	IDER OR SUPPLIER	HAL011372	B. WING		R-C 10/08	
PREFIX	ILL REST HOME # !	STREET A 95 RICHI	DORESS, CITY, ST MOND HILL RO LLE, NC 28806		10/00	
	(EACH DEFICIENC	LATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(73) COMPLETE DATE
Th Bu coi 10, 10,	uncombe County E inducted an follow 1/08/21 with an exi 1/08/21,	sure Section and the epartment of Social Services up survey on 10/07/21 and conference via telephone on	{D 000}	27. 11	15	
Ad 10, (a) pre- pre- by (1) wh (2) an Th (2) an Th FC Vio Ba Tyj Ba rev me pre- pre- pre- to vio Vio Ba Tyj Ba rev me pre- pre- pre- pre- to vio Sa Tyj Ba rev me pre-	An adult care ho eparation and adn escription and non vistaff are in accord orders by a licer hich are maintaine or rules in this Sec ad procedures. In Rule is not mel OLLOW-UP TO CO IOLATION ased on these finding re B Violation was ased on observation views, the facility f edications as order actitioner for 1 of 3 lated to medication essure, prevent blo the findings are: Review of Resider V19/21 revealed di pertension, cardio sease, and diabete Service Regulation	4 Medication Administration me shall assure that the inistration of medications, i-prescription, and treatments dance with: used prescribing practitioner d in the resident's record; and tion and the facility's policies t as evidenced by: DNTINUING TYPE B ngs, the previous Unabated a not abated. Ins, interviews, and record alled to administer red by a licensed prescribing sampled residents (W2) is used to treat high blood bod clots, and to treat pain.	{D 358}	Compute Chart rev on a monthly bai by designated Atri member. medication that may be missin will be ordered i more by designated Atry Electronic mar no deily. Vitres will I computed by medicate Atoff and monitored by designated Ataf Or a deily basis. all medical and Labs appointments are Do by the admissistor. I instructed to call admission been missed due not a will at schedu	to diately to nitored ech to heduled staff has eino has has has	

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Reviewed and Acknowledged Date: 11/22/21 CS

ND PLAN O	OF DEFICIENCIES OF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	COM	R-C
AME OF PE	ROVIDER OR SUPPLIER				1	0/08/2021
			DDRESS, CITY, ST			
ICHMON	D HILL REST HOME # 5		MOND HILL RO LE, NC 28806	AD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	
TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
(D 358)	07/19/21 revealed the eplerenone (a potass treat high blood press day. Telephone interview the facility's contract 11:50am revealed: -A 15-day supply of a dispensed for Reside -The 15-day supply of 09/15/21. -The pharmacy was after 08/31/21 becau would not pay for the -The pharmacy sent to the primary care p -The insurance comp coverage of the med -The facility staff req -The pharmacy resp with a faxed note on not been sending the (\$101.13). -Facility staff were ac pharmacy if they war sent as a private pay	at #2's current FL2 dated ere was an order for sium sparing diuretic used to sure) 25mg one tablet every with a representative from ed pharmacy on 10/07/21 at eplerenone was last ant #2 on 08/31/21. would have run out on unable to fill the eplerenone use, the resident's insurance a medication. a prior authorization request provider (PCP), pany continued to deny ication. uested a refill on 10/02/21. onded to the refill request 10/05/21 explaining they had a medication due to the cost	{D 358}	ptrut.	CX)	11/1/2
	(eMAR) revealed: -There was an entry tablet every day sche -The eplerenone was administered daily fr	n Administration Record for eplerenone 25 mg one eduled at 8:00am.				

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If continuation sheet 2 of 30

STATEMENT	of Health Service Reg row deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 10/08/2021
	ROVIDER OR SUPPLIER	95 RICH	DORESS, CITY, STATT MOND HILL ROAD LLE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY NUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
(D 358)	take." -On 09/02/21, the ep as not administered pharmacy. Review of Resident on the September 2 131/82 to 156/74. Review of Resident revealed: -There was an entry tablet every day sch -The eplerenone wa administered daily fr -On 10/02/21, the ep as administered with medication is out bu Pharmacy." -On 10/03/21, the ep as administered with "medication ordered -On 10/07/21, the ep as not administered prior authorization in Review of Resident on the October eMA of 148/84 on 10/05/2 Observation of Resident and on 10/07/21 at eplerenone available Interview with the Resident (RCC) on 10/07/21 at	due to "physically unable to plerenone was documented due to arriving from #2's blood pressure readings 021 eMAR ranged from #2's October 2021 eMAR for eplerenone 25mg one reduled at 8:00am. Is documented as rom 10/01/21 to 10/05/21. plerenone was documented in the following note "This it has been ordered from the plerenone was documented in the following pass note 1 yesterday." plerenone was documented due to "medication requires of received by the pharmacy." #2's blood pressure readings IR revealed a blood pressure 21.	{D 358}		

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If continuation sheet 3 of 30

A TOWNER COMPANY	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING: B. WING	CONSTRUCTION	COM	E SURVEY PLETED R-C W08/2021
10 (1 <b>10</b> 10 - 2013	ROVIDER OR SUPPLIER	95 RICH	DDRESS, CITY, STATE MOND HILL ROAD LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NOV MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
(D 358)	-She asked Reside to pay for the epler want to pay for it. -She had planned it today (10/07/21) to eplerenone. -She had not yet of Interview with the A 4:20pm revealed re paying for their me Interview with the A revealed: -The MAs were sup when the medicatio on the bubble pack -She realized the e Resident #2 "yeste -Then she rememb denial from the pha -She contacted Re notify her the reside -The PCP discontin ordered another dis resident. Telephone interview 10/08/21 at 2:52pm -She was aware of by Resident #2's in eplerenone. -She was unaware the medication sinc "yesterday" (10/07/ -By reading the car	ant #2 on 10/07/21 if he wanted enone and the resident did not to contact Resident #2's PCP ask for an alternative to ontacted the PCP. Administrator on 10/07/21 at esidents were responsible for dications. RCC on 10/08/21 at 9:35am opposed to reorder a medication on supply was at the blue strip c. plerenone was out for rday" (10/07/21). wered receiving the payment armacy. sident #2's PCP on 10/07/21 to ent was out of the medication. hued the eplerenone and uretic medication for the with Resident #2's PCP on in revealed: the prior authorization denial surance company for the the resident had been out of ce mid-September until 21). diology notes, she believed the en prescribed to treat	(D 358)			

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If continuation sheet 4 of 30

STATEMENT	of Health Service Reg ror DEFICIENCIES OF CORRECTION	Addion (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING B. WING	CONSTRUCTION	COM	E SURVEY PLETED R-C M08/2021
	ROVIDER OR SUPPLIER	95 RICH	MOND HILL ROAD			
OCHMON	D HILL REST HOME # 3	ASHEVI	LLE, NC 28806			1 102.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFOX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(XS) COMPLETE DATE
(D 358)	individuals who are b thinning medication v therapeutic range. -There was an order to treat and prevent to on Mondays, Tuesda Saturdays, and Sund -There was an order on Wednesdays. Review of Resident # 09/24/21 revealed; -The resident's INR v -There was an order (09/24/21). -The resume warfarin Wednesdays. -Recheck INR in 2 we Review of Resident # electronic Medication (eMAR) revealed; -There was an entry f tablet six times week! Thursday, Friday, Sat scheduled at 6:00pm. -There was an entry f one-half tablet once w scheduled at 6:00pm. -On 09/21/21, the war not administered due pharmacy. -On 09/24/21, warfarin administered instead	aled: a blood test used to monitor being treated with the blood warfarin) was within to administer warfarin (used blood clots) 3mg one tablet tys, Thursdays, Fridays, tays. to administer warfarin 1.5mg #2's physician's order dated was 3.6. for warfarin 1.5mg "today" a 3mg daily except 1.5mg on eeks on 10/07/21 at 2:20pm. 12's September 2021 Administration Record for warfarin 3mg take one y on Monday, Tuesday, turday, and Sunday or warfarin 3mg take veekly on Wednesday farin was documented as to arriving from the in 3mg was documented as of warfarin 1.5mg, farin was documented as	(D. 358)			

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If continuation sheet, 5 of 30

TATEMENT	If Health Service Reg OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING	ONSTRUCTION	COM	E SURVEY PLETED R-C
		- Incertaiz	an millio		10	/08/2021
OAME OF PA	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	D HILL REST HOME #	5 95 RICH	MOND HILL ROAD			
(1000/1000/		ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE DATE
(D 358)	Continued From pa	ge 5	(D 358)			
	Review of Resident 10/07/21 revealed: -The resident's INR -There was an order Mondays, Tuesday Sundays. -There was an order Wednesdays and F -Recheck INR on 1 Observation of Residen revealed: -There was an entr tablet six times wer Thursday, Friday, S scheduled at 6:00p -There was an entr one-half tablet onc scheduled at 6:00p -There was an entr one-half tablet onc scheduled at 6:00p -There was an entr one-half tablet onc scheduled at 6:00p -On 10/07/21, the v due to arriving from Telephone interview representative on 1 -The pharmacy dis warfarin 3mg stren was a two week su -On 09/21/21, a ref the facilty for warfa -There were two 3i 3mg tablet sent on the medication unt 09/24/21.	<ul> <li>#2's physician order dated</li> <li>was 3.4.</li> <li>r for warfarin 3mg daily on s. Thursdays, Saturdays, and</li> <li>ar for warfarin 1.5mg daily on indays.</li> <li>0/22/21 at 2:20pm.</li> <li>sident #2's medications on at 12:40pm revealed there was le for administration.</li> <li>I #2's October 2021 eMAR</li> <li>y for warfarin 3mg take one ekly on Monday. Tuesday, Saturday, and Sunday sm.</li> <li>y for warfarin 3mg take one ekly on Wednesday sm.</li> <li>y for warfarin 3mg take e weekly on Wednesday sm.</li> <li>warfarin was not administered in the pharmacy.</li> <li>w with the facility's pharmacy 10/07/21 at 11:50am revealed: pensed and 14 tablets of gth tablets on 09/10/21 which upply ending 09/24/21.</li> <li>If request was received from</li> </ul>	(D 358)			

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Econtinuation sheet 6 of 30

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(K3) DAT	RM APPROVE E SURVEY PLETED	
HAL011372	8. WING			R-C	
STREET	ADDRESS CITY STATE		10	10/08/2021	
ASHEV					
NEY MIST DE DOMONDER OUVER	IÓ PREFIX TAG	CROSS-REFERENCED TO THE	SHOULDEE	(XS) COMPLETE DATE	
ege 6 At day (09/27/21) and was ality at 3:16pm. dent #2 on 10/07/21 at 2:25pm at had his warfarin medication row." RCC on 10/08/21 at 10:05am #2 did not get his warfarin on it did not arrive from the er 9:00pm. addent #2's medications on at 11:04am revealed: abble packs of warfarin 3mg bble packs of warfarin 3mg bble pack which contained 11 3mg (none of the tablets had hill date of 10/07/21. w with a representative from cted pharmacy on 10/08/21 at eived Resident #2's INR result on 10/07/21 at 4:34pm. the warfarin order ready to delivered to the facility on delivered to the f	{D 358}	CROSS-REFERENCED TO THE DEFICIENCY	APPROPRATE		
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372 STREET/ 95 RICH	(X1) PROVIDER/SUPPLIERCLIA DENTIFICATION NUMBER       (X2) MULTIPLE C A BUILDING:         HAL011372       B WING         STREET ADDRESS, CITY, STATU 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806         STATEMENT OF DEPICIENCES NCY MUST BE PRECEDED BY FULL PRETX NCY MUST BE PRECEDED BY FULL PRETX 1409 (09/27/21) and was illity at 3:16pm.       PRETX 740         dent #2 on 10/07/21 at 2:25pm th had his warfarin medication row.*       00 358)         RCC on 10/08/21 at 10:05am #2 did not get his warfarin on it did not arrive from the er 9:00pm.       III and was sility at 3:16pm.         sident #2's medications on at 11:04am revealed: ubble packs of warfarin 3mg bble pack which contained 11 3mg (none of the tablets had IIII date of 10/07/21.       III at epresentative from cted pharmacy on 10/08/21 at eived Resident #2's INR result on 10/07/21 at 4:34pm.         othewarfarin order ready to delivered to the facility on h.       III at a second to the facility on h.         a Resident #2 had missed       III he warfarin on the evening had to guess' because the e hour before hour after tration.	DENTIFICATION NUMBER     A BUILDING:       HAL011372     B WING       STREET ADDRESS, CITY, STATE, 2P CODE       STREET ADDRESS, CITY, STATE, 2P CODE       STATEMENT OF DEFICIENCES       NOY MUST BE PRECEDED BY FULL RI SC IDENTIFYING INFORMATION)       TREE OF DETIFYING INFORMATION       TAG       PRECEDUATION       BLSC IDENTIFYING INFORMATION       TAG       PRECEDUATION       TAG       PRECEDED BY FULL RI SC IDENTIFYING INFORMATION       TAG       CHOSS REFERENCED TO THE DEFICIENCY       DEFICIENCY       DEFICIENCY       OP 6       (D 358)       At day (09/27/21) and was alify at 3:16pm.       dent #2 on 10/07/21 at 2:25pm at had his warfarin medication irrow.*       RCC on 10/08/21 at 10:05am #2 did not get his warfarin on at 11:04am revealed: ubble packs of warfarin 3mg bble pack which contained 11 3mg (rone of the tablets had hill date of 10/07/21.       w with a representative from cted pharmacy on 10/08/21 at eleved Resident #2's INR result on 10/07/21 at 4:34pm.       delivered to the facility on to delivered to the stabust he e how before hour after tration.  <	(*1) PROVIDERSUPPLIFICULA IDENTIFICATION NUMBER     (X2) MULTIFIE CONSTRUCTION A BUILDING:     (X3) DUTI COM       HAL011372     B WING     (1)       STREET ADDRESS, CITY, STATE, 2P CODE     95 RICHMOND HILL ROAD ASHEVILLE, NC 28806       STATEMENT OF DEPICIENCIES RES INFORMATION NOT MUST BE PRECEDED BY FULL RES INFORMATION RES INCOMPTONE OF CORRECTION ACCOUNT ON ASHEVILLE, NC 28806       STATEMENT OF DEPICIENCIES RES INFORMATION     PREPIX PREPIX BACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEPICIENCY       age 6     (D 358)       xt day (09)/27/21) and was ality at 3:16pm.       dent #2 on 10/07/21 at 2:25pm thad his warfarin medication row,*       RCC Con 10/08/21 at 10:05am #2 did not get his warfarin on it did not arrive from the r 9:00pm.       sident #2's medications on at 11:04am revealed: ubble packs of warfarin 3mg       bble pack which contained 11 3mg (none of the tablets had III date of 10/07/21. at eleved Resident #2's INR result on 10/07/21 at 4:34pm.       vith a representative from the warfarin ondice ready to delivered to the facility on divertation on the evening had to guess' because the e hour before hour after e hour before hour after	

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If continuation sheet, 7 of 30

AND PLAN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(NI) C				
	CONSECTION	(X1) PROVIDER/SUPPLIER/CLIA			PRINT	ED: 10/28/20
		IDENTIFICATION NUMBER	(X2) MULTIPLE (	CONSTRUCTION	FOR	APPROV
_		1.	A. BULDING	- ION		
MAME OF P	00.45	HAL011372			(X3) DATE	SURVEY
	ROVIDER OR SUPPLIER		B. WING			PLETED
RICHMON	ID HILL REST HOME #	STREET	ADDING			8-C
	HEL REST HOME #	5 95 0100	ADDRESS, CITY, STATE	E, ZIP CODE		/08/2021
(X4) ID PREFIX	SUMMAN					2012021
TAG	(EACH DEFICIEN	STATEMENT OF HER	ILLE, NC 28806			
	HEGULATORY O	ASHEV STATEMENT OF DEFICIENCIES VCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID .			
ID ann			PREFIX	PROVIDER'S PLAN OF CO	PRECINICI	
(0 358)	Continued From pa		TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(89)
	-Desta	ge 7		CROSS-REFERENCED TO THE DEFICIENCY	APPROPRIATE	COMPLET
	have break #2's INR	appointments were going to	(D 358)	- issuery		DATE
- 10	there to be schedule	appointments were going to ad for earlier in the day, so me to bet the carbon of the day.	1.040407558			-
						1
	for administration at	nd get it to the facility in time 6:00pm.				
	relephone interview	with Resident #2's primary				
- 1	care provider (PCP)	with Resident #2's primary on 10/08/21 at 2:52pm				
-i	-The warfarin was o	rdered to prevent chronic				
	blood clots.	a prevent chronic				
	The INR range to p	revent blood clots should be				
	rrom 2.0 to 3.0.	clots should be				
	Proprint #21- Thim					
	missing the dose of	on 10/07/21 was 3.4 so Warfarin on 10/07/21 was				
- 1	okay" since the INR	Was still about it				
	3.0	warfarin on 10/07/21 was was still above the goal of				
	6 D		10 11			
	C. Review of Reside	nt #2's current FL2 dated				
	07/19/21 revealed ar	n order for				
	8:00em	lophen 5/325mg take one ily at 8:00am, 2:00pm, and				
1	o.oopm,	and			1	
	Review of D					
	electropia to	#2's September 2021				
	(eMAR) revuelication	F2's September 2021 Administration Record				
	(eMAR) revealed:	and a second				
	-There was an entry	for				
	lablet three t	ophen 5/325mg take one				
	2:00pm, and 8:00pm.	opnen 5/325mg take one ly scheduled at 8:00am,				
	The opycodes of	in the second				
	documented acet	aminophen 5/325mg was				
13	from 09/01/21 to com	aminophen 5/325mg was nistered three times daily				
	occurrencer on 00/3	0/21 with exception of 2				
	On 09/15/21 at 0 at	0/21 with exception of 2 5/21 at 2:00pm and 8:00pm.			12	
	On 09/15/21 at 2:00	om the				
	oxycodone/acetaming	ophen 5/325mg was	1			
	physically unable to					
n of Health Servi	y unable in t					

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If continuation sheet 8 of 30

and the providence of the second	of Health Service Re t of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA	A 19 10 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	CONSTRUCTION	(XI) DATE SURVEY COMPLETED
AND PLAN	OF COPRECTION	CENTIFICATION NOWDER	A BUILDING		012588
		HAL011372	B. WING		R-C 10/08/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E. ZIP CODE	A1
NUME OF P	NOTIDER ETT DETT ETETT		MOND HILL ROAD		
RICHMON	ID HILL REST HOME #	ASHEVI	LLE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIE!	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMP THE APPROPRIATE DAT
{D 358}	Continued From pa	ge 8	(D 358)		
0.64/20/450	-On 09/15/21 at 8:0 oxycodone/acetami documented as not per doctor/registere	10pm the inophen 5/325mg was administered due to "withheld id nurse orders."			
th Re 09 of	the Resident Care ( Resident #2's prima 09/15/21 at 2:54pm of the PCP to send	sage communication between Coordinator (RCC) and ary care provider (PCP) on revealed a request was made a refill request for nophen 5/325mg to the			
	substance count sh oxycodone/acetami	ew of Resident #2's controlled it sheet (CSCS) for taminophen 5/325mg dated 15/21 revealed the CSCS was not			
	revealed she was ur	CC on 10/08/21 at 9:35am hable to find the CSCS for done/acetaminophen 11 to 09/15/21.			
1	revealed: There was an entry	#2's October 2021 eMAR for			
	tablet three times da 2:00pm, and 8:00pm -The oxycodone/ace	taminophen 5/325mg was inistered three times daily			
	Observation of Resid hand on 10/07/21 at There were 25 table oxycodone/acetamine	ts of			

	OF Health Service Reg OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SLIPPLIER/CLUA	0000		FOF	ED: 10/28/20 RM APPROV
		IDENTIFICATION NUMBER	0(2) MULTIPLE C A. BUILDING.	ONSTRUCTION	(X3) DATE	E SURVEY PLETED
		HAL011372	W UNDERST			
NAME OF PF	ROVIDER OR SUPPLIER	CK-A-MA	B, WING			R-C
		STREET	ADDRESS, CITY, STATE	E. ZIP CODE	1	0/08/2021
	D HILL REST HOME #		MOND HILL ROAD	(*************************************		
(X4) ID PREFIX	SUMMARY S		LLE, NC 28806			
TAG		CY MUST BE PRECEDED BY FULL SLSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	APPROPRIATE	(X3) COMPLET DATE
{D 358}	Continued From page	ge 9		DEFICIENCY)		940872
	09/15/21.		(D 358)			
	13340					
	Interview with Resid	lent #2 on 10/07/21 at				10
	ricoant revealed.					
	three times a day to	acetaminophen 5/325mg				
	-There were four ve	r pain in his lower back. rtebra in his lower back with				
	no cartilage betwee	n them.				
	the facility de	with a representative from				
	11:50am revealed:	ted pharmacy on 10/07/21 at				
	-There were 90 tabl	ets (a 30 day supply) of				
	oxycocone/acetami	nophen 5/325mg dispensed				
	00/16/21,					
	-The oxycodone/ac	etaminophen 5/325mg was				
	3:08pm.	ninistrator on 08/16/21 at				
	-A hard prescription	was received to refill the				
	oxycodone/acetami	nophen 5/325mg for Resident				
	#2 on 09/15/21 at 4	:00pm,				
	oxycodone/acetami	rocessed and 90 tablets of nophen 5/325mg were				
	dispensed and sign	ed for by facility staff as				
	received on 09/15/2	1 at 8:43pm.				
	Interview with the D	esident Care Coordinator				0
	(RCC) on 10/07/21	at 12:35pm and on 10/08/21				
	at 9:35am revealed.	- Alloopin and on 1000/21				
	-On 09/15/21, Resi	dent #2's				
		nophen had not been				8
	available.					
0	from the PCP.	a hard prescription for a refill				
	Interview with the A	dministrator on 10/08/21 at				
						1
	-She did not know w	why there had not been				1
1	available to finish er	acetaminophen supply theduled doses for Pasidort				
ision of Her	Interview with the A/ 9:40am and 12:05p -She did not know w enough oxycodone/	dministrator on 10/08/21 at m revealed: why there had not been acetaminophen supply cheduled doses for Resident				

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Il continuation sheet. 10 of 30

	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPL A. BUILDING B. WING		3) DATE SURVEY COMPLETED R-C 10/08/2021	15
	ROVIDER OR SUPPLIER	s 95 RICHI	DORESS, CITY, ST	1000		
(X4) ID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES GY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E DAT	1.5.11
(D 358)	delivered from the p -She had not had ar medications. The facility failed to to treat hypertension failed to administer a blood clots. This fail health, safety, and y constitutes a Type E	the new supply could be harmacy. It issues with missing administer a medication used in for 22 days. The facility also a medication used to prevent ure was detrimental to the welfare of Resident #2 and	{D 358}			
D 392	10A NCAC 13F .100 (a) An adult care here retrievable record of documenting the red disposition of control records shall be ma record and in such a accurate reconciliat	t as evidenced by: and record reviews, the	D 392	Pesignated Sterff reviews control sheets every m ald control sheets are stried in appropriate booke witch in the main office.	i ondauz . Il[1] ~	21
	of administration an substance for 1 of 1 #2) with an order for The findings are:	are a readily retrievable record d disposition of a controlled sampled resident (Resident r a controlled substance. #2's current FL2 dated				

Division of Health Service Regulation STATE FORM

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If continuation sheet 11 of 30

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	COM	ESURVEY PLETED R+C 1/08/2021
	PROVIDER OR SUPPLIER	95 RICH	MOND HILL ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLET DATE
t c t c t c t c t c t c t c t c t c t c	07/19/21 revealed dia degenerative disc dis Review of Resident # 07/19/21 revealed an oxycodone/acetaminot tablet three times dail 8:00pm. Review of text messa the Resident Care Co Resident #2's primary 09/15/21 at 2:54pm re of the PCP to send a oxycodone/acetaminop pharmacy. Review of Resident #2 electronic Medication / eMAR) revealed: There was an entry for oxycodone/acetaminop ablet three times daily :00pm, and 8:00pm. The oxycodone/acetaminop ocumented as admini om 09/01/21 to 09/30 cournences on 09/15/2 Dn 09/15/21 at 2:00pn xycodone/acetaminop pournented as not admini- rysically unable to tak on 09/15/21 at 8:00pm cycodone/acetaminop pournented as not admini- pournented as not admini- or 09/15/21 at 8:00pm	agnoses included lease. 12's current FL2 dated lorder for ophen 5/325mg take one ly at 8:00am, 2:00pm, and ge communication between ordinator (RCC) and r care provider (PCP) on avealed a request was made refill request for ophen 5/325mg to the 2's September 2021 Administration Record or ohen 5/325mg take one is scheduled at 8:00am, minophen 5/325mg was stered three times daily /21 with exception of 2 21. in the hen 5/325mg was ninistered due to e. i the hen 5/325mg was ninistered due to withheld irse orders. a controlled substance	D 392			

STATE FORM

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CONTRINCTOR	of Health Service Rep of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEB/CUA	1941 C		FOR	D 10/28/202 MAPPROVE
	Concernon	IDENTIFICATION NUMBER:	(XZ) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
000576040		HAL011372	B. WING		8	8-0
AME OF P	ROVIDER OR SUPPLIER	Stocre		Contraction of the second s		08/2021
RICHMON	ID HILL REST HOME #	STREET	DORESS, CITY, STATE	E, ZIP CODE	-	1943 (1949) (1949) (1949)
	STREE REST HOME #		MOND HILL ROAD	K.		
(X4) ID	SUMMARY S	STATEMENT ON DESCRIPTION	LLE, NC 28806			
TAG		R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION IEACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	-	(X5) COMPLETS DATE
D 392	Continued From pa	00 12		DEFICIENCY)	23	ENTE:
			D 392			
	09/01/21 to 09/15/2	1 revealed the CSCS was not				
	available.					
	Interview with the m					
	(RCC) on 10/07/04	esident Care Coordinator				
	(RCC) on 10/07/21 at 12:35pm and on 10/08/21 at 9:35am revealed:					T
	-On 09/15/21, Resid	foot #2%				
	oxycodone/acetami	nophen had not been	1 1			
	available.	rophen had not been				
	-She had to request	t a script for a refill from the				
1	LOC.					
	-She had been una	ble to find the CSCS for				
	resident #2's oxyco	000ne/acetaminonhan				
	5/325mg for 09/01/	21 to 09/15/21.				
	Telephone interview	v with a representative from				
	the facility's contract	ted pharmacy on 10/07/21 at				
	11:50am revealed:					
	-There were 90 tabl	lets (a 30 day supply) of				
	oxycodone/acetami	nophen 5/325mg dispensed				
	on 08/16/21.					
	<ul> <li>The oxycodone/aci</li> </ul>	etaminophen 5/325mg was				
	a Deceived by the Adn	ninistrator on 08/16/21 at				
	3:08pm.	excelsion and the bootstar				
	-A hard script was n exvendence/acetami	eceived to retill the				
	#2 on 09/15/21 at 4	nophen 5/325mg for Resident				
	-The request was n	rocessed and 90 tablets of				
	oxycodone/acetami	nophen 5/325mg were				
	dispensed and sign	ed for by facility staff as				
	received on 09/15/2	1 at 8:43pm.				
	Interview with the A	dministrator on 10/08/21 at				
	9:40am and 12:05p	m revealed:				
	-She had been unat	ble to find the CSCS for				
	Resident #2's oxyco	done/acetaminophen				
	5/325mg tablets dat	ed 09/01/21 to 09/15/21.				
	- The pharmacy prov	vided a CSCS with each new				
	bubble pack of cont	rolled medication,				
200 - E-2-1	alth Service Regulation	ack was empty for a				

If continuation sheet 13 of 30

### Division of Health Service Regulation

ND PLAN C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE A: BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLET	ED
NAME OF PR	OVIDER OR SUPPLIER		DODRESS, CITY, ST	ATE 7/0 CONF	10/08	/2021
	D HILL REST HOME #	5 95 RICH ASHEVI	MOND HILL ROA			
(X4) ID PREFIX TAG	ICAGH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION]	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETE DATE
D 392	aide. -She had "no idea #2's oxycodone/aci for 09/01/21 to 09/ -She had looked th box and could not -The CSCS might	on, the CSCS was to be a by the RCC or a medication what happened" to Resident etaminophen 5/325mg CSCS 15/21.	D 392			
(D912)	G.S. 131D-21 De Every resident sha 2. To receive care adequate, appropri	eclaration of Residents' Rights claration of Residents' Rights ill have the following rights: and services which are late, and in compliance with id state laws and rules and	(D912)	pesignated med will moniton nito medo or ordered k office staff will electronic more o	Tech S Us and my physics monitor 1 a daily	en, 4111
	Based on observa reviews, the facility received care and appropriate, and in federal and state it as related medical care home infection	tet as evidenced by: tions, interviews, and record y failed to ensure residents services which were adequate, in compliance with relevant aws and rules and regulations tion administration and adult in prevention requirements.		baen.		
	reviews, the facilit medications as on practitioner for 1 or related to medicat pressure, prevent	vations, interviews, and record y failed to administer dered by a licensed prescribing if 3 sampled residents (#2) ions used to treat high blood blood clots, and to treat pain. 10A NCAC 13F .1004(a)				

Division	of	Health	Service	Regulation	
OTA THE AREA	GG				•

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	FOF DEFICIENCIES OF CORRECTION	(XT) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	A. BUILDING	CO	R-C
	ROVIDER OR SUPPLIER	5 95 RICH ASHEVI	MOORESS, CITY, S	TATE, ZIP CODE	0/08/2021
(X4) ID PREFIX TAG	IEACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROMDER'S PLAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ONE) COMPLETE DATE
(D912) (D932)	Medication Administ Violation)]. 2. Based on observer reviews, the facility infection control poli Centers for Disease (CDC) guidelines to control procedures to 3 of 3 sampled diab orders for fingerstic monitoring resulting between residents.[ 131D-4.4A(b) Adult Prevention Requirer Type B Violation)]. G.S. 131D-4.4A (b) Requirements G.S. 131D-4.4A Adu Prevention Requirer (b) In order to preve hepatitis B, hepatitis pathogens, each add the following, beginn (1) Implement a writt consistent with the fit Control and Prevention control that addresse a. Proper disposal of to puncture skin, mu tissues, and proper of patient care items the residents. b. Sanitation of norm cleaning procedures	tration (Unabated Type B ations, interviews, and record falled to implement a written icy consistent with the Federal control and Prevention ensure proper infection for the use of glucometers for etic residents (#1, #2, #3) with k blood sugar (FSBS) in the sharing of glucometers Refer to Tag 932, G.S. Care Home Infection ments (Unabated Unabated ACH Infection Prevention	{D912} {D932}	CBE logs are monitored by designated storff on a mouthery bear and renewed by management	10/2.8/2

## Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE ( A. BUILDING	CONSTRUCTION	COM	E SURVEY PLETED R-C
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	1 10	/08/2021
	ND HILL REST HOME #	5 95 RICH ASHEV	IMOND HILL ROAD			
(X4) ID PREFIX TAG	REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDEE	(X3 COMPL DAT
	supplies. d. Blood and bodily f e. Procedures to be home staff is expose fluids of another pers significant risk of tran- hepatitis C, or other to f. Procedures to proh- with exudative lesion engaging in direct res- potential for contact to equipment, or device- dermatitis until the co (2) Require and moni- facility's infection con- (3) Update the infection necessary to prevent	fuid precautions. followed when adult care d to blood or other body son in a manner that poses a termission of HIV, hepatitis B, bloodborne pathogens. tibit adult care home staff s or weeping dermatitis from sident care that involves the between the resident, s and the lesion or andition resolves. tor compliance with the trol policy.	(D932)			

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TATEMENT	( Health Service Regul of DEFICIENCIES # CORRECTION	(K1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CO	ONSTRUCTION	COM	ESURVEY PLETED
_		HAL011372	B. WING		10/08/2021	
	ROVIDER OR SUPPLIER	95 RICH	DORESS, CITY, STATE MOND HILL ROAD	, DP CODE		
OCHMON	D HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES IV MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
(0932)	Continued From page	e 16	(D932)			
	This Rule is not met FOLLOW-UP TO CO VIOLATION	NEWS TO A REPORT OF ALL DREAM OF A DATA				
	Based on these finds Type B Violation has	ngs, the previously Unabated not been abated.				
	reviews, the facility fa infection control polis Centers for Disease (CDC) guidelines to control procedures fo 3 of 3 sampled diabs orders for fingerstick	ens, interviews, and record ailed to implement a written cy consistent with the Federal Control and Prevention ensure proper infection or the use of glucometers for atic residents (#1, #2, #3) with to blood sugar (FSBS) in the sharing of glucometers				
	The findings are:					
	revealed the CDC re monitoring devices ( shared between resi be used for more the cleaned and disinfed instructions. If the n	guidelines for infection control ecommends blood glucose (glucometers) should not be idents. If the glucometer is to an one resident, it should be cted per the manufacturer's nanufacturer does not list tion, the glucometer should een residents.				
	for Brand A glucome -Users should follow of blood-borne trans healthcare setting.	v the guidelines for prevention smittable diseases in a nfection instructions provided				
interiment of his	Review of the facilit	y's diabetic testing policy				1

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If continuation street 17 of 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE C	SONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C 10/08/2021
AME OF P	ROVIDER OR SUPPLIER	STREET	OORESS, CITY, STATE	E ZIP CODE	
			MOND HILL ROAD		
CHMON	D HILL REST HOME # 5		LLE, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE COMPLET THE APPROPRIATE DAFE
(D932)	Continued From page	17	(D932)		
	revealed: -Sharing of glucometer -Each individual resid glucometer and it will -Individual glucometer zippered glucometer ba- should be labeled with -The glucometer bag si zip-lock bag also labe name. -Prior to checking a re- ensure that the name zippered bag, and zip- resident who is having -Notify the Supervisor glucometer, glucometer does not have a label Observation of the fac 10/07/21 at 12:35pm a -There were four zippe Brand A glucometers in -Handwritten on each resident's name. -The zippered cases v zip-lock bags. 1. Review of Resident 08/09/21 revealed: -Diagnoses included a -There was an order for treat high blood sugar; with meals hold for FS -There was an order for high blood sugar) 34 u for FSBS less than 100 Review of Resident #1	ers was strictly prohibited. ent will have their own be labeled with their name. is are kept inside the bag and the glucometer bag in the resident's name. should be stored inside a led with the resident's esident's blood sugar, on the glucometer, -lock bag match the g their sugar checked. whenever you have a er bag or zip-lock bag that with the residents' name. ality's medication cart on evealed: ared cases containing in the top drawer. case was a different were not stored inside #1's current FL2 dated discess of left buttock. or lispro insulin (used to ) 12 units three times a day BS less than 100. or Lantus (used to treat nits daily at bedtime hold 0. 's primary care provider 27/21 revealed monitor			

TATEMEN	of Health Service Reg IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTPLE C A. BUILDING B. WING	CONSTRUCTION	COM	LSURVEY PLETED R-C //08/2021
	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STATI			
NUT	ND HILL REAT HOME #	ASHEVI	LLE, NG 28806			
-4) ID -REFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAC	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLET DATE
{D932}	Observation of Resi supplies on 10/07/2 -There was a zipper #1's name in a comp the medication cart. -There was a Brand zippered case. -The Brand A glucor with Resident #1's n Review of Resident Brand A revealed: -The date on the glu was 02/13 and the t date and time was 1 difference of 235 da minutes). -On 02/09, there we glucometer's history 10/03/21 at 5:22pm) 10/03/21 at 5:22pm) 10/03/21 at 5:22pm) 10/03/21 at 7:34pm) 10/02/21 at 7:34pm) 10/02/21 at 7:34pm) 10/02/21 at 7:30pm) 10/02/21 at 6:32pm) -The actual date for 10/02/21 at 7:30pm) 10/02/21 at 7:30pm)	dent #1's FSBS testing 1 at 2:46pm revealed: ad case labeled with Resident partment in the top drawer of A glucometer inside the meter was labeled on the back ame. #1's glucometer's use history icometer when powered on ime was 9:21pm (the actual 0/07/21 at 2:48pm, a ys, 17 hours, and 27 re six readings in the , 201 at 11:55pm (actual date ), 188 at 6:50pm (actual date ), 339 at 4:07pm (actual date ), 339 at 4:07pm (actual date ), 183 at 2:03am (actual date ), 155 at 12:05am (actual date ), 1	(0932)			
ision of Hea	Review of Resident Medication Administ readings for 10/02/2 -There was a readin 10/03/21. -There was a readin 10/03/21. -There was a readin 10/03/21; this readin glucometer's history. -There was a reading structure regulation	#1's October 2021 electronic ration Record (eMAR) FSBS 1 and 10/03/21 revealed: g of 201 at 4:30pm on g of 188 at 12:00pm on g of 250 at 8:00am on g was not in Resident #1's		CY13		Continu

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(K2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION	CON	E SURVEY PLETED R-C 0/08/2021
	NOVIDER OR SUPPLIER	STREET A 95 RICH	DORESS, CITY, STATI MOND HILL ROAD LLE, NC 28806	(1997) (1997) (1997)		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	OMI COMPLET DATE
(D932)	10/02/21. -There was a readin 10/02/21; this readin glucometer's history -There was no docu 339 and 241. Review of Resident 02/08 (actual date 1 -There was a readin time 11:11am); this on Resident #1's eff -There was a readin time 8:55am); this n on Resident #1's eff Review of Resident 02/04 (actual date 0 reading for 216 at 2 this reading was no #1's eMAR. Interview with a men 10/07/21 at 4:10pm -She used the glucor resident's labeled por FSBS's. -She recorded the F eMAR right after she -She did not know w FSBS readings in R -She had document for Resident #1 on 1 -Resident #1 had ne FSBS at times other	ng of 155 at 4:30pm on ng of 137 at 11:30am on ng was not in Resident #1's , umentation for the readings of #1's glucometer history for 10/02/21) revealed: ng of 134 at 5:44pm (actual reading was not documented (AR, ng of 258 at 3:28pm (actual eading was not documented (AR, #1's glucometer history for 19/28/21) revealed there was a 249pm (actual time 8:16am); t documented on Resident dication aide (MA) on revealed: ometer that was in the ouch to check the resident's ESS result in the resident's SBS result in the resident's e checked it, hy there would be extra esident #1's glucometer, ed FSBS results on the eMAR 10/2/21 and 10/03/21, rever asked her to check his 'than when it was scheduled, Resident #1's FSBS when it	{D932}			

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#### -Augenterin 10/28/2021

PRINTED 10/28/2021 FORM APPROVED

	T OF DEFICIENCIES DF CORRECTION	(41) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER	A BULDING	CONSTRUCTION	(K3) DATE SURVEY COMPLETED
_		HAL011372	5. WING		R-C 10/08/2021
WHE OF P	ROVIDER OF MUPPLIER	STREET	DORESS CITY, STAT	E. DP CODE	10004041
nini menu		as moto	MOND HILL ROAD		
hiu nakun	D HILL REST HOME # 5		LLE, NC 28806		
(X4)-ID PREFX TAG	(EACH DEFICIENC)	ATEMENT OF DEPROENCES VAUST BE PRECIDED BY FULL SCIDENTIFYING INFORMATION	KD PREFO TAG	PHONDERIS PLAN OF BACH CORRECTIVE ACT CROSS-REFERENCES TO T DEPICIENC	ION SHOLLD BE COMPLET HE APPROPRIATE DATE
(0932)	Continued From page	20	(D932)		
	Refer to the intendew 10/07/21 at 3:50pm.	with the Administrator on	oliver!		
	Refer to the interview Coordinator (RCC) or	with the Resident Care 10/06/21 at 10:05am.			
	Refer to the telephone on 10/08/21 at 4:10pt	e interview with the Owner n.			
	<ol> <li>Review of Resident #2's current FL2 dated 07/19/21 revealed:</li> <li>Diagnoses included diabetes type II.</li> <li>There was an order for fingerstick blood sugar (FSBS) tests every Monday, Wednesday, and Finday at 12:00pm contact PCP if greater than 250 or less than 70.</li> </ol>				
	#2's name in a compa the medication cart. -There was a Brand A zippered case.	It 4:26pm revealed; I case labeled with Resident riment in the top drawer of glucomater inside the ter was labeled on the back			
	Brand A revealed: -The data on the gluco was 02/13 and the tim date and time was 10// difference of 235 days, minutes). -There was no year dis glucomater screen. -The first result shown	17 hours, and 49 played with the date on the on the plucometer screen			
	at 4:26pm). -The following 13 FSB: th Service Regulator	28pm (observed 10/07/21 8 results were shown			

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If continuation shared. 21 of 30

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE C A. BUILDING: B. WING	CONSTRUCTION	Сом	L SURVEY PLETED R-C //08/2021
		95 RICH	DDRESS, CITY, STATE			
CHMON	ID HILL REST HOME # 5	ASHEVI	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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
(D932)	Continued From page	e 21	(D932)			
Ision of Ha	result of 120: 224 at 7:28am on 02 and 49 minutes=10/0 116 at 6:03pm on 02/ and 49 minutes=10/0 128 at 6:11pm on 01/ and 49 minutes=09/2 131 at 5:44pm on 01 and 49 minutes=09/2 151 at 6:14pm on 01 and 49 minutes=09/2 130 at 7:24pm on 01 and 49 minutes=09/2 137 at 6:16pm on 01 and 49 minutes=09/2 126 at 3:22pm on 01 and 49 minutes=09/2 126 at 3:22pm on 01 and 49 minutes=09/2 126 at 5:56pm on 01 and 49 minutes=09/2 126 at 5:56pm on 01 and 49 minutes=09/2 193 at 2:33pm on 01 and 49 minutes=09/2 104 at 5:41pm on 01 and 49 minutes=09/2 126 at 6:09pm on 01 and 49 minutes=09/2 126 at 6:00pm on 01 and 49 mi	07 (plus 235 days, 17 hours, 1 at 11:52am) 31 (plus 235 days, 17 hours, 4 at 11:59am) 27 (plus 235 days, 17 hours, 30 at 11:33am) 24 (plus 235 days, 17 hours, 7 at 12:03pm) 22 (plus 235 days, 17 hours, 5 at 1:13pm) 20 (plus 235 days, 17 hours, 3 at 12:05pm) 20 (plus 235 days, 17 hours, 3 at 12:05pm) 21 (plus 235 days, 17 hours, 3 at 12:05pm) 22 (plus 235 days, 17 hours, 3 at 12:05pm) 23 (plus 235 days, 17 hours, 24 (plus 235 days, 17 hours, 25 at 8:22am) 22 (plus 235 days, 17 hours, 25 at 8:22am) 20 (plus 235 days, 17 hours, 26 at 11:29am) 27 (plus 235 days, 17 hours, 28 at 11:29am) 29 (plus 235 days, 17 hours, 29 at 11:58am) 29 (plus 235 days, 17 hours, 20 at 11:58am) 29 (plus 235 days, 17 hours, 20 at 11:58am) 20 (plus 235 days, 17 hours, 20 at 11:58am) 20 (plus 235 days, 17 hours, 21 at 11:58am) 29 (plus 235 days, 17 hours, 20 at 11:58am) 20 (plus 235 days, 17 hours, 20 at 11:58am) 20 (plus 235 days, 17 hours, 21 at 11:58am) 21 at 11:58am) 22 (s September 2021 23 at 11:58am) 23 at 11:58am) 24 (s September 2021 24 (plus 235 days, 17 hours, 25 (plus 235 days, 17 hours, 26 (plus 235 days, 17 hours, 27 (plus 235 days, 17 hours, 28 (plus 235 days, 17 hours, 29 (plus 235 days, 17 hours, 20 (plus 235 days, 17 hours, 20 (plus 235 days, 17 hours, 20 (plus 235 days, 17 hours, 21 (plus 235 days, 17 hours, 22 (plus 235 days, 17 hours, 23 (plus 235 days, 17 hours, 24 (plus 235 days, 17 hours, 25 (plus 235 days, 17 hours, 26 (plus 235 days, 17 hours, 27 (plus 235 days, 17 hours, 28 (plus 235 days, 17 hours, 29 (plus 235 days, 17 hours, 20 (plus				

If continuation sheet 22 of 30

STATEMEN	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING:		COM	E SURVEY PLETED
		HAL011372	B, WING			R-C )/08/2021
	ROVIDER OR SUPPLIER	95 RICH	ADDRESS, CITY, STATE	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	OK5) COMPLET DATE
(D932)	<ul> <li>There was a reading (actual time 09/05 at not documented on 1 -There was a reading (actual time 09/04 at not documented on 1 -Documentation of F 09/29/21 at 12:00pm</li> <li>Documentation of F 09/24/21 at 12:00pm</li> <li>Review of Resident at revealed:</li> <li>There was an entry Monday, Wednesday 12:00pm.</li> <li>There was a reading (actual time 10/02/22) was not documented -Documentation of F 10/04/21 at 12:00pm</li> <li>Refer to the interview 10/07/21 at 3:50pm.</li> <li>Refer to the interview 10/07/21 at 3:50pm.</li> <li>Refer to the interview Coordinator (RCC) of Refer to the telephor on 10/08/21 at 4:10p</li> <li>Review of Resident 4 (PCP) order dated 07 an order to check and</li> </ul>	g of 193 on 01/12 at 2:33pm 8:22am); this reading was Resident #2's eMAR, g of 267 on 01/12 at 1:20am 7:09pm): this reading was Resident #2's eMAR. SBS of 127 on eMAR on a was not in the glucometer. SBS of 128 on eMAR on a was not in the glucometer. #2's October 2021 eMAR for FSBS checks every y, and Friday scheduled at SBS results. g of 224 on 02/08 at 7:28am 1 at 1:17am); this reading f on Resident #2's eMAR. SBS of 121 on eMAR on a was not in the glucometer. with the Administrator on with the Resident Care in 10/08/21 at 10:05am. the interview with the Owner	(D932)			

Philippine .	CONTRACTORIOS - CONTRACTORIO - CON	Contraction	Phone Provide and	
Division	or mealin.	Service	Regulation	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE ( A. BUILDING		COM	ESURVEY PLETED R-C /08/2021
	ROVIDER OR SUPPLIER	95 RICH	MOND HILL ROAD			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETI DATE
(D932)	two times a day and or greater than 500. Observation of Resid supplies on 10/07/21 -There was a zippere #3's name in a comp the medication cart. -There was a Brand / zippered case. -The Brand A glucom with Resident #3's na Review of Resident # Brand A revealed: -The date on the gluc was 02/13 and the tin date and time was 10 difference of 235 day minutes). -There was no year d glucometer screen. -The first result shown was 442 on 02/13 at 2 at 3:20pm). -The following 12 FSE consecutively on the g result of 442: 327 at 1:43am on 02/ and 27 minutes=10/06 331 at 7:50am on 02/ and 27 minutes=10/06	ess than 80. B's PCP order dated onitor Resident #3's FSBS's notify of FSBS less than 80 ent #3's FSBS testing at 3:09pm revealed: d case labeled with Resident artment in the top drawer of A glucometer inside the eter was labeled on the back ime. B's glucometer's history cometer when powered on ne was 9:42pm (the actual 107/21 at 3:09pm, a s, 17 hours, and 27 isplayed with the date on the n on the glucometer screen 2:42pm (observed 10/07/21 BS results were shown glucometer following the 13 (plus 235 days, 17 hours, 5 at 7:03am) 10 (plus 235 days, 17 hours, 5 at 1:17am) 28 (plus 235 days, 17 hours, 4 at 1:17am) 28 (plus 235 days, 17 hours, 4 at 1:17am)	(D932)			

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	ATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCUA IDENTIFICATION NUMBER HAL011372		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(CI) DATE SURVEY COMPLETED R-C 10/08/2021	
AME OF PL	ROVIDER OR SUPPLIER	STREET AL	DORESS, CITY, STATE	I THE COURT	10/06/2021	
-080 GF F	NOTIOEN ON OUTFOON					
ICHMON	D HILL REST HOME # 5		IOND HILL ROAD			
(X4) ID	4) ID SUMMARY STATEMENT OF DEFICIENCIE		iD ID	PROVIDER'S PLAN OF CORRECTION	200	(93)
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	JULD BE COM	
(D932)	Continued From page	24	(D932)			1
	260 at 1:36am on 02	17 (alua 225 dava 47 base				
	and 27 minutes=10/0	07 (plus 235 days, 17 hours, 1 st 7-03em)				
	359 at 1:55am on 02	07 (plus 235 days, 17 hours,				
	and 27 minutes=09/3	0 at 7:22pm)				
	361 at 1:46pm on 02	06 (elve 225 dave 17 house				
	361 at 1:46pm on 02/06 (plus 235 days, 17 hours, and 27 minutes=09/30 at 7:13am) 408 at 2:10am on 02/05 (plus 235 days, 17 hours, and 27 minutes=09/28 at 7:37pm)					
	409 at 2:49pm on 02/04 (plus 235 days, 17 hours,					
	and 27 minutes=09/28 at 8:16am)					
	176 at 12:56pm on 02/03 (plus 235 days, 17					
	hours, and 27 minutes=09/27 at 6:23am)		1 1			
	148 at 1:44pm on 02/02 (plus 235 days, 17 hours,					1
	and 27 minutes=09/26 at 7:11am)		1 1			
	299 at 2:38pm on 02/01 (plus 235 days, 17 hours,					
	and 27 minutes=09/2	5 at 8:05am)				
	Review of Resident #	3's September 2021				
	Review of Resident #3's September 2021 electronic Medication Administration Record					
	(eMAR) revealed:		1 1			
		for FSBS checks twice daily	1			
	notify PCP of FSBS I	ess than 80 or greater than				
	500 scheduled at 8:0	0am and 8:00pm.	1 1			
		FSBS results and 1 refusal.				
		of 361 on 02/06 at 1:46pm				
	(actual time 09/30 at	7:13am); this reading was				
	not documented on R					
		of 408 on 02/05 at 2:10am				
		7:37pm); this reading was				
	not documented on R					
	-There was a reading of 171 on 01/31 at 2:22am					
	(actual time 09/23 at 7:49pm); this reading was not documented on Resident #3's eMAR.					
	-There was a reading	of 82 on 01/31 at 2:21am				
	(actual time 09/23 at	7:48pm); this reading was				
	not documented on R	esident #3's eMAR				
		of 195 on 01/20 at 1:07am				
	(actual time 09/12 at	6:34pm); this reading was				
	not documented on R	lesident #3's eMAR				
	-There was a reading	of 67 on 01/19 at 10:23am				
n of Ha	alth Service Regulation	of 67 on 01/19 at 10:23am				

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AND PLAN OF CORRECTION IDENTI				CONSTRUCTION	(X3) DATE SURVE COMPLETED R-C 10/08/20	
NAME OF P	ROWDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	218 CODE		
			MOND HILL ROAD			
RICHMON	D HILL REST HOME # 5		LLE, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN O	0000000000	_
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE
(D932)	Continued From page	25	(D932)			
	not documented on R -There was a reading (actual time 09/12 at 1 not documented on R -There was a reading (actual time 09/11 at 0 not documented on R -There was a reading (actual time 09/11 at 0 not documented on R -Documentation of FS 09/30/21 at 8:00am w -Documentation of FS 09/29/21 at 8:00am w -Documentation of FS 09/29/21 at 8:00pm w -Documentation of FS 09/28/21 at 8:00pm w -Documentation of FS 09/26/21 at 8:00pm w -Documentation of FS 09/26/21 at 8:00pm w -Documentation of FS 09/23/21 at 8:00pm w -Documentation of FS 09/21/21 at 8:00pm w -Documentation of FS 09/21/21 at 8:00pm w -Documentation of FS 09/11/21 at 8:00pm w -Documentation of FS 09/11/21 at 8:00pm w -Documentation of FS 09/11/21 at 8:00pm w	of 174 on 01/19 at 2:57pm 8:24am); this reading was besident #3's eMAR. of 245 on 01/19 at 2:43am 8:10pm); this reading was besident #3's eMAR. of 148 on 01/18 at 3:26pm 8:53am); this reading was besident #3's eMAR. SBS of 261 on eMAR on ras not in the glucometer. SBS of 261 on eMAR on ras not in the glucometer. SBS of 206 on eMAR on ras not in the glucometer. SBS of 398 on eMAR on ras not in the glucometer. SBS of 398 on eMAR on ras not in the glucometer. SBS of 179 on eMAR on ras not in the glucometer. SBS of 179 on eMAR on ras not in the glucometer. SBS of 189 on eMAR on ras not in the glucometer. SBS of 189 on eMAR on ras not in the glucometer. SBS of 189 on eMAR on ras not in the glucometer. SBS of 198 on eMAR on ras not in the glucometer. SBS of 222 on eMAR on ras not in the glucometer. SBS of 222 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 202 on eMAR on ras not in the glucometer. SBS of 262 on eMAR on ras not in the glucometer. SBS of 262 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 260 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS of 169 on eMAR on ras not in the glucometer. SBS not in the gl				

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If continuation sheet 28 of 30

AND PLAN OF CORRECTION IDENTIFIC		Altion (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	FICATION NUMBER: A. BUILDING:		COM	ESURVEY PLETED R-C /08/2021
ME OF PRO	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	ZIP CODE		
		95 RICHM	OND HILL ROAD			
ICHMOND	HILL REST HOME # 5		E, NC 28806			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	1000
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X9) COMPLETE DATE
1	-Documentation of 1 09/11/21 at 8:00am -Documentation of 09/10/21 at 8:00pm Review of Residen revealed: -There was an entri- notify PCP of FS8: 500 scheduled at 8 -There was a read (actual time 10/01 not documented of -Documentation of 10/05/21 at 8:00p -Documentation of 10/05/21 at 8:00p -Documentation of 10/03/21 at 8:00p -Documentation of 10/01/21 at 8:00p	was not in the glucometer. FSBS of 148 on eMAR on was not in the glucometer. FSBS of 185 on eMAR on twas not in the glucometer. It #3's October 2021 eMAR y for FSBS checks twice daily S less than 80 or greater than 3:00am and 8:00pm. 13 FSBS results. Ing of 269 on 02/07 at 1:36pm at 7:03am); this reading was in Resident #3's eMAR. If FSBS of 258 on eMAR on m was not in the glucometer. If FSBS of 256 on eMAR on m was not in the glucometer. If FSBS of 231 on eMAR on m was not in the glucometer. If FSBS of 239 on eMAR on m was not in the glucometer. If FSBS of 289 on eMAR on m was not in the glucometer. If FSBS of 289 on eMAR on am was not in the glucometer. If FSBS of 231 on eMAR on am was not in the glucometer. If FSBS of 241 on eMAR on am was not in the glucometer. If FSBS of 255 on eMAR on am was not in the glucometer. If FSBS of 263 on eMAR on am was not in the glucometer. If FSBS of 264 on eMAR on am was not i	(D932)			

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If continuation sheet. 27 of 30

(X4) ID PREFIX TAG (D932) C 1 	(EACH DEFICIENCY REGULATORY OR L Continued From page 0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh 'SBS readings in Res She had documented or Resident #3 on 10	95 RICH ASHEVIL ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 27 avealed: neter that was in the scheck to check FSBS's. IBS result in the resident's checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR	DORESS, CITY, STATE MOND HILL ROAD LLE, NC 28806 PRIEFIX TAG {D932}		D BE COMP
(X4) ID PREFIX TAG (D932) C 1 	HILL REST HOME # 5 SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page 0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	95 RICH ASHEVIL ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 27 avealed: neter that was in the scheck to check FSBS's. IBS result in the resident's checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR	MOND HILL ROAD LLE, NC 28805	PROVIDER'S PLAN OF CORRECTI IEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMP
(X4) ID PREFIX TAG (D932) C 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	SUMMARY STA (EACH DEFICIENCY REQULATORY OR L Continued From page 0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	ASHEVIL ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 27 avealed: heter that was in the uch to check FSBS's. iBS result in the resident's checked it. hy there would be extra sident #3's glucometer. d FSBS results on the eMAR	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIN (EACH CORRECTIVE ACTION SHOLL) CROSS-REFERENCED TO THE APPROF	D BE COMP
PREFIX TAG (D932) C 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(EACH DEFICIENCY REGULATORY OR L Continued From page 0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh 'SBS readings in Res She had documented or Resident #3 on 10	v MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) a 27 avealed: heter that was in the uch to check FSBS's. iBS result in the resident's checked it. hy there would be extra sident #3's glucometer. d FSBS results on the eMAR	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMP
PREFIX TAG (D932) C 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Continued From page 0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	a 27 avealed: neter that was in the uch to check FSBS's. iBS result in the resident's checked it. ny there would be extra sident #3's glucometer. d FSBS results on the eMAR	TAG	CROSS-REFERENCED TO THE APPROP	The second se
17 87 87	0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	avealed: heter that was in the uch to check FSBS's. BS result in the resident's checked it. hy there would be extra sident #3's glucometer. d FSBS results on the eMAR	(D932)		
17 R.7 8 7	0/07/21 at 4:10pm re She used the glucom esident's labeled pou She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	avealed: heter that was in the uch to check FSBS's. BS result in the resident's checked it. hy there would be extra sident #3's glucometer. d FSBS results on the eMAR			
7 2 7 8 7	She used the glucom esident's labeled pour She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	neter that was in the uch to check FSBS's. iBS result in the resident's checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR			
r 7 e 7	esident's labeled pour She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	uch to check FSBS's. BS result in the resident's checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR			
7 8 7	She recorded the FS MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	BS result in the resident's checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR.			
e 7	MAR right after she She did not know wh SBS readings in Res She had documented or Resident #3 on 10	checked it. by there would be extra sident #3's glucometer. d FSBS results on the eMAR.			
-	She did not know wh SBS readings in Res She had documented or Resident #3 on 10	iy there would be extra sident #3's glucometer. d FSBS results on the eMAR			
	SBS readings in Res She had documented or Resident #3 on 10	sident #3's glucometer. d FSBS results on the eMAR			
	She had documented or Resident #3 on 10	d FSBS results on the eMAR			
	or Resident #3 on 10				
		vzrz i and i woarzi.			
		-Resident #3 had never asked her to check his			
		than when it was scheduled.	1 1		
	-She only checked Resident #3's FSBS when it				
	came up on the eMAR.				
	Refer to the interview 0/07/21 at 3:50pm.	with the Administrator on			
		with the Resident Care n 10/08/21 at 10:05am.			
	Refer to the telephone in 10/08/21 at 4:10pr	e interview with the Owner m.			
	nterview with the Adr 50pm revealed:	ministrator on 10/07/21 at			
		Resident Care Coordinator			
		sonally* checking the			
9	lucometer histories a	against the resident's			
	MARs.	n aides (MAs) had been			
а	dministering medical	tions and checking FSBS in			
	he facility.	n trained to never share			
		in named to never state			
	lucometers. She did not believe ti	he MAs were sharing.			
		ly there were extra readings			
		ories which were not			
		MAR or in the residents			
123	harts.				
	CONTRACTOR OF CONTRACTOR	are not documenting all of			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R-C 10/08/2021			
NAME OF P	ROVIDER OR SUPPLIER	STREETA	STREET ADDRESS, CITY, STATE, ZIP CODE					
			MOND HILL ROAD					
RICHMON	D HILL REST HOME # 5	ASHEVI	LLE, NC 28806					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOL		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
(D932)			(D932)					
	the FSBS's they chec	ked for residents.						
	(RCC) on 10/08/21 at -The last time the glu audited was on 09/28 -She and the Owner ( 09/28/21. -She and the Owner ( entries were "off" but discrepancies like mu- entries. Telephone interview of at 4:10pm revealed: -Staff had been check "more often." -He had assisted with the facility. -He felt the extra valu- histories were from st "multiple times" and re eMARs. -He had noticed varia- history readings and the	cometers in the facility were /21. performed the audit on had noticed some of the they were not "big" litiple back to back wrong with the Owner on 10/08/21 king the glucometer histories a auditing the glucometers in						
	the eMAR as 262). The facility failed to in procedures consisten Control (CDC) guideli receiving fingerstick b glucometers which has increased the risk of e bloodborne pathogen	f 260 but documented on inplement infection control t with Centers for Disease nes resulted in 3 residents lood sugar checks with ad been shared which exposure to contracting diseases. This failure was idents' health, safety, and						

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372		0(2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C 10/08/202		
AME OF PE	ROVIDER OR SUPPLIER	STREET	STREET ADDRESS, CITY, STATE, ZIP CODE			
		05 PICL	MOND HILL ROAD			
ACHMON	D HILL REST HOME # 5		ILLE, NC 28806			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORP PREFOX IEACH CORRECTIVE ACTION SI TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		TION SHOULD BE THE APPROPRIATE	(XS) COMPLETI DATE
(D932)	Continued From page	e 29	(D932)			
	The facility provided a accordance with G.S. this violation.	a plan of protection in . 131D-34 on 10/13/21 for				

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