STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011372	A. BUILDING: _____ B. WING _____	R 01/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 5	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 000}	Initial Comments The Adult Care Licensure Section conducted a follow up survey on 01/26/22.	{D 000}		
{D 358}	10A NCAC 13F .1004(a) Medication Administration 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: FOLLOW-UP TO CONTINUING TYPE B VIOLATION Based on these findings, the previously Unabated Type B Violation was abated. Non-compliance continues. Based on interviews and record reviews, the facility failed to administer medications as ordered by a licensed prescribing practitioner for 1 of 3 sampled residents (#1) related to a medication used to treat diabetes. The findings are: Review of Resident #1's current FL2 dated 12/20/21 revealed: -Diagnosis included diabetes. -There was an order for Novolog insulin 10 units three times daily. Review of Resident #1's electronic Medication	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011372	A. BUILDING: _____ B. WING _____	R 01/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 5	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 1 Administration Record (eMAR) for 01/01/22 - 01/25/22 revealed: -There was an entry for Novolog insulin 10 units three times daily with administration times of 8:00am, 12:00pm, and 5:00pm. -There was documentation the Novolog insulin had been administered three times daily on 01/01/22 - 01/22/22 at 8:00am, 12:00pm, and 5:00pm and on 01/23/22 at 8:00am. -There was documentation the Novolog insulin had not been administered on 01/23/22 at 12:00pm and 5:00pm, and had not been administered on 01/24/22 at 8:00am, 12:00pm, 5:00pm due to "arriving from pharmacy". -There was documentation of a Finger Stick Blood Sugar (FSBS) (a measure of blood glucose) of 131 on 01/25/22 at 8:00am. Telephone interview with a representative from the facility's contracted pharmacy on 01/26/22 at 10:26am revealed: -The facility had requested a refill for the insulin electronically on 01/23/22 at 1:48pm. -The pharmacy was not open on 01/23/22 as it was a Sunday. -The facility should have made a phone call for the refill as there was a pharmacist on call. -The Novolog insulin was delivered to the facility on 01/24/22 at 3:39pm. Telephone interview with the Medication Aide (MA) on 01/26/22 at 11:37am revealed: -She was not aware the pharmacy was closed on Sundays. -She thought the procedure was to electronically order the insulin. Interview with the Resident Care Coordinator (RCC) on 01/26/22 at 10:40am revealed the MA should have telephoned the pharmacy for the	{D 358}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011372	A. BUILDING: _____ B. WING _____	R 01/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 5	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{D 358}	Continued From page 2 insulin. Interview with the Administrator on 01/26/22 at 12:06pm revealed: -Resident #1's Novolog insulin refill should have been requested from the pharmacy before there was not anymore left. -The MA's had been trained to re order the insulin when the last insulin pen was opened for use. Telephone interview with the facility's contracted Nurse Practitioner (NP) on 01/26/22 at 2:00pm revealed: -The facility should have ordered the insulin for Resident #1 before there was not anymore left. -Resident #1 was at risk of hyperglycemia (excessive amount of glucose circulating in the blood) by not receiving his insulin.	{D 358}		