

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/18/2021
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NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section completed a follow-up survey on 08/18/21.	{D 000}		
{D 167}	<p>10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation</p> <p>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, 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: FOLLOW-UP TO TYPE B VIOLATION. Based on these findings, the previous Type B Violation was not abated.</p> <p>Based on 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) within the last 24 months provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute, Medic First Aid or by a trainer with documented certification as a trainer on these procedures from one of these</p>	{D 167}		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{D 167}	<p>Continued From page 1</p> <p>organizations related to 1 of 3 sampled staff (Staff C).</p> <p>The findings are:</p> <p>Review of Staff C's personnel record revealed: -She was hired as a night shift medication aide (MA) and supervisor on 07/20/21. -There was no documentation of completion of CPR training or certification by an approved provider.</p> <p>Interview with the Administrator on 08/18/21 at 12:40pm revealed: -Staff C was a night shift MA/Supervisor and started about a month ago. -Staff C worked the 8:00pm to 8:00am shift. -Staff C had provided a certificate for CPR from an online training program who was not an approved provider on 04/26/21. -She was not aware that online CPR training was not an acceptable form of training.</p> <p>Attempted telephone interview with Staff C on 08/18/21 at 12:33pm was unsuccessful.</p> <p>_____</p> <p>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 C having completed an online course in CPR. This failure was detrimental to the health, safety, and welfare of the residents and constitutes an unabated Type B Violation.</p> <p>_____</p> <p>The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/19/21 for this violation.</p>	{D 167}		