Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				R-	С	
		HAL011372	B. WING		08/2	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		/IOND HILL ROA .LE, NC 28806	D.		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	'	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	conducted a follow-up	sure Section and the epartment of Social Services o survey on 08/24/21 to conference via telephone on				
{D 273}	10A NCAC 13F .0902	(b) Health Care	{D 273}			
		Health Care assure referral and follow-up ad acute health care needs				
	This Rule is not met a FOLLOW-UP TO TYP					
	Based on these findin Violation has been ab	gs, the previous Type B ated.				
	review, the facility faile provider (PCP) for 1 c	i, interview, and record ed to notify the primary care of 3 sampled residents cation used to treat infection as prescribed.				
	The findings are:					
	•	abscess of left buttock. or cefdinir 300mg 1 capsule				
	Medication Administrate revealed:	or cefdinir 300mg 1 capsule				

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL011372	B. WING		R-C 08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
DICUMON	ID UILL DEST HOME # 5	95 RICHM	OND HILL ROA	D		
RICHMON	ID HILL REST HOME # 5	ASHEVIL	_E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	E
{D 273}	twice daily starting 08 08/18/21 at 8:00am for opportunities. On 08/09/21 at 5:00pcefdinir was document to staff were waiting of from the pharmacy. On 08/18/21 at 8:00ad documented as not acrefused." Observation of Reside hand on 08/24/21 at 2 no cefdinir remaining. Telephone interview worn 08/25/21 at 10:30a-She had documented 08/17/21 at 8:00am of waiting on the medical pharmacy. -"Maybe" the cefdinir documented not admit because they were warrive from pharmacy. -She did not know what he eMAR Resident # 08/18/21 at 8:00am. -Resident #1 "never" when she administered-She had been trained.	umented as administered //09/21 at 5:00pm through or 15 occurrences out of 18 om and 08/17/21 at 8:00am, ated as not administered due on the medication to arrive arm, cefdinir was administered due to "resident ent #1's medications on 2:40pm revealed there was with a medication aide (MA) arm revealed: at the cefdinir entry on an Resident #1's eMAR as ation to arrive from the had been "out" and she had inistering the medication aiting on the medication to 1 refused cefdinir on erefused his medications at to document refusals in the next shift of the refusal. upposed to notify the (PCP) of medication	{D 273}	DEFICIENCY)		
	Telephone interview v	vith the facility's contracted tive on 08/25/21 at 11:15am				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
74101 2741	or contraction	IDENTIFICATION NOMBERS	A. BUILDING:		
		HAL011372	B. WING	R-C 08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5	95 RICHMO	OND HILL ROA	ND.	
		ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE
{D 273}	Continued From page	2	{D 273}		
	-They received the precedinir 300mg 1 capedays on 08/09/21They dispensed cefd facility on 08/09/21They had not receive facility for Resident # Interview with Resident 11:09am revealed: -He had never refuse -The antibiotic was preceded to treat an absolute infectionHe remembered the was "out."	escription for Resident #1's sule every 12 hours for 9 linir 18 capsules to the ed any cefdinir back from the 1. Int #1 on 08/25/21 at dhis antibiotic. Tescribed to him in the oscess and an urinary tract MA telling him the cefdinir			
	-He "tried" to tell the MA he had more doses to take of the cefdinir. Telephone interview with Resident #1's primary care provider (PCP) on 08/25/21 at 2:00pm revealed: -She did not know the resident had missed three doses of the cefdinir. -The cefdinir was prescribed for an abscess. -The abscess was "healing." -She had not seen any signs of reinfection. -There was a risk of Resident #1 developing a resistant bacteria strains to cefdinir and of wound infection preventing delayed wound healing when a course was not completed as prescribed. -However, in this case they had ordered a 9 day course and the resident received 7 days which was normally how cefdinir would be ordered to prevent resistant bacteria.				
	12:00pm revealed she	ministrator on 08/25/21 at e excepted the MAs to notify medication that was not red.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C
		HAL011372	B. WING		08/25/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D	
	CHMMADVCT		1	DROVIDEDIC DI ANI OF CORDECTION	1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 273}	Continued From page	: 3	{D 273}		
	revealed: -Document refusal pe -Upon first refusal of a director/designee sha addition shall ask for notify for future refusa	a medication the Il notify the physician and in clarification of how often to als. the resident and report any Ilt from refusal. n and follow-up			
D 276	10A NCAC 13F .0902	(c)(3-4) Health Care	D 276		
	10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure physician's orders for 2 of 3 sampled residents (#2, #3) regarding orders for weekly weights and 1 of 3 for weekly blood pressures (#2) were implemented.				
	The findings are:				
	07/19/21 revealed dia	t #2's current FL2 dated gnoses included bipolar e II, and schizoaffective			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R-C
		HAL011372	B. WING		08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 5	95 RICHM	OND HILL ROA	AD	
		ASHEVILL	.E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 4	D 276		
	a. Review of Residen	t #2's primary care provider /23/21 revealed record			
	Review of Resident # 07/05/21 revealed red on Thursdays from 8:	cord blood pressure weekly			
	Review of Resident #2's current FL2 dated 07/19/21 revealed record blood pressure weekly on Thursdays from 8:00am to 9:00am.				
	revealed:	2's August 2021 eMAR			
	weekly.	o record blood pressure			
	from 08/01/21 to 08/2				
	pressure due to resid	vas no documented blood ent refused.			
		2's record revealed the sure on 08/25/21 at 9:35am 121/70.			
	(MA) on 08/25/21 at 1	vith one medication aide I0:30am revealed: cuff had not worked for a			
	monthShe had not been at	ole to check blood pressures			
	for the residents who				
	pressure readings fro	m a previous blood ne eMAR though they did			
	THO ACTUALTY CHECK THE	, biood piessuies.			
	(RCC) on 08/25/21 at	sident Care Coordinator : 11:25am revealed: as the RCC about two			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL011372		B. WING			R-C 8/ 25/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICUMON	ID LIII I DEST HOME # 6	95 RICH	MOND HILL ROAD			
RICHMON	ND HILL REST HOME # 5	ASHEVII	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 276	weeks prior. -The staff had not not monitor was not work. -There was a case of equipment that works. Interview with the Add 12:00pm revealed: -She started in her rough of the started in her roug	tified her the blood pressure king. If blood pressure monitoring ed stored in the office. ministrator on 08/25/21 at a ble as Administrator on the blood pressure monitor blood pressure for residents ment the results in the with Resident #2's PCP on evealed she wanted the eekly blood pressure checks was taking multiple blood is. Ins., interviews, and record mined Resident #2 was not the was primary care provider 6/23/21 revealed record cursdays from 8:00am to CP and office of a variance of	D 276			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
				_	
		HAL011372	B. WING		R-C 08/25/2021
					1 00/20/2021
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA		
RICHMON	D HILL REST HOME # 5		OND HILL ROA	.D	
		ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 6	D 276		
	PCP and office of a va	ariance of 5% or more.			
	Medication Administratevealed: -There was an entry to notify PCP and office moreOn 07/01/21, there we due to "need new scate" -On 07/08/21, there we 173.6lbsThere were no other July 2021. Review of Resident # revealed: -There was an entry to notify PCP and office moreThere were no docur 08/01/21 to 08/24/21On 08/05/21, there we due to "resident refusion."	o record weight weekly and of a variance of 5% or was no documented weight." was documented weight of documented weights for 2's August 2021 eMAR o record weight weekly and of a variance of 5% or mented weights from			
		documented as 167.6lbs on			
	08/24/21 at 11:12am	edication Aide (MA) on revealed there was an order ent #1, but she had not been			
	3:30pm revealed: -There was not a work the office.	ne MA on 08/24/21 at king scale and she notified een working for several			

weeks.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL011372		B. WING		R-C
		HAL011372	B. W		08/25/2021
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA		
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D	
040.15			Ī	PROVIDER'S PLAN OF CORRECTION	d (ve)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 276	Continued From page	e 7	D 276		
	-The office brought a new scale about 1 week agoThe new scale worked properly.				
	Telephone interview v 08/25/21 at 10:30am				
	-She had not been we -The scale they used "messed up."	eighing residents. to weigh residents had been			
	"messed up." -The heavier residents could not be weighed accurately on the scale.				
	-She did not let the fa the scale was not wor	cility administration know king.			
	(RCC) on 08/25/21 at -She started her role	sident Care Coordinator : 11:25am revealed: as the RCC about two			
	weeks priorThe office was notified about 1 week ago.	ed the scale was not working			
	-	ced and currently worked. ole of accurately weighing 			
	Interview with the Administrator on 08/25/21 at 12:00pm revealed: -She started in her role as Administrator on 08/09/21If an order to weigh a resident was in the eMAR, she expected staff to weigh the resident and document the weight.				
	-If something was wrong with the scale, she expected staff to report it to herStaff had reported the problem with the scale to the office and a new scale was sent within the last week.				
		vith Resident #1's primary on 08/25/21 at 2:01pm			

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revealed the resident had orders for weekly

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STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL011372	B. WING		R-C 08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 8	D 276			
		e was a time when the				
		ns, interviews, and record nined Resident #2 was not				
	2. Review of Resident #3's current FL2 dated 8/10/21 revealed a diagnoses of arthritis, osteopenia, coronary artery disease, vertigo, obesity and type 2 diabetes.					
	Review of Resident #3's primary care provider (PCP) dated 8/10/21 revealed an order to record weight weekly and notify the PCP and office of a 5% variance.					
	Review of Resident #3's August 2021 electronic Medication Administration Record (eMAR) revealed: -There was an entry to record weight weekly notify PCP and office of 5% variance. -On 08/04/21, 08/11/21, and 08/18/21 there were documented weights of 300lbs. -The weights were all documented by the same medication aide (MA).					
	at 3:30pm revealed: -She has not weighed -There was not a wor the officeThe scale had not be weeks.	king scale and she notified een working for several new scale about 1 week				
	(RCC) on 8/24/21 at 1	sident Care Coordinator 10:30am revealed the office scale was not working about				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL011372		B. WING	B. WING	
	ROVIDER OR SUPPLIER D HILL REST HOME # 5	95 RICHM	DDRESS, CITY, STAT MOND HILL ROAI LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 276	resident's weight was 08/25/21 at 9:00am. Interview with Reside revealed she had nev MA's at this facility pri "today" (08/25/21). Telephone interview v at 10:30am revealed: -The scale would not documented the last k and copied that weigh-she did not notify the not working. Interview with the Adr 12:00pm revealed: -She started in her rol 08/09/21If an order to weigh a she expected staff to document the weightIf something was wroexpected staff to reported the staff to report the staff to reported the staff to repor	as replaced. 3's record revealed the documented as 274.2lbs on the #3 on 8/25/21 at 9:25am er been weighed by any or to the weight taken with a second MA on 8/25/21 register, so she known weight on the eMAR at for each week. The office that the scale was the eas Administrator on 08/25/21 at the eas Administrator on the eMAR, weigh the resident and the ong with the scale, she	D 276		
{D 358}	(a) An adult care hon preparation and admi	(a) Medication Medication Administration ne shall assure that the nistration of medications, prescription, and treatments	{D 358}		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (AND I EAR OF CONTROL OF THE PARTY OF THE PAR		A. BUILDING: _	COMPLETED	
		HAL011372	B. WING		R-C 08/25/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DICUMON	D UII I DEST HOME # 5	95 RICHMO	ND HILL ROA	D	
RICHIVION	D HILL REST HOME # 5	ASHEVILLI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 10	{D 358}		
	by staff are in accorda (1) orders by a licens which are maintained	ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by:			
	Based on these findings, the previous Type A2 Violation was abated. Non-compliance continues.				
	THIS IS A TYPE B VI	OLATION			
	reviews, the facility fa were administered ac parameters for 1 of 3	ns, interviews and record iled to ensure medications cording to the ordered sampled residents to medications used to treat			
	The findings are:				
	Review of Resident #3's current FL2 dated 08/10/21 revealed diagnoses included coronary artery disease, vertigo, and type 2 diabetes.				
	Review of Resident #3's Resident Register revealed an admission date of 07/28/21.				
	dated 08/10/21 revea -There was an order f (used to treat high blo hold for systolic blood pressure your heart e than 100 or pulse less	for hydrochlorothiazide bod pressure) 25 mg daily I pressure (maximum xerts while beating) less			

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	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
HAL011372		B. WING		08/2	C 5/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA	D		
	D THEE REOT HOME # 0	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	± 11	{D 358}			
	(eMAR) revealed: -There was an entry for 1 tablet daily hold for sthan 100 scheduled ar -The hydrochlorothiaz administered daily from 100 to 1	Administration Record or hydrochlorothiazide 25mg systolic blood pressure less t 8:00am. cide was documented as m 08/01/21 to 08/24/21. vas a documented blood 21/68. vas a documented blood 22/78. vas a documented bl				
	Review of Resident #3's record revealed a documented blood pressure of 104/86 taken on 08/25/21 at 9:00am.					
	pressure, because the not work. -There were two blood medication cart, but not functioning. -She had not requeste pressure monitor from	evealed: lken Resident #3's blood e blood pressure monitor did d pressure monitors in the either monitor was ed a replacement blood				
	monitor and one upper monitor. Review of Resident #3 documented blood pre 08/25/21 at 9:00am. Interview with a Medic 08/24/21 at 3:30pm re-The MA had never ta pressure, because the not work. -There were two blood medication cart, but no functioningShe had not requeste pressure monitor from There was no drop-deficition.	ar arm blood pressure 3's record revealed a ressure of 104/86 taken on cation Aide (MA) on revealed: alken Resident #3's blood be blood pressure monitor did did pressure monitors in the reither monitor was red a replacement blood in management.				

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the hydrochlorothiazide.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING		R-C 08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5		OND HILL ROA .E, NC 28806	D	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	e 12	{D 358}		
	were responsible for	d orders into the eMAR setting up the drop-down he blood pressure readings.			
	revealed: -She had never had he while residing at this factor of the second of the sec	ten to the hospital for d was prescribed a th the dizziness. of the physician order to hold edication if her blood one had taken her blood nistering any medication. with a second MA on ealed:			
	the medication cartShe did not take the Resident #3 prior to a hydrochlorothiazide d -She did record the bi #3 weekly on the eM/ -She copied the last r the eMAR instead of a blood pressureShe did not ask man blood pressure monits Interview with the Res (RCC) on 08/25/21 at -The MAs had not not pressure monitors we	administering aily. lood pressure for Resident AR. ecorded blood pressure on taking Resident #3's current agement for a replacement or. sident Care Coordinator 11:25am revealed: tified the office the blood ere not functioning. st blood pressure monitor			

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the office.

-There was a case of blood pressure monitors in

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING			R-C 3/ 25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL REST HOME # 5	95 RICH	MOND HILL ROAD			
		ASHEVII	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 13	{D 358}			
	-Management did not the staff did not tell th	know what staff needed if em.				
	11:45am revealed the	ice Manager on 8/25/21 at estaff failed to notify her that onitors were not functioning.				
		e interview with the primary e triage nurse on 08/24/21 at				
	Refer to the interview 08/25/21 at 12:00pm.	with the Administrator on				
	b. Review of Resider electronic Medication (eMAR) revealed:	nt #3's August 2021 Administration Record				
	to treat high blood pro	for hydrochlorothiazide (used essure) 25mg 1 tablet daily an 55 scheduled at 8:00am.				
	administered daily fro	zide was documented as om 08/01/21 to 08/24/21. nentation of pulse rates prior				
		ydrochlorothiazide for				
	Review of Resident # documented pulse ra 9:00am.	3's record revealed a te of 85 on 08/25/21 at				
	Interview with a Medi 08/24/21 at 3:30pm re	evealed:				
	-The physician order hydrochlorothiazide f	aken Resident #3's pulse. to hold the or a pulse less than 55 was				
	record the pulse before hydrocholorathiazide					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	IIRVEV	
	OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLI	
			A. BUILDING: _			
			B WING		R-	
		HAL011372	B. WING		08/2	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
DIOUSSO	DUIL DESTUSSE " -	95 RICHM	OND HILL ROA	D		
RICHMON	D HILL REST HOME # 5	ASHEVILL	.E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
{D 358}	Continued From page	: 14	{D 358}			
	box in the eMAR for t	·				
	revealed:	nt #3 on 08/24/21 at 3:45pm er pulse rate taken while				
	residing at this facility					
	 -She had recently been taken to the hospital for extreme dizziness and was prescribed a medication to help with the dizziness. -She was not aware of the physician order to hold her blood pressure medication if her pulse rate 					
	was low.					
	-She was certain no c before administering	one had taken her pulse any medication.				
		ealed she did not take the nt #3 prior to administering				
		e interview with the primary e triage nurse on 08/24/21 at				
	Refer to the interview 08/25/21 at 12:00pm.	with the Administrator on				
	dated 08/10/21 revea lisinopril (used to trea mg 1 tablet at bedtime pressure (maximum p	t #3 physician's orders led there was an order for t high blood pressure) 20 e hold for systolic blood pressure your heart exerts an 100 or pulse less than				
	(eMAR) revealed:	t #3's August 2021 Administration Record or lisinopril 20mg 1 tablet at				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL011372	B. WING		R-C 08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 5	95 RICHM	OND HILL ROA	.D	
		ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
{D 358}	Continued From page	e 15	{D 358}		
	bedtime hold for systo 100 scheduled at 8:00 -The lisinopril was do at bedtime from 08/0/ exception of 08/20/21 refused." -There was no docum checks prior to admin 08/01/21 to 08/24/21.	olic blood pressure less than 0pm. cumented as administered 1/21 to 08/24/21 with the at 8:00pm due to "resident nentation of blood pressure istration of lisinopril for edication cart on 08/24/21 at wrist blood pressure			
	Review of Resident # documented blood pr 08/25/21 at 9:00am.	3's record revealed a essure of 104/86 taken on			
	Interview with a Medication Aide (MA) on 08/24/21 at 3:30pm revealed: -The MA had never taken Resident #3's blood pressure, because the blood pressure monitor did not work. -There were two blood pressure monitors in the medication cart, but neither monitor was functioning. -She had not requested a replacement blood pressure monitor from management. -There was no drop-down box on the eMAR to record the blood pressure before administering the lisinopril. -The staff who entered orders into the eMAR were responsible for setting up the drop-down box in the eMAR for the blood pressure readings. Interview with Resident #3 on 08/24/21 at 3:45pm				
	revealed:	ner blood pressure taken			

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DIVISION	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1		_	_
			D 14/11/0	D MINO		С
		HAL011372	B. WING		08/2	5/2021
NAME OF PE	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDEIT OIT OOI I EIEIT					
RICHMON	D HILL REST HOME # 5		IOND HILL ROA	AD .		
		ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGULATORT OR L	130 IDENTIFTING INFORMATION)	TAG	DEFICIENCY)	MAIL	BATE
			+			
{D 358}	Continued From page	e 16	{D 358}			
	-She was recently tak	on to the beenitel for				
	extreme dizziness and					
		•				
	medication to help wit					
		of the physician order to hold				
	her blood pressure m	edication if her blood				
	pressure was low.					
		one had taken her blood				
	pressure before admi	nistering any medication.				
	Telephone interview v	with a second MA on				
	08/25/21 at 10:30 rev					
	the medication cart.	blood pressure monitor on				
		blood processree for				
	-She did not take the					
	•	idministering lisinopril daily.				
	-She did record the bl	•				
	resident weekly on the					
		recorded blood pressure on				
		taking the resident's current				
	blood pressure.					
		agement for a replacement				
	blood pressure monitor	OI.				
	Interview with the Res	sident Care Coordinator				
	(RCC) on 08/25/21 at					
	` ,	tified the office the blood				
	pressure monitors we					
	•	st blood pressure monitor				
	and it was working pro	blood pressure monitors in				
	the office.	blood pressure monitors in				
		know what staff pooded if				
	the staff did not tell th	know what staff needed if				
	the Stall did not tell th	CIII.				
	Interview with the Offi	ice Manager on 8/25/21 at				
		e staff failed to notify her that				
		onitors were not functioning.				
	are prood pressure m	omiors were not functioning.				
	Refer to the telephone	e interview with the primary				
		e triage nurse on 08/24/21 at				
	25 5 pri j 5.01011 6 011100	go	1	1		

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		R-C	
		HAL011372	B. WING		08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA	D		
			E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D 358}	Continued From page	e 17	{D 358}			
	2:45pm.					
	Refer to the interview 08/25/21 at 12:00pm.	with the Administrator on				
	(eMAR) revealed: -There was an entry f high blood pressure): hold for pulse less tha -The lisinopril was do at bedtime from 08/01 exception of 08/20/21 refused." -There was no docum to administration of lis 08/24/21. Review of Resident #	Administration Record for lisinopril (used to treat 20mg 1 tablet at bedtime an 55 scheduled at 8:00pm. cumented as administered 1/21 to 08/24/21 with the at 8:00pm due to "resident mentation of pulse rates prior sinopril from 08/01/21 to				
	-There was no drop-d record the pulse rate lisinopril. -The staff which enter	evealed: aken Resident #3's pulse. lown box on the eMAR to before administering the red orders into the eMAR setting up the drop-down				
	Interview with Reside revealed: -She had never had he residing at this facilityShe was recently take extreme dizziness and medication to help with	cen to the hospital for d was prescribed a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			71. BOILBING			-C
		HAL011372	B. WING		08/2	25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE		
RICHMON	ID HILL REST HOME # 5		MOND HILL ROA	D		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	LE, NC 28806	PROVIDER'S PLAN OF CORREC	TION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETE DATE
{D 358}	Continued From page	÷ 18	{D 358}			
	-She was not aware of the physician order to hold her blood pressure medication if her pulse rate was lowShe was certain no one had taken her pulse rate before administering any medication.					
	-She would expect a	ealed: ed afternoon medications. drop-down box on the eMAR f that was a parameter for cation.				
	I =	vith a third MA on 08/25/21 e did not take check a pulse prior to administering				
		e interview with the primary e triage nurse on 08/24/21 at				
	Refer to the interview 08/25/21 at 12:00pm.	with the Administrator on				
	2:45pm revealed: -The parameters for the medications were accordiagnosis of hyperten	ge nurse on 08/24/21 at the blood pressure turate due to the resident's				
	Interview with the Adr 12:00pm revealed: -It was the facility's po medications as they v					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING		R-C 08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE	
DICUMON	D HILL REST HOME # 5	95 RICHM	OND HILL ROA	D	
RICHIVION	D HILL REST HOME # 5	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D 358}	Continued From page	: 19	{D 358}		
	-If there were required a medication to be ad staff to check the vital	d vital signs on the eMAR for ministered, she expected I sign and document the AR prior to administering the			
	pressure and pulse ra administering blood p day which increased to dizziness. This failure	ressure medications twice a the residents risk for was detrimental to the elfare of Resident #3 and			
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/24/21 for this violation.				
	CORRECTION DATE VIOLATION SHALL N 2021.	FOR THE TYPE B OT EXCEED OCTOBER 9,			
{D912}	G.S. 131D-21(2) Dec	laration of Residents' Rights	{D912}		
	Every resident shall h 2. To receive care an adequate, appropriate	ration of Residents' Rights ave the following rights: d services which are e, and in compliance with state laws and rules and			
	interviews, the facility residents received ca adequate, appropriate relevant federal and s	ns, record reviews, and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING		R-C 08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER		I RESS, CITY, STA	TE. ZIP CODE	1 00/23/2021	
	D HILL REST HOME # 5		ND HILL ROA			
RICHWON	D HILL REST HOME # 5	ASHEVILLI	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
{D912}	Continued From page	e 20	{D912}			
	and infection preventi	on.				
	The findings are:					
	reviews, the facility fa were administered ac parameters for 1 of 3 (Resident #3) related high blood pressure.[ions, interviews and record illed to ensure medications coording to the ordered sampled residents to medications used to treat Refer to Tag 0358, 10A Medication Administration				
	2. Based on observations, interviews and record reviews, the facility failed to implement a written infection control policy consistent with the Federal Centers for Disease Control and Prevention (CDC) guidelines to ensure proper infection control procedures for the use of glucometers for 3 of 3 sampled diabetic residents (#1, #2, #3) with orders for fingerstick blood sugar (FSBS) monitoring resulting in the sharing of glucometers between residents. [Refer to Tag 932, G.S. 131D-4.4 A(b) Adult Care Home Infection Prevention Requirements (Unabated B Violation).].					
{D932}	Requirements	CH Infection Prevention	{D932}			
	G.S. 131D-4.4A Adult Prevention Requirement					
	pathogens, each adulthe following, beginning	C, and other bloodborne It care home shall do all of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL011372	B. WING		R-C 08/25/	2021
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	00/23/	2021
			OND HILL ROA			
RICHMON	ID HILL REST HOME # 5	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
{D932}	Control and Preventic control that addresses a. Proper disposal of to puncture skin, muctissues, and proper dipatient care items that residents. b. Sanitation of rooms cleaning procedures, c. Accessibility of infesupplies. d. Blood and bodily flue. Procedures to be for home staff is exposed fluids of another persons significant risk of transhepatitis C, or other bif. Procedures to prohiwith exudative lesions engaging in direct respotential for contact be equipment, or devices dermatitis until the co (2) Require and monificacility's infection contact (3) Update the infection necessary to prevent	deral Centers for Disease on guidelines on infection is at least all of the following: single-use equipment used ous membranes, and other isinfection of reusable it are used for multiple is and equipment, including agents, and schedules. It is control devices and is used for other body on in a manner that poses a smission of HIV, hepatitis B, loodborne pathogens. It is or weeping dermatitis from ident care that involves the etween the resident, is and the lesion or indition resolves.	{D932}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					 R-	С
		HAL011372	B. WING		1	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		ND HILL ROA	.D		
(X4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	E, NC 28806	PROVIDER'S PLAN OF CORRECTION	J	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
{D932}	Violation was not aba Based on observation	as evidenced by: PE B VIOLATION ngs, the previous Type B ted. ns, interviews and record	{D932}			
	infection control policic Centers for Disease (CDC) guidelines to econtrol procedures fo 3 of 3 sampled diabet orders for fingerstick monitoring resulting in between residents. The findings are: Review of the CDC grevealed the CDC recomplified to the CDC recompliance of the control of the	uidelines for infection control commends blood glucose lucometers) should not be lents. If the glucometer is to n one resident, it should be ed per the manufacturer's				
		anufacturer does not list on, the glucometer should en residents.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		
		HAL011372	B. WING		R-C 08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	·
DICHMON	ID HILL REST HOME # 5	95 RICHM	MOND HILL ROAD		
KICHWION	ID HILL REST HOME # 5	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETE
{D932}	Continued From page	e 23	{D932}		
	for Brand A glucometrusers should follow of blood-borne transh healthcare setting. -There were no disinf for multi-person use. Review of the facility' revealed: -Sharing of glucometruser. -Prior to checking a recensure that the name zippered case match their sugar checked.	the guidelines for prevention nittable diseases in a fection instructions provided as diabetic testing policy ers was strictly prohibited. esident's blood sugar, on the glucometer and the resident who is having			
	Observation of the facility's medication cart on 08/24/21 at 2:10pm revealed: -There were five zippered cases containing Brand A glucometers in the top drawer. -Hand written on each case was a different resident's name. 1. Review of Resident #1's current FL2 dated 08/09/21 revealed there was an order for fingerstick blood sugar (FSBS) testing three times a day with meals.				
	revealed: -Diagnoses included acute diastolic conge	diabetes mellitus type 2 and stive heart failure.			
	supplies on 08/24/21 -There was a zippere	ent #1's FSBS testing at 2:10pm revealed: d case labeled with Resident artment in the top drawer of			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	· · · · ·	(X3) DATE SURVEY COMPLETED		
HAL011372		A. BOILDING.				
		B. WING			R-C 3 /25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
DICUMON	ID UILL DEST HOME # 5	95 RICH	MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D932}	Continued From page	e 24	{D932}			
	the medication cart.					
		A glucometer inside the				
	zippered case.	A glucometer maide the				
		eter was labeled on the back				
	with Resident #1's na					
	Review of Resident #	1's Brand A glucometer's				
	history on 08/24/21 a	-				
		neter on revealed the screen				
	, ,	e of 08/24 and time of				
	2:36am (an approxim	ate delay of 13 hours and				
	41 minutes).					
	-There was no year d	isplayed with the date on the				
	glucometer screen.					
		readings in the memory				
		with a range of 114-361.				
		there was a FSBS of 196				
		ocumented on 08/24/21 at				
	4:30pm on the eMAR					
		there was a FSBS of 261 ocumented on 08/22/21 at				
	4:30pm on the eMAR					
		there was a FSBS of 161				
		ocumented on 08/21/21 at				
	4:30pm on the eMAR					
		there was a FSBS of 185				
		ocumented on 08/19/21 at				
	8:00am on the eMAR					
	-On 08/17 at 4:00am,	there was a FSBS of 210				
		ocumented on 08/18/21 at				
	8:00am on the eMAR					
	documented on 08/17	•				
		there was a FSBS of 218				
	_	ocumented on 08/17/21 at				
	8:00am on the eMAR					
	documented on 08/16					
		there was a FSBS of 308				
	on the eMAR.	g FSBS value documented				
		there was a FSBS of 114				

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Division of Health Service Regulation

STATEMENT OF DEPICIENCES AND PLAN OF CORRECTION AUGUST. HALO11372 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 PROVIDER OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 PROVIDER OR SUPPLIER SAMMARY STREEMENT OF DEPICENCES; WAY, ID CREAT REPORTED WAY, STATE AND TO PENCHENCES; RECHONDED HILL ROAD ASHEVILLE, NC 28806 PROVIDERS THAN OF CORRECTION FREQUENT OF THE APPROPRIATE CREAT REPORTED WAY, STATE AND TO PENCHENCES; RECHONDED HILL ROAD ASHEVILLE, NC 28806 PROVIDERS THAN OF CORRECTION FREQUENT OF THE APPROPRIATE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY WITH NO CORRESPONDING FSBS value documented on the MARR. On 08/13 at 4.17am, there was a FSBS of 161 with no corresponding FSBS value documented on the eMARR. Review of Resident #1's August 2021 eMAR revealed: -There was an entry to check and record FSBS with meals scheduled at 8.00am, 12.00pm, and 4.30pm. -The FSBS results were documented for 08/18/21 at 12.00pm. -The FSBS range was 133-361. Review of Resident #1's Brand A glucomented or 08/18/21 at 12.00pm. The FSBS readings in the glucometer or memory corresponded to the documented FSBS values on Resident #1's August 2021 eMAR. Interview with Resident #1 on 08/24/21 at 12.00pm. The SSB range was 183-361. Review of Resident #1's Brand A glucometer's history and August 2021 eMAR. Interview with Resident #1 on 08/24/21 at 12.00pm. The staff performed FSBS testing for him. -He had gotten a new glucometer on the medication cart. -The staff performed FSBS testing for him. -He had gotten a new glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/25/21 at 10.04am.	DIVISION	n nealth Service Regu	lation				
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history and August 2021 eMAR revealed 28 out of 36 FSBS readings in the glucometer memory corresponded to the documented FSBS values on Resident #1's August 2021 eMAR. Interview with Resident #1 on 08/24/21 at 12:30pm revealed: -The staff kept his glucometer on the medication cartThe staff performed FSBS testing for himHe had gotten a new glucometer at the end of May 2021He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		Review of Resident #	1's Brand A alucometer's				
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corresponded to the documented FSBS values on Resident #1's August 2021 eMAR. Interview with Resident #1 on 08/24/21 at 12:30pm revealed: -The staff kept his glucometer on the medication cart. -The staff performed FSBS testing for him. -He had gotten a new glucometer at the end of May 2021. -He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		-					
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12:30pm revealed: -The staff kept his glucometer on the medication cartThe staff performed FSBS testing for himHe had gotten a new glucometer at the end of May 2021He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		Interview with Reside	nt #1 on 08/24/21 at				
-The staff kept his glucometer on the medication cartThe staff performed FSBS testing for himHe had gotten a new glucometer at the end of May 2021He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second							
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May 2021He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second							
-He did not know if staff used his glucometer to check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		-	5				
check his FSBS or not. Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second			aff used his alucometer to				
Refer to the interview with one Medication Aide (MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second							
(MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		GROOK THE FOLLOW OF THE	,				
(MA) on 08/24/21 at 4:30pm. Refer to the telephone interview with a second		Refer to the interview	with one Medication Aide				
Refer to the telephone interview with a second							
		(WITT) OIT OOIZ TIZE ALS	1.00piii.				
		Refer to the telephone	e interview with a second				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
AND I LAN OF CONNECTION		A. BUILDING: _	COMPLETED			
		HAL011372	B. WING		R-C 08/25/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	-	
		95 RICHMO	OND HILL ROA	.D		
RICHMON	D HILL REST HOME # 5		E, NC 28806	_		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
{D932}	Continued From page	e 26	{D932}			
	Refer to the telephone on 08/25/21 at 10:30a	e interview with a third MA am.				
		with the Resident Care n 08/25/21 at 11:25am.				
	Refer to the interview 08/25/21 at 12:00pm.	with the Administrator on				
	 2. Review of Resident #2's current FL2 dated 07/09/21 revealed: -Diagnoses included bipolar disorder, diabetes type II, and schizoaffective disorderCheck and record FSBS (fingerstick blood sugar) tests twice daily at 8:00am and 8:00pm and notify the primary care provider (PCP) for FSBS greater than 500 or less than 80. Observation of Resident #2's FSBS testing supplies on 08/25/21 at 9:16am revealed: 					
	#2's name in a compa the medication cart. -There was a Brand A zippered case.	d case labeled with Resident artment in the top drawer of A glucometer inside the eter was labeled on the back me.				
	Review of Resident # history on 08/24/21 at -Powering the glucom showed a current date 2:56pm (an approxim -There was no year d glucometer screenThere were 31 FSBS dated 08/10 to 08/24 -21 out of 31 FSBS residuel -21 out of	2's Brand A glucometer's t 3:00pm revealed: neter on revealed the screen e of 08/24 and time of ate delay of 4 minutes). isplayed with the date on the 6 readings in the memory with a range of 68-315. eadings in the glucometer d to the documented FSBS				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
					D 0	
			B. WING		R-C	
		HAL011372	B. WING		08/2	5/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHM	OND HILL ROA	ח.		
RICHMON	D HILL REST HOME # 5		E, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		DATE
17.0		,	IAG	DEFICIENCY)		
{D932}	Continued From page	e 27	{D932}			
	Medication Administra	ation Record (eMAR)				
		there was a FSBS of 295				
		g value documented on the				
	eMAR.	g value documented on the				
		no FSBS values in the				
	glucometer history, a					
	•	0/21 at 8:00pm on the eMAR				
		as documented on 08/20/21				
	at 8:00am on the eMA					
		there was a FSBS of 112				
		of 211 documented on 08/18/21 at				
	8:00pm on the eMAR					
		there was a FSBS of 249				
		ocumented on 08/18/21 at				
	8:00am					
	•	there was a FSBS of 171				
		ocumented on 08/17/21 at				
	8:00pm on the eMAR					
		there was a FSBS of 172				
		ented on 08/17/21 at 8:00am				
	on the eMAR due to "	: - : - : - : - : - : - : - : - :				
		no FSBS values in the				
	•	r morning, a value of 124				
	was documented on (08/14/21 at 8:00am on the				
	eMAR.					
	•	there was a FSBS value of				
	135 with no correspor	nding value documented on				
	the eMAR.					
	-On 08/12 at 8:30am,	there was a FSBS value of				
	161 with a value of 26	65 documented on 08/12/21				
	at 8:00am on the eMA	AR.				
	Review of Resident #	2's August 2021 eMAR				
	revealed:					
	_	o check and record FSBS				
	twice daily scheduled	at 8:00am and 8:00pm.				
	-The FSBS results we	ere documented as				
	completed twice daily	from 08/01/21 at 8:00am to				

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08/24/21 at 8:00am.

-There were no FSBS results documented for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
			B. WING		R-C
		HAL011372	B. WING		08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 5		OND HILL ROA	D	
		ASHEVILI	_E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{D932}	Continued From page	28	{D932}		
	08/17/21 at 8:00am.				
	-The FSBS range was	s 70-344.			
	Review of Resident #2's Brand A glucometer's history and August 2021 eMAR revealed 21 out of 31 FSBS readings in the glucometer memory corresponded to the documented FSBS values on Resident #2's August electronic Medication Administration Record (eMAR). Based on observations, interviews, and record reviews it was determined Resident #2 was not interviewable.				
	Refer to the interview (MA) on 08/24/21 at 4	with one Medication Aide I:30pm.			
	Refer to the telephone MA on 08/25/21 at 10	e interview with a second :04am.			
	Refer to the telephone interview with a third MA on 08/25/21 at 10:30am. Refer to the interview with the Resident Care Coordinator (RCC) on 08/25/21 at 11:25am. Refer to the interview with the Administrator on 08/25/21 at 12:00pm.				
		t #3's current FL-2 dated noses included type 2			
	8/10/21 revealed che	3's physician order dated ck blood glucose twice daily tand once before bedtime.			
	Observation of Reside supplies on 08/24/21 -There was a zippere				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
		HAL011372	B. WING		R-C 08/25/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL REST HOME # 5	95 RICHM	OND HILL ROA	AD	
RICHWON	D HILL REST HOWE # 5	ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
{D932}	Continued From page	29	{D932}		
	#3's name in a compartment in the top drawer of the medication cartThere was a Brand A glucometer inside the zippered caseThe Brand A glucometer was labeled on the back with Resident #3's name.				
	-The Brand A glucometer was labeled on the back				
	revealed: -There was an entry t twice daily scheduled -The FSBS results we completed twice daily 08/24/21 at 8:00am.	from 08/01/21 at 8:00am to			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL011372	B. WING			R-C 8/ 25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICHMON	ID HILL REST HOME # 5	95 RICHI	MOND HILL ROAD			
RICHIVION	ID HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D932}	Continued From pag	e 30	{D932}			
	history and August 2 37 FSBS readings in corresponded to the	#3's Brand A glucometer's 021 eMAR revealed 34 out of the glucometer memory documented FSBS values gust electronic Medication rd (eMAR).				
	Interview with Resident #3 on 08/24/21 at 4:25pm revealed: -Staff checked her FSBS's twice daily at 8:00am and 8:00pmShe did not know what glucometer staff used to check her FSBS.					
	Refer to the interview (MA) on 08/24/21 at	with one Medication Aide 4:30pm.				
	Refer to the telephor MA on 08/25/21 at 10	ne interview with a second 0:04am.				
	Refer to the telephone interview with a third MA on 08/25/21 at 10:30am.					
		wwith the Resident Care n 08/25/21 at 11:25am.				
	Refer to the interview with the Administrator on 08/25/21 at 12:00pm.					
	their own glucometer cartAll of the glucomete	evealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
THE PERIOD CONTROL TO THE PERIOD TO THE PERI		A. BUILDING: _		COMIT LETED	
		1141 044070	B WING		R-C
		HAL011372	B. WING		08/25/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5		OND HILL ROA	ND.	
		ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
{D932}	Continued From page	31	{D932}		
	glucometers from getting mixed upShe did not know why the values in the glucometer history did not match the eMAR documentation.				
	Telephone interview v 08/25/21 at 10:04am				
		s for FSBS testing had their			
	own glucometers.	Jaamatara hatwaan			
	 She did not share gluresidents. 	acometers between			
	-She recorded FSBS readings in the eMAR as				
		to prevent errors with			
	recording the test value				
		dent's glucometer before			
	and after use with an	aiconoi wipe. a resident's FSBS multiple			
		od sugar was "super high"			
	or "super low" when s				
	•	n why there were extra			
		meters that did not match			
	the resident's eMAR	documentation.			
	Telephone interview with a third MA on 08/25/21 at 10:30am revealed:				
	-She had been receiv glucometers.	ed training to never share			
		ters available for every			
	resident with orders for	or FSBS testing. ory readings should match			
	the eMAR.	ory readings should match			
		ere refusing to have their			
	_	taff were just "going by" the			
	-The MA's get in hurry	v and just "throw" the			
		drawer instead of placing			
	•	tely labeled zippered case.			
		ows if in a "hurry" might			
	accidentally use the v	vrong glucometer, because			
the names were written on the bottom of all the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	IDENTIFICATION NOWIGER.		A. BUILDING: _		COMPLETED	
		HAL011372	B. WING		R-C 08/25/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DICHMON	DINI DESTUDIE#5	95 RICHM	IOND HILL ROA	ND.		
RICHIVION	D HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTE	
{D932}	Continued From page	: 32	{D932}			
,	glucometers and was the glucometer.	not visible from the top of				
	Interview with the Resident Care Coordinator (RCC) on 08/25/21 at 11:25am revealed: -She had just been hired as the RCC about two weeks priorShe found out "yesterday" (08/24/21) they were going to be auditing glucometer histories against eMAR entriesShe did not know when the glucometers had last been audited. Interview with the Administrator on 08/25/21 at 12:00pm revealed: -She had been hired as the Administrator on 08/09/21The staff had compared glucometer histories against the eMAR entries in July 2021 and the values matchedThe MAs had been trained never to share					
	-lt would be difficult for glucometers mixed up -She could not explain	o. In how the glucometer tching up to the eMAR				
	The facility failed to in procedures consisten resulting in 3 resident sugar checks with glu shared which increas contracting bloodborn failure was detrimental	er's weekly. nplement infection control				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING		R-C	
		HAL011372	b. WING		08/25/	/2021
NAME OF F	ROVIDER OR SUPPLIER		RESS, CITY, STA			
RICHMON	ID HILL REST HOME # 5		OND HILL ROA E, NC 28806	ND		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D932}	Continued From page	33	{D932}			
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 08/24/21 for				

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