall be responsible for the total operation of an adult care home and shall also be responsible to the Division of Health Service Regulation and the county department of social services for meeting and maintaining the rules of this Subchapter. The co-administrator, when there is one, shall share equal responsibility with the administrator for the operation of the home and for meeting and maintaining the rules of this Subchapter. The term administrator also refers to co-administrator where it is used in this	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 13</p> <p>Subchapter.</p> <p>This Rule is not met as evidenced by: TYPE A1 VIOLATION</p> <p>Based on observations, interviews, and record reviews, the Administrator failed to ensure the management and total operations of the facility were carried out related to compliance with health care, ensuring residents were not left unsupervised, medication administration, infection prevention and control program, and staff qualifications.</p> <p>The findings are:</p> <p>Interview with the Administrator on 05/26/21 at 10:50am revealed: -She screened all staff and residents "about every 6 weeks" with a COVID-19 test. -Visitors were required to sign a visitor log located at the main office building but were not asked screening questions or temperatures were not taken for the last couple of weeks due to verbal guidance she had received for screening. -She could not remember who she had received her verbal guidance from for no longer screening visitors but thought it was either the NC DHHS or the local health department (LHD). -She was responsible for the overall operations of the facility.</p> <p>Interview with the medication aide (MA) on 05/26/21 at 11:30am revealed: -She was the MA for a sister facility but was also</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 14</p> <p>administering medications to residents on 05/26/21 for this facility because there was not a MA assigned to work.</p> <p>-The facility had been "short staffed" so she had to administer medications at this facility and a sister facility.</p> <p>-She had not administered a resident's scheduled morning medications including his pills and insulin.</p> <p>-She did not know who or when they had left a cup of 10 unidentified pills in a resident's room setting on the dresser that the resident found and took the pills.</p> <p>A second interview with the Administrator on 05/26/21 at 4:43pm revealed:</p> <p>-The MA should never leave medications with residents to self-administer.</p> <p>-She did not know why a MA had left medications in a resident's room; "I have no answer for that".</p> <p>-She did not know who the medications belonged to that were left in a resident's room.</p> <p>-She did not know a resident had swallowed the pills that were left in a medicine cup in his room.</p> <p>-She knew the facility had "problems" because she did not have enough staff.</p> <p>-The MA was responsible for notifying the PCP with missed doses of medications, medication errors, and follow physician's orders for health care with ordered parameters when the result was outside of those parameters.</p> <p>-She was responsible for the overall operations of the facility.</p> <p>Interview with the Administrator on 05/27/21 at 3:26pm revealed:</p> <p>-She had been "short" on staff and had one staff member per each facility.</p> <p>-She did not have a MA assigned to the facility and the staff would have to "switch out" for the</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 15</p> <p>MA to administer medications to the residents. -She expected staff to stay in the buildings with residents and not leave them unattended. -She was ultimately responsible for the staffing of the facility. -She had just found out the night shift PCA had been leaving the facility at 8:00am and left the residents alone for about 5-10 minutes until the PCA arrived for day shift. -She had been working on getting the staffing records in order since she started working at the facility the first week of April 2021. -She could not find a record for one resident and the record "should be" in the facility. -When she started as the Administrator the staffing records were missing "lots" of documentation. -She was responsible for assuring all staffing requirements were completed.</p> <p>Interview with the Administrator on 06/02/21 at 11:08am revealed: -She had been employed as the Administrator since the first week of April 2021. -She was responsible for staff training. -There were other staff who were responsible for staff schedules, paperwork, audits, following up on physician's orders and other duties but it was her responsibility to ensure their assigned duties were completed. -It was her responsibility to ensure staff were doing what they were "supposed to do". -She was not aware residents were being left alone, medications were not being administered or left in resident rooms in medication cups, physician orders were not being followed up on or implemented, record and medication audits were not being completed, visitors needed to be screened for signs and symptoms, one resident had not been vaccinated/offered the vaccination</p>	D 176		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 16</p> <p>for COVID-19 and records not being readily available and accessible. -The overall daily operations of the facility were her responsibility.</p> <p>Noncompliance was identified in the following rule areas:</p> <p>1. Based on observations, interviews, and record review, the facility failed to ensure residents were free from neglect related to a resident who eloped from the facility and was gone for an unknown number of days while not knowing the residents whereabouts (Resident #5), and staff leaving residents alone in the facility. [Refer to Tag D0338 10A NCAC 13F .0909 Resident Rights (Type A1 Violation)].</p> <p>2. Based on observations, interviews, and record reviews, the facility failed to complete observations for 1 of 1 sampled residents taking 10 tablets of ordered medications (Resident #4). [Refer to Tag D0366, 10A NCAC 13F .1004(i) Medication Administration (Type B Violation)].</p> <p>3. Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents related to a fast acting insulin and a scheduled a slow acting insulin. [Refer to Tag D0358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)].</p> <p>4. Based on observations, interviews and record reviews, the facility failed to notify the primary care provider (PCP) for 2 of 3 sampled residents, related to one resident who missed doses of sliding scale (a fast acting insulin), scheduled (a slow acting insulin) and swallowed 10 unidentified pills in a medicine cup left in the residents room</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 17</p> <p>(Resident #4), and a resident who had an order to notify the primary care provider (PCP) for a daily weight gain of 3 or more pounds (Resident #2). [Refer to Tag D0273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].</p> <p>5. Based on observations, interviews and record reviews, the facility failed to ensure at least one staff was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 2 of 3 sampled staff (Staff B and C) who, alone, cared for the 11 residents residing in the building who were considered full resuscitate code status. [Refer to Tag D0167, 10A NCAC 13F .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p> <p>6. Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented when caring for 11 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors and wearing the required personal protective equipment (PPE). [Refer to Tag 0612, 10A NCAC 13F .1801(c) Adult Care Home Infection Prevention and Control Program (Type B Violation)].</p> <p>7. Based on observations and interviews, the facility failed to ensure there was always one Administrator or Administrator-In-Charge (AIC) in the home and ensuring that at no time a resident was left alone without a staff member in the home. [Refer to Tag 0177, 10A NCAC 13F .0601(b)(3) Management of Facilities with a</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	<p>Continued From page 18</p> <p>Capacity or Census of Seven to Thirty Residents (Type B Violation)].</p> <p>8. Based on observations, record reviews and interviews, the facility failed to ensure resident records were maintained in an orderly manner for 4 of 5 sampled residents (Residents #1, #2, #3 and #5). [Refer to Tag 0433, .1201(a) Resident Records].</p> <p>The Administrator failed to ensure that the management, operations, and policies of the facility were implemented to ensure the services necessary to maintain the residents physical and mental health were provided as evidenced by the failure to maintain compliance with the rules and statutes governing adult care homes, which is the responsibility of the Administrator. The Administrator failed to ensure the management of the overall operations of the facility by failing to meet and monitor rules related to health care by failing to notify the primary care provider (PCP) for a residents weight gain outside of ordered parameters, failing to administer a scheduled dose of insulin to a resident, and a resident who took medications left in a cup in the his room not knowing if the medication belonged to him, personal care and supervision for a resident who eloped from the facility and failing to notify local law enforcement or the Adult Home Specialist (AHS), infection prevention and control program for not screening visitors, and staff qualifications. This failure resulted in serious neglect and constitutes a Type A1 Violation.</p> <p>The Administrator provided a Plan of Protection in accordance with G.S. 131D-34 on 05/29/21 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE A1</p>	D 176		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 176	Continued From page 19  VIOLATION SHALL NOT EXCEED JULY 2, 2019	D 176		
D 177	10A NCAC 13F .0601 (b) Management Of Facilities With A Capacity Or  10A NCAC 13F .0601 Management Of Facilities With A Capacity Or Census Of Seven To Thirty Residents  (b) At all times there shall be one administrator or administrator-in-charge who is directly responsible for assuring that all required duties are carried out in the home and for assuring that at no time is a resident left alone in the home without a staff member. Except for the provisions in Paragraph (c) of this Rule, one of the following arrangements shall be used to manage a facility with a capacity or census of 7 to 30 residents: (1) The administrator is in the home or within 500 feet of the home with a means of two-way telecommunication with the home at all times; (2) An administrator-in-charge is in the home or within 500 feet of the home with a means of two-way telecommunication with the home at all times; or (3) When there is a cluster of licensed homes, each with a capacity of 7 to 12 residents, located adjacently on the same site, there shall be at least one staff member, either live-in or on a shift basis in each of these homes. In addition, there shall be at least one administrator or administrator-in-charge who is within 500 feet of each home with a means of two-way telecommunication with each home at all times and directly responsible for assuring that all required duties are carried out in each home.	D 177		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 177	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations and interviews, the facility failed to ensure there was always one Administrator or Administrator-In-Charge (AIC) in the home and ensuring that at no time a resident was left alone without a staff member in the home.</p> <p>The findings are:</p> <p>Observation outside of the facility on 05/26/21 at 9:15am revealed the Administrator had walked out of the office approximately 50 yards away up to the front parking area between buildings #1, #2, #3, and #4.</p> <p>Interview with the Administrator on 05/26/21 at 9:15am revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for being in a sister facility (approximately 150 feet away) while the medication aide (MA) went to this facility to administer medications.</li> <li>-The facility did not have a MA assigned to work in the building.</li> <li>-The facility had a personal care aide (PCA) assigned to work in the building, "actually she's the housekeeper".</li> <li>-There was supposed to be someone in the facility at all times.</li> <li>-If the residents needed anything, the residents could come and get her.</li> </ul> <p>Interview with the PCA on 05/26/21 at 9:53am revealed:</p> <ul style="list-style-type: none"> <li>-There were 11 residents who lived in the facility.</li> </ul>	D 177		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 177	<p>Continued From page 21</p> <p>-A night shift PCA had recently been leaving the facility before she arrived if she was running a "few minutes" late and left the residents alone until she arrived.</p> <p>-She reported the night shift PCA "last week" to the Administrator for leaving the residents alone in the house.</p> <p>Observation of the PCA on 05/26/21 at 12:42pm revealed:</p> <p>-She left the facility to find the Property Manager.</p> <p>-The residents were left unattended with no other staff in the building while eating lunch in the dining room.</p> <p>Observation of the PCA on 05/27/21 at 3:21pm revealed she left the facility with no other staff working in the building to find the Administrator and left the residents alone for 5 minutes.</p> <p>Interview with the PCA on 05/27/21 at 3:25pm revealed:</p> <p>-She was the only staff member working at the facility on 05/26/21 and 05/27/21 from 8:00am through 8:00pm.</p> <p>-She never left residents alone in the facility.</p> <p>-She would go to a sister facility to "cover" when the MA came to administer medications to the residents.</p> <p>-The facility did not have a MA and a MA would come from a sister facility (up to approximately 200 feet away) on the property to administer medications.</p> <p>-She left the residents unattended on 05/26/21 and 05/27/21 because she was locating other staff on the property.</p> <p>Interview with the Administrator on 05/27/21 at 3:26pm revealed:</p> <p>-She had been "short" on staff and had one staff</p>	D 177		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 177	<p>Continued From page 22</p> <p>per each facility.</p> <p>-She did not have a MA assigned to the facility and the staff would have to "switch out" in order for the MA to administer medications to the residents.</p> <p>-Staff were allowed to sit outside on the porch or go to retrieve items from their vehicles parked outside the facility.</p> <p>-She expected staff to stay in the buildings with residents and not leave them unattended.</p> <p>-She did not know why the PCA left the residents alone on 05/26/21 and 05/27/21 to find staff on the property instead of calling staff on the phone.</p> <p>-She was ultimately responsible for the staffing of the facility.</p> <p>-She did not know the night shift PCA had been leaving the facility at 8:00am and left the residents alone until the PCA had arrived for day shift.</p> <p>The Administrator failed to ensure there was an Administrator or Administrator-in-Charge (AIC) in the home and ensuring that at no time a resident was left alone without a staff member in the home when a day shift personal care aide (PCA) left all residents alone on 05/26/21 and 05/27/21 while she looked for other staff on the property and when a night shift PCA had left the facility on several occasions leaving residents alone until the day shift PCA arrived, which resulted in neglect. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/28/21 for this violation.</p> <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 17,</p>	D 177		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 177	Continued From page 23  2021.	D 177		
D 234	<p>10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam &amp; Immunizatio</p> <p>10A NCAC 13F .0703 Tuberculosis Test, Medical Examination &amp; Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 4 sampled residents (Resident #5) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.</p> <p>The findings are:</p> <p>Review of Resident #5's current FL-2 dated 06/29/20 revealed diagnoses included schizoaffective disorder, intellectual disability, post-traumatic stress disorder, depression.</p> <p>Review of Resident #5's record on 06/01/21 revealed there was no documentation of a TB</p>	D 234		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 234	Continued From page 24  skin test completed for Resident #5 upon admission.  Interview with Resident #5 on 05/28/21 at 3:49pm revealed: -He had resided in this facility since January 2021. -He did not know if he was tested for TB upon admission.  Telephone interview with the Administrator on 06/01/21 at 3:26pm revealed: -She had worked for the facility as the Administrator for about 6 weeks. -She only found a "few papers" for Resident #5's record. -She did not know if Resident #5 had been tested for TB. -She was responsible for the overall operations of the facility.	D 234		
D 259	10A NCAC 13F .0802(a) Resident Care Plan  10A NCAC 13F .0802 Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident.  This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure a care plan was developed for 1 of 3 sampled residents (Resident #1) within 30 days following admission.	D 259		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 259	<p>Continued From page 25</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 04/05/21 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnoses included diabetes, bipolar disorder, schizophrenia and morbid obesity.</li> <li>-The resident was semi-ambulatory with the use of a walker.</li> </ul> <p>Review of Resident #1's Resident Register revealed an admission date of 07/16/10.</p> <p>Review of Resident #1's record revealed there was no care plan.</p> <p>Interview with the Property Manager on 05/27/21 at 3:10pm revealed:</p> <ul style="list-style-type: none"> <li>-The resident had been at the facility long enough to have had multiple care plans.</li> <li>-She did not know why it was missing from the record.</li> <li>-She tried to help keep the records in order, but she had to work covering the buildings, so she had not been able to keep them up.</li> <li>-She had previously worked in the office and she made sure all the resident and staff records were kept in order, but since the new Administrator had come she no longer had that responsibility.</li> <li>-The Administrator was now responsible for ensuring all records were complete and accurate.</li> </ul> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know why there was no care plan in the resident's record.</li> <li>-The care plan would have been completed before she started to work at the facility.</li> <li>-There had been an issue with documents being missing from the resident records before she started at the facility.</li> </ul>	D 259		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>10A NCAC 13F .0902(b) Health Care</p> <p>10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to notify the primary care provider (PCP) for 2 of 3 sampled residents, related to one resident who missed doses of sliding scale (a fast acting insulin), scheduled (a slow acting insulin) and swallowed 10 unidentified pills in a medicine cup left in the residents room (Resident #4), and a resident who had an order to notify the primary care provider (PCP) for a daily weight gain of 3 or more pounds (Resident #2).</p> <p>The findings are:</p> <p>1. Review of Resident #4's current FL2 dated 06/29/20 revealed: -Diagnosis included Type 2 diabetes. -The medications included Novolog Flexpen insulin sliding scale four times per day with meals and at bedtime (a fast acting insulin used to lower blood glucose levels). -The sliding scale blood sugar orders were 0-150 (0) units; 151-200 (2) units; 201-250 (4) units; 251-300 (6) units; 301-350 (8) units; 351-500 (10) units; call provider if less than 70 or greater than 500. -The medications included Levemir FlexTouch 25 units twice a day at 8:00am and 4:30pm (a slow acting insulin used to lower blood glucose levels).</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 27</p> <p>Observation of the noon medication pass on 05/26/21 at 11:55am revealed:</p> <ul style="list-style-type: none"> <li>-The medication aide (MA) came into the building and said she was there to obtain Resident #4's morning blood sugar and administer his insulin because she had forgotten to do it that morning.</li> <li>-The pharmacy nurse was in the building checking the medications on the medication cart and told the MA "You are not going to do the morning insulin now".</li> </ul> <p>a. Review of Resident #4's April 2021 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog Flexpen per sliding scale, 0-150= 0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units.</li> <li>-There was an entry for fingerstick blood sugars (FSBS) 4 times a day with meals and at bedtime.</li> <li>-There was no documentation of FSBS was obtained on 04/02/21 at 5:00pm; 04/13/21 at 8:00am; 04/14/21 at 8:00am; 04/24/21 at 8:00am and 12:00pm.</li> </ul> <p>Review of Resident #4's May 2021 eMAR for 05/12/21 -05/26/21 revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Novolog Flexpen per sliding scale, 0-150= 0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units.</li> <li>-There was no documentation of FSBS results being obtained on 05/12/21 at 5:00pm and 8:00pm; 05/13/21 at 5:00pm; 05/14/21 at 12:00pm; 05/26/21 at 8:00am.</li> </ul> <p>b. Review of Resident #4's April 2021 electronic Medication Administration Record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Levemir FlexTouch 25</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 28</p> <p>units twice a day at 8:00am and 4:30pm. -There was no documentation Levemir FlexTouch insulin was administered on 04/13/21 at 8:00am; 04/14/21 at 8:00am; and 04/24/21 at 8:00am.</p> <p>Review of Resident #4's May 2021 eMAR for 05/12/21 -05/26/21 revealed: -There was an entry for Levemir FlexTouch 25 units twice a day at 8:00am and 4:30pm. -There was no documentation the Levemir FlexTouch insulin was administered on 05/12/21 at 4:30pm; 05/13/21 at 4:30pm; and 05/17/21 at 4:30pm.</p> <p>Interview with Resident #4 on 05/26/21 at 1:50pm revealed: -He was diabetic and received insulin for his blood sugars. -He was supposed to have his blood sugar checked with each meal and at bedtime. -He did not have his blood sugar checked on the morning of 05/26/21. -He generally received two types of insulin, one with his FSBS and one that was scheduled. -He received his scheduled insulin on the morning of 05/26/21. -There were times in the past that he had not needed the insulin because his blood sugars were below 150. -He never felt like his blood sugars were too high-"I never felt bad because of my blood sugars". -He missed his FSBS at times before, but could not give specific times.</p> <p>Interview with a medication aide (MA) on 05/26/21 at 1:50pm revealed: -She was the MA for two buildings today. -When she had to work more than one building she would sometimes miss giving medications.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 29</p> <p>-The reason she missed Resident #4's FSBS and Novolog insulin at 8:00am was because when she was able to administer his Levemir, it was still going to be an hour before he ate.</p> <p>-She was taught that Novolog insulin had to be given close to when he was going to eat.</p> <p>-She gave him his Levemir insulin when she gave him his morning medications.</p> <p>-"It is stressful to give medications in multiple houses".</p> <p>Telephone interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm revealed:</p> <p>-She was not notified by the facility of Resident #4's missed dose of insulin on 05/26/21.</p> <p>-She was not notified by the facility of any missed doses of insulin for Resident #4.</p> <p>-She expected the facility to call for any missed doses of medications for Resident #4.</p> <p>-Resident #4's last hemoglobin A1c (a blood test used to monitor diabetes over a period of about 120 days to ensure the glycemic goals are met and maintained) was 5.6 on 03/15/21.</p> <p>-Resident #4's finger stick blood sugars (FSBS) had been "well controlled" but his current range of readings (113 through 348) for May 2021 was not good, because high blood sugar levels due to missed doses of insulin could lead to complications of the eyes, heart, kidneys, and nerves.</p> <p>-If the MA had administered Resident #4's scheduled am dose of insulin right before his scheduled lunch meal dose it would have been "harmful" to Resident #4.</p> <p>-Resident #4 could have experienced severe hypoglycemia (low blood sugar) or a diabetic coma from receiving too much insulin too close together.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 30</p> <p>Interview with the Property Manager on 05/26/21 at 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-There were times when one MA had to administer medications in multiple buildings.</li> <li>-She had to administer medications because they did not have enough MAs to cover each building.</li> <li>-There were "possibly" times when medications were missed by the MAs due to the workload.</li> </ul> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-If the MA was scheduled for multiple buildings they were still expected to give the medications according to the policies-accurate and on time.</li> <li>-She was not a MA, so she was not sure why there were FSBS and insulins that had not been documented or administered.</li> <li>-She did not know which MA had the diabetic training.</li> <li>-"It is important for residents who are diabetic to receive their insulin".</li> </ul> <p>c. Observation in Resident #4's room on 05/26/21 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-There was a small, white medication cup on top of the dresser in Resident #4's room.</li> <li>-The medication cup contained 9 whole tablets and half of another tablet.</li> <li>-One tablet was white and round and had been cut in half.</li> <li>-One tablet was a medium round and yellowish in color.</li> <li>-One tablet was an oblong and dark burgundy in color.</li> <li>-One tablet was round and light pink colored with an imprint of CL 75 on it.</li> <li>-One tablet was round and light peach in color.</li> <li>-There were 5 more round white tablets in varying sizes.</li> </ul>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 31</p> <p>Interview with Resident #4 on 05/26/21 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-He did not know how long the medication cup containing pills had been setting on the dresser.</li> <li>-He did not know who had put the medication cup with pills on the dresser.</li> <li>-He did not know if the medications in the cup belonged to him, but he thought they were his because they were left in his room.</li> <li>-He did not know what his medications looked like except he recognized the long, burgundy colored one (identified as a multivitamin by comparing a picture taken of the medication cup containing pills and the multivitamin bubble pack for Resident #4).</li> <li>-He could not remember if he had been administered his scheduled medications by staff earlier that morning because the medications "come at different times".</li> </ul> <p>Observation of Resident #4 on 05/26/21 at 10:37am revealed he picked up the medication cup from the dresser and poured the pills into his mouth and swallowed them.</p> <p>Interview with the MA on 05/26/21 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-She was the MA for a sister facility but was also administering medications to residents on 05/26/21 for this facility because there was not a MA assigned to work.</li> <li>-The facility had been "short staffed" so she had to administer medications at this facility and a sister facility.</li> <li>-She had not administered Resident #4's 8:00am scheduled medications yet but was preparing to dose.</li> <li>-She did not leave medications in a medicine cup in Resident #4's room this morning.</li> <li>-She did not know when or who had left a cup of</li> </ul>	D 273		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 32</p> <p>pills in Resident #4's room setting on the dresser. -The facility's policy for medication administration was to administer the medications to the resident, observe the resident swallow the pills, and sign the eMAR before passing medication to another resident. -She would notify Resident #4's primary care provider (PCP) that he had taken a medicine cup full of pills that had been left in his room and get clarification on whether or not to give his scheduled 8:00am doses of medications.</p> <p>Interview with the MA on 05/27/21 at 9:30am revealed: -She did not administer the scheduled morning medications to Resident #4 on 05/26/21 because Resident #4 had taken "some pills" left in his room. -She documented she had administered Resident #4 his morning medications on 05/26/21 because she did not want to leave a "blank space" on the eMAR. -She did not call to notify the PCP Resident #4 had taken unidentified medication on 05/26/21 because she thought the pills belonged to Resident #4 and she was "busy" and the facility was "short staffed".</p> <p>Interview with the Registered Nurse (RN) from the facility's contracted pharmacy on 05/27/21 at 12:45pm revealed: -The MA's should witness the residents take medications administered to them. -The PCP should be notified of any missed doses of medication. -The PCP should be notified Resident #4 took 10 pills of unidentified medications left in his room. -Residents should not self-medicate without a physician's order.</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 33</p> <p>Interview with the Administrator on 05/26/21 at 4:43pm revealed:</p> <ul style="list-style-type: none"> <li>-The MA should never leave medications with residents unsupervised.</li> <li>-She was unaware a MA had left medications in Resident #4's room on the dresser, "I have no answer for that".</li> <li>-She did not know when the medications were left in Resident #4's room or who the medications belonged to.</li> <li>-The MA on duty was late administering Resident #4's scheduled 8:00am medications on 05/26/21 because she was responsible for administering medications to resident's at multiple facilities.</li> <li>-She knew the facility had "problems" because she did not have enough staff.</li> <li>-She expected staff to follow the facility's policies and procedures for medication administration by administering the medications on time, observing the resident take the medications, and/or notifying the PCP of missed doses.</li> <li>-The policy and procedure for medication administration included the MA would scan the bubble packs, pop the medications out into a medicine cup, administer them to the resident, and sign the eMAR the medication had been administered to the resident.</li> <li>-The MA was responsible for notifying the PCP when a resident missed doses of medications and for the incident this morning (05/26/21) when Resident #4 swallowed 10 unidentified pills left in a medicine cup in Resident #4's room.</li> <li>-She did not know why the MA did not notify the PCP of Resident #4's missed doses of insulin or medications and for Resident #4 swallowing medications that had been left in Resident #4's room.</li> </ul> <p>Interview with Resident #4's PCP on 06/01/21 at 3:39pm revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 34</p> <p>-She was not notified by staff from the facility Resident #4 had ingested 10 unidentified pills left in a medicine cup in Resident #4's room on 05/26/21.</p> <p>-She expected the facility to notify her of any missed doses of medications for residents and when Resident #4 took 10 unidentified pills on 05/26/21.</p> <p>-Resident #4 took important medications including high blood pressure, psychiatric medications, an anticonvulsant, and anti-diabetic medications.</p> <p>-If the medications Resident #4 had swallowed belonged to him and the MA had administered a second dose, it could have caused serious complications with Resident #4.</p> <p>-Complications Resident #4 could have experienced from receiving two doses of each medication included too low of a blood pressure or heart rate, blood viscosity too thin, too low of a blood sugar which would have required additional monitoring or hospitalization for treatment of all the symptoms.</p> <p>-Additional complications from missed doses of medications would include too high of a blood pressure, too high blood sugar levels, and non-therapeutic levels of his blood thinner medications being used to prevent strokes, non-therapeutic levels of his anticonvulsant which could cause increased seizures, and antidepressant.</p> <p>Attempted telephone interview with Resident #4's legal guardian on 05/27/21 at 8:50am was unsuccessful.</p> <p>2. Review of Resident #2's current, outdated FL2 dated 01/13/20 revealed:</p> <p>-Diagnoses included type 2 diabetes, schizoaffective disorder, bipolar disorder,</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 35</p> <p>borderline intellectual functioning, chronic kidney disease, hypo-osmolality (a condition where the levels of electrolytes, proteins, and nutrients are lower than normal in the blood), and hypertension.</p> <p>-There was an order for daily weights at the same time of the day and to notify the primary care provider (PCP) of a 3 pound or more weight gain in a day.</p> <p>Review of Resident #2's May 2021 electronic Medication Administration Record (eMAR) revealed:</p> <p>-Weight was documented as 317 pounds on 05/07/21.</p> <p>-Weight was documented as 320.2 pounds on 05/08/21.</p> <p>-Weight was documented as 322.4 pounds on 05/09/21.</p> <p>-Weight was documented as 326.0 pounds on 05/10/21.</p> <p>-There was no documentation the PCP was notified of a 3.2 pound weight gain on 05/08/21.</p> <p>-There was no documentation the PCP was notified of a 3.6 pound weight gain on 05/10/21.</p> <p>Interview with the medication aide (MA) on 05/26/21 at 11:56am revealed:</p> <p>-Resident #2's weight "constantly" fluctuated.</p> <p>-She was responsible for notifying the PCP on 05/08/21 and 05/10/21 for Resident #2's weight gain of 3 pounds or more.</p> <p>-She did not notify the PCP of Resident #2's weight gain, "that was my error".</p> <p>-She was supposed to notify the PCP of Resident #2's weight gain, document the notification in the eMAR under "chart notes" but "I just didn't do it".</p> <p>Interview with the Administrator on 05/27/21 at 3:26pm revealed:</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	<p>Continued From page 36</p> <p>-She did not know why the MA did not call the PCP to notify them of Resident #2's weight gain or 3 pounds or more on 05/08/21 and 05/10/21.</p> <p>-The MA was responsible for following physician's orders and notifying the PCP when indicated.</p> <p>-She expected staff to follow the facility's policies and procedures for physician orders.</p> <p>-She was responsible for the total operations of the facility.</p> <p>Telephone interview with Resident #2's PCP on 06/01/21 at 3:39pm revealed:</p> <p>-She was not notified of Resident #2's weight gain of 3 pounds or more on 05/08/21 or 05/10/21.</p> <p>-She was monitoring Resident #2's weight because he was taking diuretics (a medication used to get rid of excess fluid from the body) for kidney disease and edema (swelling caused by excess fluid trapped in the body's tissues).</p> <p>-She expected the facility staff to call if Resident #2 had a daily weight gain of 3 pounds or more.</p> <p>-Resident #2 had kidney and heart disease and could experience "fluid overload" so it was very important for the facility to notify her of the weight gain and not wait.</p> <p>-If Resident #2 had too much excess fluid in the body it could cause shortness of breath, increase or decrease the heart rate, harm the heart muscle or increase the size of the heart, and cause an increase in blood pressure because of too much fluid in the bloodstream.</p> <p>-She had noticed a "huge staffing issue" with not enough staff working at the facility when she visited.</p> <p>_____</p> <p>The facility failed to contact the primary care provider (PCP) for the health care needs of 2 of 3 sampled residents related to missed doses of insulin and taking 10 unidentified medications left in Resident #4's room putting the resident at risk</p>	D 273		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 273	Continued From page 37  for high blood glucose levels and unknown complications from taking unidentified medication with increased monitoring and possible hospitalization, and Resident #2's weight gain related to excess fluid in the body that could cause increased complications with his heart and kidney disease, and shortness of breath from excess fluid in the lungs. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/28/21 for this violation.  THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.	D 273		
D 338	10A NCAC 13F .0909 Resident Rights  10A NCAC 13F .0909 Resident Rights An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.  This Rule is not met as evidenced by: TYPE A1 VIOLATION  Based on observations, interviews, and record review, the facility failed to ensure residents were free from neglect related to a resident who eloped from the facility and was gone for an unknown number of days while not knowing the residents whereabouts (Resident #5), and staff leaving residents alone in the facility.  The findings are:	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 38</p> <p>1 Review of Resident #5's current FL-2 dated 06/29/20 revealed: -Diagnoses included schizoaffective disorder, intellectual disability, post-traumatic stress disorder, depression. -He was ambulatory without the use of an assistive device. -Orientation and behaviors were left unmarked. -There were no relatives, a legal guardian, or a responsible person listed.</p> <p>Review of Resident #5's record on 06/02/21 revealed: -The resident record was 10 individual papers inside a folder. -There was no resident register with guardian status available for review. -There was no care plan or assessment available for review.</p> <p>The policy for missing resident's was requested on 05/28/21 at 1:55pm but not provided.</p> <p>Review of the sign out sheet for May 2021 revealed: -Resident #5's name was documented as signed out on 05/09/21 at 6:53 and did not indicate am or pm and resident/responsible person and destination were left blank. -Resident #5's name was documented as signed out on 05/11/21 at 11:50am with no documentation of the responsible person or destination. -On 05/21/21 at 8:54pm Resident #5 was documented as signed out with a note under staff signature documenting a medication aide, property manager, and maintenance worker saw Resident #5 leave and "spoke with resident". -There was no entry to document Resident #5's</p>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 39</p> <p>departure from the building on 05/10/21 or 05/13/21.</p> <p>Review of text messages between a personal care aide (PCA) and a medication aide (MA) dated 05/15/21 at 11:18am revealed:</p> <ul style="list-style-type: none"> <li>-On 05/13/21, the MA gave Resident #5's medications to him because he was leaving for 2-3 days but had not planned on leaving the facility for a "few hours" after she had given Resident #5 his medications.</li> <li>-The MA texted it was staff's responsibility to sign Resident #5 out when he left.</li> <li>-The PCA responded to the MA that she had talked to the Administrator and the Property Manager and they told her to file a missing person's report, but she was "confused" because "he's a legit missing person from our facility".</li> <li>-The PCA responded the staffing for the facility was "terrible".</li> <li>-The PCA asked the other staff working where Resident #5 was when she reported to work but "they had no idea where he was".</li> <li>-The MA responded with the day shift staff should have signed Resident #5 out on the sign out sheet and communicated he had left but "of course that didn't happen".</li> </ul> <p>Review of the record requested for Resident #5 revealed:</p> <ul style="list-style-type: none"> <li>-There were no Care Notes with documentation of Resident #5 leaving the facility without signing out on the sign out sheet.</li> <li>-There was no missing person's checklist completed for Resident #5.</li> <li>-There was no Incident/Accident report completed for Resident #5.</li> </ul> <p>Interview with a personal care aide (PCA) on 05/28/21 at 10:47am revealed:</p>	D 338		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 40</p> <ul style="list-style-type: none"> <li>-Resident #5 left the facility about 2 weeks ago without signing out and was gone for about 4 days.</li> <li>-Her shift ended on 05/13/21 and she returned to work on 05/17/21 and Resident #5 was "missing" and none of the staff working that day knew the whereabouts of Resident #5.</li> <li>-She sent out a mass text to staff that worked at the facility to see if anyone knew where Resident #5 was when she had returned to work.</li> <li>-She had not been trained on elopement or what to do for missing residents.</li> <li>-She called the Administrator and reported Resident #5 was missing from the facility and was told to "write it down" on a missing person's report.</li> <li>-The Administrator instructed her to not call the police and fill out the missing person's report since Resident #5 left the facility weekly.</li> <li>-She was "scared" she would "get into trouble" if she called the police to report Resident #5 missing after she was told not to call by the Administrator.</li> </ul> <p>Interview with the Administrator on 05/28/21 at 1:45pm revealed:</p> <ul style="list-style-type: none"> <li>-There was no Incident/Accident report filled out for Resident #5.</li> <li>-The Adult Home Specialist (AHS) or local County Sheriff's Department was not notified Resident #5 was missing from the facility because "he was not missing" and staff just did not sign Resident #5 out on the sign out sheet.</li> <li>-Resident #5 would leave the facility for 2 or 3 days per week because he had a job "somewhere".</li> <li>-She did not know where Resident #5 had a job.</li> <li>-She did not know where Resident #5 went or stayed when he left the facility, but he walked to the bus stop to ride the city bus.</li> </ul>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 41</p> <ul style="list-style-type: none"> <li>-She could not find a record for Resident #5.</li> <li>-She thought Resident #5 was his own guardian but could not find a Resident Register to check if he had a guardian or family listed.</li> <li>-The policy for residents leaving the facility was for the staff working at the facility to sign the resident out on a sign out sheet located in a notebook in the living room of the facility.</li> <li>-The facility had been short on staff and some days the staff were shared between the sister facilities.</li> </ul> <p>Interview with Resident #5 on 05/28/21 at 3:49pm revealed:</p> <ul style="list-style-type: none"> <li>-He left for a few days on 05/10/21 to go to work at a laundromat and hotel.</li> <li>-He stayed with a friend when he left the facility.</li> <li>-The maintenance worker gave him his medications to take with him when he left the facility on 05/10/21.</li> <li>-He did not sign out on the sign out sheet because he could not find a pen and there was no staff working in the facility on 05/10/21.</li> <li>-He had walked to a sister facility to get the maintenance worker to come and get his medications off the medicine cart.</li> <li>-He put the medications and some personal items in a suitcase and walked to the city bus stop to ride the bus.</li> <li>-He did not know if he had a guardian, but he thought he was his own guardian.</li> </ul> <p>A second interview with the Administrator on 05/28/21 at 4:20pm revealed:</p> <ul style="list-style-type: none"> <li>-She did not know which staff had given Resident #5 his medications to take with him when Resident #5 left the facility without signing out on the sheet.</li> <li>-It was the responsibility of staff to sign the resident's out on the sign out sheet when they</li> </ul>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 42</p> <p>were leaving the facility.</p> <p>Interview with the Administrator on at 06/01/21 at 1:50pm revealed:</p> <ul style="list-style-type: none"> <li>-Resident #5 told her he did not have a guardian and he was responsible for himself.</li> <li>-There was no documentation of a legal guardian or emergency contact for Resident #5.</li> <li>-If there was an emergency, she did not know what she would do or who she would contact for Resident #5 as she had no documented information.</li> </ul> <p>2. Interview with the Administrator on 05/26/21 at 9:15am revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for being in a sister facility (approximately 150 feet away) while the medication aide (MA) went to this facility to administer medications.</li> <li>-The facility did not have a MA assigned to work in the building.</li> <li>-The facility had a personal care aide (PCA) assigned to work in the building, "actually she's the housekeeper".</li> <li>-There was supposed to be someone in the facility at all times.</li> <li>-If the residents needed anything, the residents could come and get her.</li> </ul> <p>Interview with the PCA on 05/26/21 at 9:53am revealed:</p> <ul style="list-style-type: none"> <li>-There were 11 residents who lived in the facility.</li> <li>-A night shift PCA had recently been leaving the facility before she arrived if she was running a "few minutes" late and left the residents alone until she arrived.</li> <li>-She reported the night shift PCA "last week" to the Administrator for leaving the residents alone in the house.</li> </ul>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	<p>Continued From page 43</p> <p>Observation of the PCA on 05/26/21 at 12:42pm revealed: -She left the facility to find the Property Manager. -The residents were left unattended with no other staff in the building while eating lunch in the dining room.</p> <p>Observation of the PCA on 05/27/21 at 3:21pm revealed she left the facility with no other staff working in the building to find the Administrator and left the residents alone for 5 minutes.</p> <p>Interview with the PCA on 05/27/21 at 3:25pm revealed: -She was the only staff member working at the facility on 05/26/21 and 05/27/21 from 8:00am through 8:00pm. -She never left residents alone in the facility. -She would go to a sister facility to "cover" when the MA came to administer medications to the residents. -The facility did not have a MA and a MA would come from a sister facility (up to approximately 200 feet away) on the property to administer medications. -She left the residents unattended on 05/26/21 and 05/27/21 because she was locating other staff on the property.</p> <p>Interview with the Administrator on 05/27/21 at 3:26pm revealed: -She had been "short" on staff and had one staff per each facility. -She did not have a MA assigned to the facility and the staff would have to "switch out" in order for the MA to administer medications to the residents. -Staff were allowed to sit outside on the porch or go to retrieve items from their vehicles parked outside the facility.</p>	D 338		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 338	Continued From page 44  -She expected staff to stay in the buildings with residents and not leave them unattended. -She did not know why the PCA left the residents alone on 05/26/21 and 05/27/21 to find staff on the property instead of calling staff on the phone. -She was ultimately responsible for the staffing of the facility. -She did not know the night shift PCA had been leaving the facility at 8:00am and left the residents alone until the PCA had arrived for day shift.  The facility failed to ensure residents were free from neglect related to a resident who eloped from the facility for an unknown number of days while not knowing the residents whereabouts or if the resident had a legal guardian or responsible person to notify (Resident #5), and ensuring that at no time a resident was left alone without a staff member in the home when a day shift personal care aide (PCA) left all residents alone on 05/26/21 and 05/27/21 while she looked for other staff on the property and when a night shift PCA had left the facility on several occasions leaving residents alone until the day shift PCA arrived which resulted in neglect and constitutes a Type A1 violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/02/21.  THE CORRECTION DATE FOR THIS TYPE A1 VIOLATION SHALL NOT EXCEED JULY 02, 2021.	D 338		
D 358	10A NCAC 13F .1004(a) Medication Administration  10A NCAC 13F .1004 Medication Administration	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	<p>Continued From page 45</p> <p>(a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents related to a fast acting insulin and a scheduled a slow acting insulin.</p> <p>The findings are:</p> <p>Review of Resident #4's current FL2 dated 06/29/20 revealed:</p> <ul style="list-style-type: none"> <li>-Diagnosis included Type 2 diabetes.</li> <li>-The medications included Novolog Flexpen insulin sliding scale four times per day with meals and at bedtime (a fast acting insulin used to lower blood glucose levels).</li> <li>-The medications included Levemir FlexTouch 25 units twice a day at 8:00am and 4:30pm (a slow acting insulin used to lower blood glucose levels).</li> </ul> <p>Observation of the noon medication pass on 05/26/21 at 11:55am revealed:</p> <ul style="list-style-type: none"> <li>-The medication aide (MA) came into the building and said she was there to do Resident #4's morning blood sugar and insulin because she had forgotten to do it that morning.</li> <li>-The Pharmacy Nurse was in the building checking the medications on the cart and told the</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	<p>Continued From page 46</p> <p>MA "You are not going to do the morning insulin now".</p> <p>a. Review of Resident #4's April 2021 electronic Medication Administration Record (eMAR) revealed:</p> <p>-There was an entry for Novolog Flexpen per sliding scale, 0-150= 0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units.</p> <p>-There was no documentation of fingerstick blood sugars (FSBS) was obtained on 04/02/21 at 5:00pm; 04/13/21 at 8:00am; 04/14/21 at 8:00am; 04/24/21 at 8:00am and 12:00pm.</p> <p>Review of Resident #4's May 2021(eMAR) for 05/12/21 - 05/26/21 revealed:</p> <p>-There was an entry for Novolog Flexpen per sliding scale, 0-150= 0 units, 151-200=2 units, 201-250=4 units, 251-300=6 units, 301-350=8 units, 351-500=10 units.</p> <p>-There was no documentation of (FSBS) results was obtained on 05/12/21 at 5:00pm and 8:00pm; 05/13/21 at 5:00pm; 05/14/21 at 12:00pm; 05/26/21 at 8:00am.</p> <p>b. Review of Resident #4's April 2021 electronic Medication Administration Record (eMAR) revealed:</p> <p>-There was an entry for Levemir FlexTouch 25 units twice a day at 8:00am and 4:30pm.</p> <p>-There was no documentation the Levemir FlexTouch insulin for Resident #4 being administered on 04/13/21 at 8:00am; 04/14/21 at 8:00am; and 04/24/21 at 8:00am.</p> <p>Review of Resident #4's (eMAR) for 05/12/21 -05/26/21 revealed:</p> <p>-There was an entry for Levemir FlexTouch 25 units twice a day at 8:00am and 4:30pm.</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	<p>Continued From page 47</p> <p>-There was no documentation Levemir FlexTouch insulin had been administered on 05/12/21 at 4:30pm; 05/13/21 at 4:30pm; and 05/17/21 at 4:30pm.</p> <p>Interview with Resident #4 on 05/26/21 at 1:50pm revealed:</p> <p>-He was diabetic and received insulin for his blood sugars.</p> <p>-He was supposed to have his blood sugar checked with each meal and at bedtime.</p> <p>-He did not have his blood sugar checked on the morning of 05/26/21.</p> <p>-He generally received two types of insulin, one with his FSBS and one that was scheduled.</p> <p>-He received his scheduled insulin on the morning of 05/26/21.</p> <p>-There were times in the past that he had not needed the insulin because his blood sugars were low.</p> <p>-He never felt like his blood sugars were too high-"I never felt bad because of my blood sugars".</p> <p>-He missed his FSBS at times before, but could not give specific times.</p> <p>Interview with a medication aide (MA) on 05/26/21 at 1:50pm revealed:</p> <p>-She was the (MA) for two buildings today.</p> <p>-When she had to work more than one building she would sometimes miss giving medications.</p> <p>-The reason she missed Resident #4's FSBS and Novolog insulin at 8:00am was because when she was able to administer his Levemir, it was still going to be an hour before he ate.</p> <p>-She was taught Novolog insulin had to be given close to when he was going to eat.</p> <p>-She gave him his Levemir insulin when she gave him his morning medications.</p> <p>-"It is stressful to give medications in multiple</p>	D 358		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	<p>Continued From page 48</p> <p>houses".</p> <p>Telephone interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm revealed:</p> <ul style="list-style-type: none"> <li>-She was not notified by the facility of Resident #4's missed dose of insulin on 05/26/21.</li> <li>-She was not notified by the facility of any missed doses of insulin for Resident #4.</li> <li>-She expected the facility to call for any missed doses of medications for Resident #4.</li> <li>-Resident #4's last hemoglobin A1c (a blood test used to monitor diabetes over a period of about 120 days to ensure the glycemic goals are met and maintained) was 5.6 (an A1C of less than 5.7 means that an individuals diabetes is well controlled).</li> <li>-Resident #4's finger stick blood sugars (FSBS) had been "well controlled" but his current range of readings (113 through 348) for May 2021 was not good and he "must have missed more than one dose" of insulin. (An A1C of 5.6 equates to an average blood sugar of 114).</li> <li>-If the MA had administered Resident #4's scheduled am dose of insulin right before his scheduled lunch meal dose (the MA was stopped from administering the am dose of insulin with the lunch meal scheduled dose of insulin by the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 11:45am) it would have been "harmful" to Resident #4.</li> <li>-Resident #4 could have experienced severe hypoglycemia (low blood sugar) or a diabetic coma from receiving too much insulin too close together.</li> <li>-Resident #4 had high blood sugar levels due to missed doses of insulin which could lead to complications affecting Resident #4's eyes, heart, kidneys, and/or nerves.</li> </ul>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	<p>Continued From page 49</p> <p>Interview with the Property Manager on 05/26/21 at 10:40am revealed:</p> <ul style="list-style-type: none"> <li>-There were times when one MA had to administer medications in multiple buildings.</li> <li>-She had to administer medications because they don't have enough MAs.</li> <li>-There were "possibly" times when medications were missed by the MAs due to the workload.</li> </ul> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-There are not enough MAs to staff each house with a dedicated MA.</li> <li>-If the MA was scheduled for multiple facilities they were still expected to give the medications according to the policies.</li> <li>-She was not a MA, so she was not sure why there were FSBS and insulins that had not been documented or administered.</li> <li>-She did not know which MA had the diabetic training.</li> <li>-"It is important for residents who are diabetic to receive their insulin".</li> <li>-There is no system that she knows of in place to ensure the medications are given.</li> </ul> <p>_____</p> <p>The facility failed to ensure medications were administered as ordered to one resident that had a medication orders for FSBS / sliding scale insulin with Novolog and a scheduled dose of Levemir insulin for Resident #4 with a total of 16 missed doses of Novolog and Levemir insulin in April 2021 and May 2021. The Primary Care Provider stated that the missed doses of insulin could lead to complications affecting the residents eyes, heart, kidneys and nerves. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in</p>	D 358		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 358	Continued From page 50  accordance with G.S. 131D-34 on 05/28/21 for this violation.  THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.	D 358		
D 366	10A NCAC 13F .1004 (i) Medication Administration  10A NCAC 13F .1004 Medication Administration  (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited.  This Rule is not met as evidenced by: TYPE B VIOLATION  Based on observations, interviews, and record reviews, the facility failed to complete observations for 1 of 1 sampled residents taking 10 tablets of ordered medications (Resident #4).  The findings are:  Review of Resident #4's current FL-2 dated 06/29/20 revealed diagnoses included hypertension, convulsions, history of transient ischemic attack, depression, and type 2 diabetes.  Review of Resident #4's May 2021 electronic medication administration record (eMAR)	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 51</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>-The diagnoses included history of transient ischemic attack, occlusion and stenosis of the carotid artery, weak gait, intracranial injury with loss of consciousness, convulsions, hypertension, hyperlipidemia, major depressive disorder, chronic back pain, chronic kidney disease, chronic obstructive pulmonary disease, and history of mental and behavioral disorder.</li> <li>-There were 9 tablets and a half of a tablet (10 tablets total) ordered for the 8:00am scheduled medications.</li> </ul> <p>Observation in Resident #4's room on 05/26/21 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-There was a small, white medication cup setting on top of the dresser in Resident #4's room.</li> <li>-The medication cup contained 9 whole tablets and half of another tablet.</li> <li>-One tablet was white and round and had been cut in half.</li> <li>-One tablet was a medium round and yellowish colored.</li> <li>-One tablet was an oblong and dark burgundy colored.</li> <li>-One tablet was round and light pink colored with an imprint of CL 75 on it.</li> <li>-One tablet was round and light peach in color.</li> <li>-There were 5 more round white tablets in varying sizes.</li> </ul> <p>Interview with Resident #4 on 05/26/21 at 10:30am revealed:</p> <ul style="list-style-type: none"> <li>-He did not know how long the medication cup containing pills had been setting on the dresser.</li> <li>-He did not know who had put the medication cup with pills on the dresser.</li> <li>-He did not know if the medications in the cup belonged to him, but he thought they were his because they were in his room.</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 52</p> <p>-He did not know what his medications looked like except he recognized the long, burgundy colored one (identified as a multivitamin by comparing a picture taken of the medication cup containing pills and the multivitamin bubble pack for Resident #4).</p> <p>-He could not remember if he had been administered his scheduled medications by staff earlier that morning because the medications "come at different times".</p> <p>Observation of Resident #4 on 05/26/21 at 10:37am revealed he picked up the medication cup from the dresser and poured the pills into his mouth and swallowed them.</p> <p>a. Review of a physician order for Resident #4 dated 04/17/20 revealed metoprolol (used to treat high blood pressure and control the hearts rhythm) 25 mg take half a tablet twice daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for metoprolol 25mg take one half tablet (12.5mg) twice daily.</p> <p>-There was documentation Resident #4 was administered metoprolol 25mg one half tablet (12.5mg) daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</p> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 53</p> <p>05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>b. Review of a physician order for Resident #4 dated 04/17/20 revealed clopidogrel (used to prevent blood clots) 75mg take 1 tablet daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for clopidogrel 75mg take 1 tablet daily at 8:00am.</li> <li>-There was documentation Resident #4 was administered clopidogrel 75mg daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</li> </ul> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>c. Review of a physician order for Resident #4 dated 04/17/20 revealed aspirin (used to prevent blood clots) 81mg chew 1 tablet daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 54</p> <p>-There was an entry for aspirin 81mg take 1 tablet daily at 8:00am.</p> <p>-There was documentation Resident #4 was administered aspirin 81mg daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</p> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>d. Review of a physician order for Resident #4 dated 04/17/20 revealed topiramate (used to treat seizures with convulsions) 25mg take 3 tablets twice daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <p>-There was an entry for topiramate 25mg take 3 tablets twice daily.</p> <p>-There was documentation Resident #4 was administered topiramate 25mg three tablets daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</p> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 55</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>e. Review of a physician order for Resident #4 dated 04/17/20 revealed escitalopram (used to treat depression) 10mg take 1 tablet daily. Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for escitalopram 10mg take 1 tablet daily at 8:00am.</li> <li>-There was documentation Resident #4 was administered escitalopram 10mg daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</li> </ul> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>f. Review of a physician order for Resident #4 dated 04/17/20 revealed Januvia (used to treat high blood sugars) 100mg take 1 tablet daily.</p>	D 366		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 56</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for Januvia 100mg take 1 tablet daily at 8:00am.</li> <li>-There was documentation Resident #4 was administered Januvia 100mg daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</li> </ul> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>g. Review of a physician order for Resident #4 dated 04/17/20 revealed pioglitazone (used to treat high blood sugars) 45mg take 1 tablet daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed:</p> <ul style="list-style-type: none"> <li>-There was an entry for pioglitazone 45mg take 1 tablet daily at 8:00am.</li> <li>-There was documentation Resident #4 was administered pioglitazone daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 57</p> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>h. Review of a physician order for Resident #4 dated 04/17/20 revealed therems-M (a supplement used to treat vitamin deficiency) take 1 tablet daily.</p> <p>Review of Resident #4's May 2021 electronic medication administration record (eMAR) revealed: -There was an entry for therems-M take 1 tablet daily at 8:00am. -There was documentation Resident #4 was administered therems-M 1 tablet daily at 8:00am from 05/01/21 through 05/27/21 except on 05/03/21 where it was documented he was out of the facility.</p> <p>Refer to the interview with the medication aide (MA) on 05/26/21 at 11:30am.</p> <p>Refer to the interview with the nurse consultant (RN) from the facility's contracted pharmacy on 05/26/21 at 12:45pm.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>Refer to the interview with Resident #4's primary</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 58</p> <p>care provider (PCP) on 06/01/21 at 3:39pm.</p> <p>Interview with the medication aide (MA) on 05/26/21 at 11:30am revealed:</p> <ul style="list-style-type: none"> <li>-She was the MA for a sister facility but was also administering medications to residents on 05/26/21 for this facility because there was not a MA assigned to work.</li> <li>-She had not administered Resident #4's 8:00am scheduled medications yet but was preparing to dose.</li> <li>-She did not know when or who had left a cup of pills in Resident #4's room setting on the dresser.</li> <li>-The MA was stopped by the surveyor from administering Resident #4's 8:00am scheduled medications at 11:30am until she could notify the primary care provider (PCP) and receive further instructions.</li> <li>-The facility's policy for medication administration was to administer the medications to the resident, observe the resident swallow the pills, and sign the eMAR before passing medication to another resident.</li> </ul> <p>Interview with the Registered Nurse (RN) from the facility's contracted pharmacy on 05/27/21 at 12:45pm revealed:</p> <ul style="list-style-type: none"> <li>-He did not have a roster list with him to see if the MA administering medications had received Clinical Skills or MA training by him.</li> <li>-He gave the documentation of all training provided to the staff at the facility to the facility.</li> <li>-The MA should witness the residents take medications administered to them.</li> </ul> <p>Interview with the Administrator on 05/26/21 at 4:43pm revealed:</p> <ul style="list-style-type: none"> <li>-The MA should never leave medications with residents unsupervised.</li> <li>-She was unaware a MA had left medications in</li> </ul>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 59</p> <p>Resident #4's room on the dresser, "I have no answer for that".</p> <p>-She did not know when the medications were left in Resident #4's room or who the medications belonged to.</p> <p>-The MA on duty was late administering Resident #4's scheduled 8:00am medications on 05/26/21 because she was responsible for administering medications to resident's at multiple facilities.</p> <p>-The policy and procedure for medication administration included the MA would scan the bubble packs, pop the medications out into a medicine cup, administer them to the resident, and sign the eMAR the medication had been administered to the resident.</p> <p>-The MA was responsible for notifying the PCP when a resident missed doses of medications and for the incident this morning when Resident #4 swallowed a cup containing 10 unidentified pills that had been left in his room.</p> <p>-She did not know why the MA did not notify Resident #4's PCP on 05/26/21 of missed insulin doses and taking 10 unidentified tablets in a medicine cup left in Resident #4's room.</p> <p>Interview with Resident #4's PCP on 06/01/21 at 3:39pm revealed:</p> <p>-She was not notified by staff from the facility Resident #4 had ingested 10 unidentified pills left in a medicine cup in Resident #4's room on 05/26/21.</p> <p>-She expected the facility to notify her of any missed doses of medications for residents and when Resident #4 took 10 unidentified pills on 05/26/21.</p> <p>-Resident #4 took important medications including high blood pressure, psychiatric medications, an anticonvulsant, and antidiabetic medications.</p> <p>-If the medications Resident #4 had swallowed</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	<p>Continued From page 60</p> <p>belonged to him and the MA had administered a second dose, it could have caused serious complications with Resident #4.</p> <p>-Complications Resident #4 could have experienced from receiving two doses of each medication included too low of a blood pressure or heart rate, blood viscosity too thin, too low of a blood sugar which would have required additional monitoring or hospitalization for treatment of all the symptoms.</p> <p>-Additional complications from missed doses of medications would include too high of a blood pressure, too high blood sugar levels, and non-therapeutic levels of his blood thinner medications being used to prevent strokes, non-therapeutic levels of his anticonvulsant which could cause increased seizures, and antidepressant.</p> <p>Attempted telephone interview with Resident #4's legal guardian on 05/27/21 at 8:50am was unsuccessful.</p> <p>_____</p> <p>The facility failed to administer medications according to their policies and procedures by leaving a medicine cup containing 10 pills in Resident #4's room where Resident #4 was unsure if the medications belonged to him and took the pills while staff did not notify the primary care provider (PCP) of the incident. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protections on 05/27/21 in accordance with G.S. 131D-34 for this violation.</p> <p>CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 17,</p>	D 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 366	Continued From page 61  2021.	D 366		
D 378	<p>10a NCAC 13F .1006 (b) Medication Storage</p> <p>10A NCAC 13F .1006 Medication Storage</p> <p>(b) All prescription and non-prescription medications stored by the facility, including those requiring refrigeration, shall be maintained in a safe manner under locked security except when under the immediate or direct physical supervision of staff in charge of medication administration.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were maintained in a safe manner under locked security or under direct supervision of staff in charge of medication administration.</p> <p>The findings are:</p> <p>1. Observation of the medication refrigerator containing insulin pens for residents located in the main living room on 05/26/21 at 10:57am revealed: -There was no lock on the refrigerator. -There was no medication aide (MA) in the facility.</p> <p>Interview with the MA on 05/26/21 at 12:42pm revealed: -The insulin pens for the residents were normally locked in the medication refrigerator. -She did not know where the lock was for the medication refrigerator. -She had the key for the lock on her key ring.</p>	D 378		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 378	<p>Continued From page 62</p> <p>-The medication refrigerator in the main living room was supposed to be locked at all times.</p> <p>Refer to the interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>2. Observation of the medication cart in the hallway outside resident rooms #1 and #2 on 05/28/21 at 10:38am revealed:</p> <p>-The medication cart was left unattended and unlocked.</p> <p>-There was no MA working in the facility.</p> <p>Observation of the medication cart in the hallway outside room #1 and #2 on 05/28/21 at 12:29pm revealed:</p> <p>-The medication cart remained unlocked.</p> <p>-There was a personal care aide (PCA) but no MA working in the building.</p> <p>Interview with the MA on 05/28/21 at 1:30pm revealed:</p> <p>-She was the MA assigned to a sister facility but was also administering medications to residents in this facility.</p> <p>-She did not know the medication cart had been left unlocked.</p> <p>-If the medication cart lock was not pushed in a certain way it would "pop back out" and that must have been what happened to the cart.</p> <p>-She always locked the medication cart when it was left unattended.</p> <p>Interview with the Administrator on 05/26/21 at 4:43pm revealed:</p> <p>-She previously had medications missing from the facility before.</p> <p>-The medication refrigerator in the living room was supposed to be locked at all times.</p> <p>-The medication cart was supposed to be locked</p>	D 378		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 378	Continued From page 63  at all times unless the MA was with the cart administering medications to residents. -She did not know why the lock was missing from the medication refrigerator. -She expected staff to follow the policies and procedures of the facility for medication storage. -She was responsible for the overall operations of the facility.	D 378		
D 433	10A NCAC 13F .1201(a) Resident Records  10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health	D 433		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 433	<p>Continued From page 64</p> <p>professional and their implementation; (7) documentations of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure resident records were maintained in an orderly manner for 4 of 5 sampled residents (Residents #1, #2, #3 and #5).</p> <p>The findings are:</p> <p>1. Observation of Resident #1's record on 05/26/21 at 10:20am revealed: -There was no FL2 in the residents record. -There was no care plan in the residents record. -There was no quarterly medication review in the residents record. -There was no Licensed Health Professional Support assessment in the residents record.</p> <p>Review of Resident #1's Resident Register revealed an admission date of 07/16/10.</p> <p>Interview with the Property Manager on 05/26/21 at 10:40pm revealed she did not know where the documents were for Resident #.</p>	D 433		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 433	<p>Continued From page 65</p> <p>Refer to the telephone interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>2. Review of Resident #2's record on 05/26/21 revealed:            -The current FL2 was dated 01/13/20.            -There was no care plan in the record.            -The quarterly assessment of the LHPS tasks were not current with a date of 09/17/20.            -There were no current quarterly medication reviews by the facility's contracted pharmacy.            -There were no current physician's orders in the record.</p> <p>Review of the Resident Register revealed an admission date of 03/30/18.</p> <p>Refer to the interview with the Property Manager on 05/26/21 at 10:40am.</p> <p>Refer to the telephone interview with the Administrator on 05/26/21 at 4:43pm.</p> <p>3. Review of Resident #3's record on 05/26/21 revealed:            -There was no FL2 in the record.            -There was no care plan in the record.            -There were no current quarterly medication reviews by the facility's contracted pharmacy.            -There were no current physician's orders in the record.</p> <p>Review of Resident #3's Resident Register revealed an admission date of 01/01/20.</p> <p>Refer to the interview with the Property Manager on 05/26/21 at 10:40am.</p> <p>Refer to the telephone interview with the Administrator on 05/26/21 at 4:43pm.</p>	D 433		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 433	<p>Continued From page 66</p> <p>4. Review of Resident #5's current FL-2 dated 06/29/20 revealed: -Diagnoses included schizoaffective disorder , intellectual disability, post-traumatic stress disorder, depression. -He was ambulatory without the use of an assistive device. -Orientation and behaviors were left unmarked. -There were no relatives or legal guardians listed.</p> <p>Interview with the medication aide (MA) on 05/28/21 at 11:53am revealed she could not find Resident #5's resident record in the sister facility he used to reside in or the current facility of which he resided.</p> <p>Review of Resident #5's record on 06/01/21 revealed: -The resident record was 10 individual documents inside a folder. -There was no resident register with a guardian status or admission date available for review. -There was no care plan or assessment available for review. -There were no current quarterly medication reviews by the facility's contracted pharmacy. -There were no current physician's orders in the record with the last physician's orders undated but documented as most current orders as of 10/14/20 at 3:04pm at the top of the page. -There were no receipts or documentation of a contract for services, accommodations, and rates, house rules, Declaration of Resident Rights, the home's grievance procedures, or a civil rights statement.</p> <p>Interview with the Property Manager on 05/28/21 at 12:49pm revealed: -She did not know Resident #5's record was not</p>	D 433		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 433	<p>Continued From page 67</p> <p>in the facility he resided. -She did not know where Resident #5's record was located.</p> <p>Telephone interview with the Administrator on 06/01/21 at 3:26pm revealed: -She had worked for the facility as the Administrator for about 6 weeks. -She only found a "few papers" for Resident #5's record. -She did not know where the other documents for Resident #5's record were. -Resident #5 lived in a sister facility until he was admitted to the facility in January 2021. -Staff looked in the sister facility and could not find Resident #5's record. -She did not know why Resident #5's resident record was not in the facility he resided. -It was the responsibility of the MA to place new physician orders and documents into the resident's records. -She was responsible for ensuring each resident had a record. -She was responsible for the overall operations of the facility.</p> <p>Interview with the Property Manager on 05/26/21 at 10:40pm revealed: -She did not know where the missing documents for the residents had been placed. -The previous Administrator took records to the main office, and they all did not get returned to the buildings. -The records were kept locked in the storage room in each building and not everyone had a key. -She did not know where to key for teh storage room was.</p> <p>Telephone interview with the Administrator on</p>	D 433		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 433	Continued From page 68  06/01/21 at 3:26pm revealed: -The resident records were kept in a storage closet in each facility. -The medication aide (MA) was supposed to have a key for the storage closet with the resident records. -She did not know why the MA did not have the key for the storage closet with the resident records. -She kept copies of physician orders and documents for the resident's in her office. -She did not know why the MAs had not filed new physician orders or other documents in the resident's records. -She was responsible for ensuring each resident had a record. -She had not had time since working for the facility to go through each resident record to ensure documentation was complete.	D 433		
D 612	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp)  10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 612	<p>Continued From page 69</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented when caring for 11 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors and wearing the required personal protective equipment (PPE).</p> <p>The findings are:</p> <p>Review of the CDC guideline for the prevention and spread of the Coronavirus Disease in long term care (LTC) facilities revealed: -All essential visitors should be screened for the presence of fever and symptoms of the virus when entering the building. -A strong infection prevention and control program is critical to protect both residents and healthcare personnel.</p> <p>Review of the CDC Webinar Series for "COVID-19 Prevention Message for Frontline Long Term Care Staff" revealed "Screening for essential visitors including temperature should be done."</p> <p>Review of the NC DHHS guidelines for the prevention and spread of the Coronavirus Disease in LTC facilities revealed: -Recommended routine infection prevention control (IPC) practices during the COVID-19 pandemic include screening everyone entering a healthcare facility for signs and symptom of</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 612	<p>Continued From page 70</p> <p>COVID-19 by temperature checks, screening questions, and observations of signs and symptoms.</p> <p>-Establish a process to ensure visitors entering the facility are assessed for symptoms of COVID-19 and temperature was checked.</p> <p>-Proper visitor education on COVID-19 signs and symptoms, infection control precautions, and use of a face covering or mask.</p> <p>Review of the facility's infection control policy revealed:</p> <p>-Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19, if they have had a COVID-19, they must provide documentation that they no longer meet CDC criteria for transmission-based precautions.</p> <p>-Any individuals with symptoms of COVID-19 infection will not be permitted to visit with a resident.</p> <p>-The visitor should call the facility staff prior to entry for the staff to meet the visitor outside the facility for screening.</p> <p>-The screening process includes the visitor questionnaire, temperature, and other screenings as may be recommended by the CDC or the NCDHHS.</p> <p>Observation of a personal care aide (PCA) on 05/26/21 at 9:30am revealed:</p> <p>-She allowed the two DHHS facility consultants into the facility with no COVID-19 screening or temperature checks.</p> <p>-She was not wearing a face mask inside the facility.</p> <p>Interview with a resident on 05/26/21 at 9:55am revealed:</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 612	<p>Continued From page 71</p> <ul style="list-style-type: none"> <li>-She had not received a COVID-19 vaccine.</li> <li>-She did not wear a face mask in the facility.</li> <li>-The facility staff or other residents did not wear a face mask inside the facility.</li> </ul> <p>Observation of the Administrator in the dining room on 05/26/21 at 10:50am revealed she was not wearing a face mask.</p> <p>Interview with the Administrator on 05/26/21 at 10:50am revealed:</p> <ul style="list-style-type: none"> <li>-One resident residing at the facility had not been vaccinated for COVID-19.</li> <li>-Some staff had not received the COVID-19 vaccination.</li> <li>-She screened all staff and residents about every 6 weeks with a COVID-19 test.</li> <li>-Visitors were required to sign into a notebook located at the main office building but were not asked screening questions or temperatures were not taken anymore.</li> <li>-She received her guidance to no longer screen visitors from either the NC DHHS or the local health department (LHD).</li> <li>-She did not have documentation of the guidance she had received for no longer screening visitors.</li> <li>-The facility had not checked temperatures or asked screening questions for COVID-19 in the last couple of weeks.</li> </ul> <p>Telephone interview with a infectious disease Registered Nurse from the local health department on 05/27/21 at 10:22am revealed:</p> <ul style="list-style-type: none"> <li>-All facilities should screen visitors by checking their temperatures and completing a questionnaire upon entry into the facility.</li> <li>-Residents and staff should be wearing a mask if there are any unvaccinated residents or staff in the facility.</li> <li>-The facility should be following the guidelines</li> </ul>	D 612		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 612	<p>Continued From page 72</p> <p>from the CDC and the NCDHHS.</p> <p>Observation of a medication aide (MA) on 05/26/21 at 11:30am revealed she entered the facility and went to the medication cart in the main living room while not wearing a mask.</p> <p>Interview with the MA on 05/26/21 at 11:30am revealed: -She was the MA for this facility and a sister facility located on the same property. -She was mainly working in the other facility but had come to administer medications to the residents. -The facility did not require her to wear a face mask anymore since most of the residents had been vaccinated for COVID-19.</p> <p>Interview with the Registered Nurse (RN) from the facility's contracted pharmacy on 05/26/21 at 11:45am revealed he was not screened by staff with COVID-19 screening questions or temperature checked upon entrance to the facility.</p> <p>Interview with a residents home health nurse contracted by the facility on 05/26/21 at 1:20pm revealed she was not screened by the facility staff with COVID-19 screening questions or temperature was not checked.</p> <p>Observation of the Owner on 05/27/21 at 9:00am revealed he allowed the DHHS survey team into the facility with no COVID-19 screening or temperature checks.</p> <p>Observation of the facility hallway on 05/28/21 at 11:45am revealed there were three men working inside the facility on the building alarm system not wearing mask.</p>	D 612		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D 612	Continued From page 73  Interview with the three men on 05/28/21 at 11:45am revealed: -They were contracted by the facility to work on the facility's alarm system. -They were asked COVID-19 screening questions at the main office upon arrival but their temperatures were not checked. -They were not instructed by facility staff to wear a face mask while working inside the facility.  The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS), and the local health department (LHD) for infection prevention and transmission during the COVID-19 pandemic related to staff not wearing face masks with an unvaccinated resident residing in the facility, staff not screening visitors by checking temperatures or asking COVID-19 screening questions, and not instructing visitors to wear face masks inside the facility which resulted in an increased risk for the virus to spread in the facility. This failure was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/27/21 for this violation.  CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.	D 612		
D912	G.S. 131D-21(2) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D912	<p>Continued From page 74</p> <p>Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to Infection Prevention and Control Program, Medication Aide Training and Competency, Health Care Referral and Follow-up, Training on Cardio-Pulmonary Resuscitation, and Medication Administration.</p> <p>The findings are:</p> <p>1. Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina Department of Health and Human Services (NCDHHS) were implemented when caring for 11 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors and wearing the required personal protective equipment (PPE). [Refer to Tag 0612, 10A NCAC 13F .1801(c) Infection Prevention and Control Program (Type B Violation)].</p> <p>2. Based on observations, interviews and record reviews, the facility failed to notify the primary care provider (PCP) for 2 of 3 sampled residents, related to one resident who missed doses of sliding scale (a fast acting insulin), scheduled (a slow acting insulin) and swallowed 10 unidentified</p>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D912	<p>Continued From page 75</p> <p>pills in a medicine cup left in the residents room (Resident #4), and a resident who had an order to notify the primary care provider (PCP) for a daily weight gain of 3 or more pounds (Resident #2). [Refer to Tag 0273, 10A NCAC 13F .0902(b) Health Care (Type B Violation)].</p> <p>3. Based on observations, interviews and record reviews, the facility failed to ensure at least one staff was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management within the last 24 months for 2 of 3 sampled staff (Staff B and C) who, alone, cared for the 11 residents residing in the building who were considered full resuscitate code status. [Refer to Tag 0167, 10A NCAC 13F .0507 Training on Cardio-Pulmonary Resuscitation (Type B Violation)].</p> <p>4. Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents related to a fast acting insulin and a scheduled a slow acting insulin. [Refer to Tag 0358, 10A NCAC 13F .1004(a) Medication Administration (Type B Violation)].</p> <p>5. Based on observations, interviews, and record reviews, the facility failed to complete observations for 1 of 1 sampled residents taking 10 tablets of ordered medications (Resident #4). [Refer to Tag 366, 10A NCAC 13F .1004(i) Medication Administration (Type B Violation)].</p> <p>6. Based on observations and interviews, the facility failed to ensure there was always one Administrator or Administrator-In-Charge (AIC) in the home and ensuring that at no time a resident was left alone without a staff member in the</p>	D912		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D912	Continued From page 76  home. [Refer to Tag 0177, 10A NCAC 13F .0601(b)(3) Management of Facilities with a Capacity or Census of Seven to Thirty Residents (Type B Violation)].	D912		
D914	G.S. 131D-21(4) Declaration of Residents' Rights  G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 4. To be free of mental and physical abuse, neglect, and exploitation.  This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all residents were free from neglect related to a resident who eloped from the facility.  The findings are:  1. Based on observations, interviews, and record review, the facility failed to ensure residents were free from neglect related to a resident who eloped from the facility and was gone for an unknown number of days while not knowing the residents whereabouts (Resident #5), and staff leaving residents alone in the facility. [Refer to Tag D0338 10A NCAC 13F .0909 Resident Rights (Type A1 Violation)].  2. Based on observations, interviews, and record reviews, the Administrator failed to ensure the management and total operations of the facility were carried out related to compliance with health care, ensuring residents were not left unsupervised, medication administration, infection prevention and control program, and staff qualifications. [Refer to Tag 0176 10A NCAC	D914		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D914	Continued From page 77  13F .0601(a) Management of Facilities (Type A1 Violation)].	D914		
D935	G.S. § 131D-4.5B(b) ACH Medication Aides; Training and Competency  G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements.  (b) Beginning October 1, 2013, an adult care home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a medication aide during the previous 24 months in an adult care home or successfully completed all of the following: (1) A five-hour training program developed by the Department that includes training and instruction in all of the following: a. The key principles of medication administration. b. The federal Centers for Disease Control and Prevention guidelines on infection control and, if applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists. (2) A clinical skills evaluation consistent with 10A NCAC 13F .0503 and 10A NCAC 13G .0503. (3) Within 60 days from the date of hire, the individual must have completed the following: a. An additional 10-hour training program developed by the Department that includes training and instruction in all of the following: 1. The key principles of medication administration. 2. The federal Centers of Disease Control and Prevention guidelines on infection control and, if	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D935	<p>Continued From page 78</p> <p>applicable, safe injection practices and procedures for monitoring or testing in which bleeding occurs or the potential for bleeding exists.</p> <p>b. An examination developed and administered by the Division of Health Service Regulation in accordance with subsection (c) of this section.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled staff (Staff A and B) who administered medications to residents had completed the 5, 10 or 15 hour state approved medication administration training course.</p> <p>The findings are:</p> <p>Review of Staff B's, Medication Aide (MA), personnel record revealed: -Staff B was hired on 01/19/21. -There was documentation she had passed the state approved medication aide written exam on 02/06/16. -There was documentation of completion of the Medication Administration Clinical Skills Validation Checklist dated 03/02/21. -There was no documentation of completion of the 5, 10 or 15 hour medication aide training.</p> <p>Review of the 5 sampled resident's May 2021 electronic Medication Administration Record (eMAR) revealed Staff B documented medications were administered to the residents.</p> <p>Attempted telephone interview with Staff B, MA, on 05/28/21 at 1:15pm was unsuccessful.</p> <p>Interview with the Property Manager on 05/27/21 at 3:00pm revealed she stopped being</p>	D935		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL011375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND HILL REST HOME # 2</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>95 RICHMOND HILL ROAD ASHEVILLE, NC 28806</b>		
(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
D935	<p>Continued From page 79</p> <p>responsible for the medication qualifications when the new Administrator was hired in April 2021.</p> <p>Interview with the Administrator on 05/27/21 at 3:30pm revealed:</p> <ul style="list-style-type: none"> <li>-She was responsible for making sure all the MAs had their required qualifications prior to administering medications to the residents.</li> <li>-She had been unable to find the documentation of the 5, 10, 15-hour medication aide training for Staff B.</li> <li>-Staff B had been hired in January 2021 by the previous administrator.</li> <li>-She thought Staff B would have been required to complete the 5, 10, or 15-hour medication aide training prior to taking the state medication aide written exam.</li> </ul>	D935		