PRINTED: 04/17/2022 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 1244	or contraction	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL011375	B. WING		04/0	R 01/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	On Initial Comments		D 000			
	conducted an annual complaint investigation with an exit conference 04/01/22. The compl	epartment of Social Services and follow up survey and on on 03/30/22 - 04/01/22 be via telephone on aint investigation was ombe County Department of				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	•	P. Health Care assure referral and follow-up and acute health care needs				
	This Rule is not met TYPE A1 VIOLATION	<u> </u>				
	facility failed to ensure meet the routine and 2 of 4 sampled reside failure to notify the mo of three Emergency Direlated to suicidal ide	and record reviews, the e referral and follow-up to acute health care needs for ents (#3, and #4) related to ental health provider (MHP) Department (ED) visits ation (#4) and missed an of for 02/20/22 and wound 01/13/22 (#3).				
	The findings are:					
	10/25/21 revealed: -Diagnoses included a depressed mood, bor complex post-trauma borderline intellectual					

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

TITLE (X6) DATE

DIVISION	n nealth Service Regu	ialion	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
					_	
			B. WING		R	
		HAL011375	B. WIIVO		04/01	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHN	IOND HILL ROA	ND.		
RICHMON	D HILL REST HOME # 2		LE, NC 28806			
				T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE
IAG			IAG	DEFICIENCY)		
					+	
D 273	Continued From page	<del>:</del> 1	D 273			
	Paview of the Reside	nt Register for Resident #4				
	revealed an admissio	_				
	revealed an admissio	11 date of 10/16/21.				
	Poviow of discharge i	nstructions from the hospital				
	_					
	dated 01/07/22 revea	ent (ED) for Resident #4				
	-Resident #4 had pres					
		or depressive disorder,				
		l, adjustment disorder with				
	depressed mood, bor					
	~	e personality disorder and				
	post-traumatic stress					
	-Follow up recommen	dations from the ED				
	physician included a r	eferral to enhanced				
	services like commun	ity support team (CST) or				
	assertive community	treatment team (ACTT).				
	-The appointment tim	e for intake to secure a CST				
		/10/2022 at 10:00am.				
	Telephone interview v	vith the provider of the				
	-	on 03/31/22 at 10:38am				
	revealed:					
		a referral from the facility or				
	-	for Resident #4 on 01/10/22.				
	-Resident #4 had "jus					
	-	without an appointment.				
		t #4 presented to their				
	program on 01/25/22					
	. •					
	involved in their hous					
	-An assessment intak					
	01/25/22 revealed a r	ieed for a community				
	support team.					
		igned to a community				
	support team on 03/0					
		ıle Resident #4 for services				
		uccessful as the provider				
	was unable to reach a	anyone to set up services for				
	the CST program.					

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-The CST team provider left a voicemail on a cell

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S		
			A. BOILDING		F	,
		HAL011375	B. WING		1	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		OND HILL ROA	D		
()(1) ID	SHIMMARY ST	ATEMENT OF DEFICIENCIES	E, NC 28806	PROVIDER'S PLAN OF CORRECTIO	N.	(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 APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 273	Continued From page	2	D 273			
D 2/3	phone number of a fathe call was not return-The CST team went initiate mental health -When the CST team Resident #4 was bein law enforcementThey were told that Fearlier that day and the taken to the hospitalBecause Resident #4 evaluated on 03/16/2 seen by CST at the father were no Specification of the Comput (CAD, a report which 01/06/22 at 6:22 am resident #4 intended -There were no specificated been feeling suicing -Resident #4 had been but was also having of Review of the CAD resident #4 sustainer found standing on the bleedingResident #4 had been feeling.	cility staff on 03/07/22 and ned. to the facility on 03/16/22 to services for Resident #4. arrived at the facility, go escorted to the hospital by Resident #4 had an outburst nat was why he was being 4 could not be initially 2, he was rescheduled to be acility on 03/25/22.  Atter Automated Dispatch documents 911 calls) dated evealed: do to hurt himself. fics, just that Resident #4 idal. en talking about self-harm, lifficulty breathing.  Apport dated 03/16/22 at to a civil disturbance. ed a cut to the hand and was a walkway with his hand en combative with staff and nes inside the residence.	D 2/3			
	Review of the CAD re 12:23pm revealed Re by self-inflicting lacera arms.	eport dated 03/26/22 at esident #4 attempted suicide ations up and down both with Resident #4's MHP on				

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NAME OF PROVIDER OR SUPPLIER  NAME OF PROVIDER OR SUPPLIER  RICHMOND HILL REST HOME # 2  SUMMARY STATEMENT OF DEFICIENCES  RICHMOND HILL REST HOME # 2  SUMMARY STATEMENT OF DEFICIENCES  SUMMARY SUMMARY STATEMENT OF DEFICIENCES  SUMMARY SUMMARY SUMMARY SUMMARY OF SUMMARY O	Division of	of Health Service Regu	lation			
NAME OF PROVIDER OR SUPPLIER  RICHMOND HILL REST HOME #2  SIRELET ADDRESS, CITY, STATE, JPP CODE  95 RICHMOND HILL ROAD  ASHEVILLE, NC 28906  ROUNDERS HAN OF CORRECTION  (SCAL IDENTIFIES WHAT THE PRECEDENCES IN PRICE AND CORRECTION ASTRON SHOULD BE REQUATORY OR LSC IDENTIFINED INFORMATION)  D 273  Continued From page 3  -Resident #4 was admitted to her care in November 2021 with a diagnosis of major depressive disorder and a personality disorder, -She was not notified by the facility when the resident was transported to the ED on 01/06/22, 03/16/22, and 03/26/22  -She found out the resident was admitted to the hospital on 03/26/22 when she came to the facility on 03/29/22 and the resident was and there.  -If the facility had informed her of Resident #4'S 03/16/22 incident with the resident in that may have prevented the suicide attempt on 03/26/22 because 10 days would have been long enough for a change in his medications and that may have prevented the suicide attempt on 03/26/22 because 10 days would have been long enough for a change in his medications and that may have prevented the suicide attempt on 03/26/22 because 10 days would have been long enough for a change in his medications and that may have prevented the suicide attempt on 03/26/22  -D 03/26/22 between 11:00 am and 12:00 pm, Resident #4 went to his room and then the MA heard what sounded like glass breaking.  -The two residents were threatening to punch each other.  -Resident #4 went to his room and then the MA heard what sounded like glass breaking.  -The resident then came out of his room and walked to the kitchen.  -He was angry and screaming and there was blood coming from both arms where he had cut himself in approximately eight places.  -She called for Emergency Medical Services (EMS) and attempted to calm the resident down until EMS arrived.  Interview with the MA on 03/31/22 at 2:00 pm revealed:			` '	l ` ′		
STICHMOND HILL REST HOME # 2   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   TAG   PREFIX   TAG   PROVIDENS PLAN OF CORRECTION   PROPERTY   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CROSS PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CROSS PL			HAL011375	B. WING		
STICHMOND HILL REST HOME # 2   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   TAG   PREFIX   TAG   PROVIDENS PLAN OF CORRECTION   PROPERTY   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CROSS PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CORRECTION   PROVIDENCY PLAN OF CROSS PL	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE. ZIP CODE	•
CAN   D   SUMMARY STATEMENT OF DEFICIENCIES   D   PREFIX   TAG   CROSS-REFERENCE TO THE APPROPRIATE   CROSS-REFERENCE TO				, ,	,	
PREFIX TAG    CADITION   CASE   PRECIDED BY FULL   PREFIX TAG   COMMETTE ACTION SHOULD BE COMMETTE THAT TAG   COMMETTE ACTION SHOULD BE COMMETTE DATE	RICHMON	D HILL REST HOME # 2	ASHEVILL	E, NC 28806		
-Resident #4 was admitted to her care in November 2021 with a diagnosis of major depressive disorder and a personality disorderShe was treating the resident for depressionShe was not notified by the facility when the resident was transported to the ED on 01/06/22, 03/16/22, and 03/26/22She found out the resident was admitted to the hospital on 03/26/22 when she came to the facility on 03/29/22 and the resident was not thereIf the facility had informed her of Resident #4's 03/16/22 incident with the resident she could have changed his medications and that may have prevented the suicide attempt on 03/26/22 because 10 days would have been long enough for a change in his medications to become effective.  Interview with the Medication Aide (MA) on 03/30/22 at 2:35pm revealed: -On 03/26/22 between 11:00am and 12:00pm, Resident #4 was arguing with another residentThe two residents were threatening to punch each otherResident #4 went to his room and then the MA heard what sounded like glass breakingThe resident then came out of his room and walked to the kitchenHe was angry and screaming and there was blood coming from both arms where he had cut himself in approximately eight placesShe called for Emergency Medical Services (EMS) and attempted to calm the resident down until EMS arrived.  Interview with the MA on 03/31/22 at 2:00pm revealed:	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROPERTY.	D BE COMPLETE
November 2021 with a diagnosis of major depressive disorder and a personality disorder.  -She was treating the resident for depressionShe was not notified by the facility when the resident was transported to the ED on 01/06/22, 03/16/22, and 03/26/22She found out the resident was admitted to the hospital on 03/26/22 when she came to the facility on 03/29/22 and the resident was not thereIf the facility had informed her of Resident #4's 03/16/22 incident with the resident she could have changed his medications and that may have prevented the suicide attempt on 03/26/22 because 10 days would have been long enough for a change in his medications to become effective.  Interview with the Medication Aide (MA) on 03/30/22 at 2:35pm revealed: -On 03/26/22 between 11:00am and 12:00pm, Resident #4 was arguing with another residentThe two residents were threatening to punch each otherResident #4 went to his room and then the MA heard what sounded like glass breakingThe resident then came out of his room and walked to the kitchenHe was angry and screaming and there was blood coming from both arms where he had cut himself in approximately eight placesShe called for Emergency Medical Services (EMS) and attempted to calim the resident down until EMS arrived.  Interview with the MA on 03/31/22 at 2:00pm revealed:	D 273	Continued From page	3	D 273		
transport to the ED on 03/16/22 and 03/26/22.		-Resident #4 was adm November 2021 with depressive disorder a -She was treating the -She was not notified resident was transpor 03/16/22, and 03/26/22 on 03/29/22 and the resident was transpor 03/16/22 incident with have changed his me prevented the suicide because 10 days wou for a change in his me effective.  Interview with the Met 03/30/22 at 2:35pm reson 03/26/22 between Resident #4 was arguster - Not 103/26/22 between Resident #4 was arguster - Resident #4 went to heard what sounded I - The resident then can walked to the kitchen. He was angry and so blood coming from both imself in approximation - She called for Emergical EMS) and attempted until EMS arrived.  Interview with the MA revealed: - She did not notify Resident Resi	mitted to her care in a diagnosis of major and a personality disorder. President for depression. By the facility when the red to the ED on 01/06/22, 22.  sident was admitted to the when she came to the facility resident was not there. President was not there. President was not there. President she could edications and that may have the attempt on 03/26/22 and have been long enough edications to become dication Aide (MA) on evealed:  In 11:00am and 12:00pm, using with another resident. President was breaking. President was ofth arms where he had cut the elegible places. President down and 03/31/22 at 2:00pm esident #4's physician of his resident #4's physician of his resident #4's physician of his resident #4's physician of his			

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-She notified the Administrator.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011375	B. WING		R	
NAME OF D				TF. 7/D 00DF	04/01/2022	-
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA OND HILL ROA	·		
RICHMON	D HILL REST HOME # 2		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 273	Continued From page	· 4	D 273			
	-She did not remembe notify the physician.	er if she had been trained to				
	(RCC) on 04/01/22 at -She was not aware of which resulted in an E-She was not aware of resulting in Resident and ED for mental health and the -The Administrator or aware.  -She was aware of the on 03/26/22 when Re ED and she had react who sees Resident #4-There had been a lot group text had been pother when there were -Staff were supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed related to ED visits to Interview with the Administration of the supposed rel	of the incident on 01/06/22 ED visit for Resident #4. If the incident on 03/16/22 #4 being transported to the reasons. It is staff should have made her  be incident with Resident #4 Is ident #4 was sent to the hed out to the psychiatrist 4 on 03/28/22. It of changes with staff and a put into place to notify each be incidents with residents. It is give documentation her.  In inistrator on 03/31/22 at the resident 4's physician had				
	hospitalizations on 01 03/26/22. -The MA that calls EM transported to the ED	/06/22, 03/16/22 and				
	trained on this proced -She did not have a p	ure. rocess to ensure the n (PCP) was notified when a				
	01/07/22 revealed dia	t #3's current FL2 dated gnoses included diabetes lipidemia, obstructive sleep				

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apnea, acute diastolic congestive heart failure.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION (X3)  A. BUILDING:			
			A. BOILDING.			_
		HAL011375	B. WING		04	R / <b>01/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
		95 RICHN	OND HILL ROAD			
RICHMON	ID HILL REST HOME # 2		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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	5	D 273			
	Resident #3 revealed -Resident #3 had hea -Resident had bilatera (earwax)There was an order to with audiology.  Interview with the aud 1:52pm revealed: -Resident #3 had an a 02/20/22 but had bee	aring loss in his right ear. al impacted cerumen to schedule an appointment diology office on 03/31/22 at appointment scheduled on n a no call no show.				
	-There had been no attempt to re-schedule the appointment for Resident #3 by the facility.  Interview with Resident #3 on 03/30/22 at 11:10am revealed:					
	pain and also hearing -He thought that a ref a year ago.	pped up and he had some loss. erral had been made about staff about problems with his				
		ent #3's right ear canal with 30/22 at 11:10am revealed				
	3:20pm revealed: -The ENT office called appointment in Febru they did not accept hi -She did not attempt to resident because the physician saw the residented out the ear.	ary 2022 and informed her s medical insurance. to find another ENT for the				

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	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		C	OMPLETED
						R
		HAL011375	B. WING			04/01/2022
		TIALUTISTS			I	04/01/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL REST HOME # 2	95 RICHN	IOND HILL ROA	AD.		
		ASHEVIL	LE, NC 28806			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO		DATE
				DEFICIENC		
D 273	Continued From page	÷ 6	D 273			
	appointment and arra appointment.	inges transportation to the				
		sident #3 on 03/30/22 at				
	11:10 am revealed: -He was seated in a v	wheelchair				
	-His right foot appear					
		pped and had a boot over it.				
Review of a physician's order from a local						
		21 for Resident #3 revealed: atient status with observation				
	for 24 hours.	ment status with observation				
		ment for wound care on				
	01/06/22 at 3:00pm.					
	Telephone interview v	with a representative from				
		for Resident #3 revealed:				
	-He had not shown up					
	appointment on 01/13					
	-He was not reschedu appointment.	lied for the missed				
	Interview with Reside 11:10am revealed:	nt #3 on 03/30/22 at				
		rrently being addressed by				
	home health.	remy comg damescountry				
	-He was not aware of	any missed appointments.				
	Interview with the Adr	ministrator on 03/31/22 at				
	3:20pm revealed:					
	- She did not know the					
	appointment with wou					
	-If there had been pay appointment it had be	•				
		made a MA scheduled the				
		inged transportation to the				
	appointment.	3F				
		ırned from the appointment				

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any paperwork was given to the Resident Care

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
			B 14/11/0		R
		HAL011375	B. WING		04/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 2		OND HILL ROA LE, 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE
D 273	provider was notified harm on 01/06/22 and staff and self injury or a suicide attempt on 0 for 5 days. This failur physical harm and ne Type A1 Violation.  The facility provided a accordance with G.S. on 03/31/22.  CORRECTION DATE	nsure the mental health after Resident #4 voiced self dafter being combative with 03/16/22 which resulted in 03/26/22 and hospitalization re resulted in serious aglect which constitutes a	D 273		
D 358	(a) An adult care hor preparation and admi prescription and nonby staff are in accorda (1) orders by a licens which are maintained (2) rules in this Sectionard procedures.  This Rule is not met TYPE A2 VIOLATION  Based on interviews a facility failed to ensure administered as order	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies as evidenced by: I	D 358		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL011375	B. WING		R <b>04/01/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL REST HOME # 2	95 RICHMO	ND HILL ROA	.D	
KICHWION	D HILL REST HOWE # 2	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 APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page 8		D 358		
	pain, low thyroid horn sleep, and seizures (# swelling, high blood s and blood clots (#3), difficulty sleeping (#4 The findings are:				
	medications are to be	and Procedure revealed			
	1. Review of Resident #1's current FL2 dated 07/19/21 revealed:  -Diagnoses included schizoaffective disorder, traumatic brain injury, and hypothyroidism.  -Medication orders included amlodipine (reduces blood pressure) 10mg daily, divalproex (mood stabilizer) 500mg three times daily, gabapentin (treats nerve pain) 300mg twice daily, levothyroxine (treats low thyroid hormone) 88mcg daily, metoprolol (lowers blood pressure and heart rate) ER 25mg daily, olanzapine (decreases psychotic behaviors) 10mg every morning and 20mg at bedtime, trazodone (induces sleep) 100mg daily, and Vimpat (reduces seizure activity) 200mg twice daily,				
	medications were adr not. Review of Resident #	nt #1 on 03/31/22 at did not remember if his ministered on 03/19/22 or 1's electronic Medication d (eMAR) for March 19,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL011375	B. WING		04/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 2		OND HILL ROA	.D	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	E, NC 28806	PROVIDER'S PLAN OF CORRECTION	N (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
D 358	Continued From page	9	D 358		
	day with an administra	or for amlodipine 10mg every ation time of 8:00am and entation the amlodipine was 9/22.			
	physician on 03/31/22 -The amlodipine was pressure.	prescribed for high blood			
	-Not receiving the am resident to have an in pressure.	lodipine could cause the crease in his blood			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
		with the Resident Care n 03/31/22 at 10:30am.			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
	times daily with admir 2:00pm and 8:00pm a	r for divalproex 500mg three nistration times of 8:00am, and there was no valproex was administered			
	physician on 03/31/22 -Divalproex was a mo -Not receiving three d have caused the resid	ood stabilizer medication. loses of divalproex could			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
	Refer to the interview	with the Resident Care			

Division of Health Service Regulation

Coordinator (RCC) on 03/31/22 at 10:30am.

STATE FORM 6899 PFR011 If continuation sheet 10 of 41

1 3 4		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SU COMPLET	
			_		R	
		HAL011375	B. WING		04/01	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 10	D 358			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on				
	twice daily with admir	r for gabapentin 300mg histration times of 8:00am was no documentation the histered on 03/19/22.				
	physician on 03/31/22 -Gabapentin was pres	scribed for nerve pain. papentin may have caused				
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.				
		with the Resident Care n 03/31/22 at 10:30am.				
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on				
	daily with an administ	r for levothyroxine 88mcg ration time of 8:00am and entation the levothyroxine 03/19/22.				
	physician on 03/31/22 -Levothyroxine was p thyroid hormone.	rescribed for low levels of othyroxine may alter the				
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.				

Division of Health Service Regulation

Refer to the interview with the Resident Care

STATE FORM 6899 PFR011 If continuation sheet 11 of 41

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL011375	B. WING		04/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		95 RICHMO	ND HILL ROA	D	
RICHMON	D HILL REST HOME # 2		E, NC 28806		
040.15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	1 0/5)
(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 APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	<del>:</del> 11	D 358		
	Coordinator (RCC) or	n 03/31/22 at 10:30am.			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
	e. There was an entry	for metoprolol 25mg daily			
		time 8:00am and there was			
	no documentation the	•			
	administered on 03/19	9/22.			
	Telephone interview with the facility's contracted physician on 03/31/22 at 9:20am revealed: -Metoprolol is a medication that lowers blood				
	pressure and heart ra				
	-	oprolol could cause the			
	resident's blood press increase.	-			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
		with the Resident Care n 03/31/22 at 10:30am.			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
	morning with an admi and 20mg at bedtime	for olanzapine 10mg every nistration time of 8:00am with an administration time			
	of 8:00pm and there volanzapine was admir	was no documentation the nistered on 03/19/22.			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
		with the Resident Care n 03/31/22 at 10:30am.			

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Refer to the interview with the Administrator on

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				<del></del>	R		
		HAL011375	B. WING		1	1/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
RICHMON	D HILL REST HOME # 2		OND HILL ROA	D			
	OLIMAN DV OT		E, NC 28806	PROVIDENIA DI ANI OF GOPPECTION			
(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	(X5) COMPLETE DATE	
D 358	Continued From page	: 12	D 358				
	03/31/22 at 10:40am.						
	bedtime with an admi	r for trazodone 100mg at nistration time of 8:00pm rumentation the trazodone 03/19/22.					
	physician on 03/31/22 -Trazadone was prese	cribed for sleep. zadone could have caused					
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.					
		with the Resident Care n 03/31/22 at 10:30am.					
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on					
	daily with an administ 8:00pm and there was	r for Vimpat 200mg twice ration time of 8:00am and so no documentation the ered on 03/19/22 at 8:00am					
	physician on 03/31/22 -Vimpat was prescribe	ed to reduce seizure activity. npat could have caused the					
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.					
		with the Resident Care					

Division of Health Service Regulation

STATE FORM 6899 PFR011 If continuation sheet 13 of 41

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ETED
		HAL011375	B. WING		04/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICHMON	D HILL REST HOME # 2	95 RICHMO	OND HILL ROA	.D		
RICHIVION	D HILL REST HOME # 2	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	e 13	D 358			
		with the Administrator on				
	01/07/22 revealed: -Diagnoses included of hyperlipidemia, obstruacute diastolic congerence -Medication orders in blood sugar) 13 units (treats gout) 100mg diblood pressure) 5mg blood sugar) 100 unit (SSI) three times daily blood sugar) 100 unit bedtime, Spironolacte and swelling) 25mg dienlarged prostate) 0.4 tablet ½ tablet at bedtiprevent blood clots) 1	cluded lispro (treats high three times daily, Allopurinol laily, amlodipine (reduces daily, lispro insulin (controls s/ml Sliding Scale Insulin y, lantus insulin (treats high s/ml inject 39 units at one (reduces blood pressure aily, tamsulosin (treats 4mg daily, trazadone 150mg time, and Xarelto (used to				
	administer medication facility and three sisted -It was too late to adm when the MA arrived approximately 12:00p	ay. In she was the only one to the residents in this ter facilities. Ininister 8:00am medications at the facility on 03/19/22				
	Administration Record 2022 revealed: a. There was an entry	3's electronic Medication d (eMAR) for March 19, for Allopurinol 100mg daily n time of 8:00am and there				

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DIVISION	n nealth Service Regu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
				<del></del>	_	
			B WING		R	
		HAL011375	B. WING		04/0	1/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
			OND HILL ROA			
RICHMON	D HILL REST HOME # 2					
		ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGOLATORI ORE	100 IDENTIFY THE INTO ON MATION,	TAG	DEFICIENCY)	NATE	
D 358	Continued From page	e 14	D 358			
	waa na daaumantatia	n Allanurinal was				
	was no documentatio	-				
	administered on 03/19	9/22 at 6.00am.				
	Talambana intensiasses	with the feelite de control to d				
		vith the facility's contracted				
	physician on 03/31/22					
	-The Allopurinol was u	· ·				
	_	opurinol could cause the				
	Resident #3 to have a	a flare up of gout and				
	worsening pain.					
	Refer to the telephone	e interview with a Medication				
	Aide (MA) on 03/31/2	2 at 9:50am.				
	Refer to the interview	with the Resident Care				
	Coordinator (RCC) or	n 03/31/22 at 10:40am.				
	Refer to the interview	with the Administrator on				
	03/31/22 at 10:40am.					
	b.There was an entry	for amlodipine 5mg daily				
	_	time of 8:00am and there				
	was no documentatio					
	administered at 8:00a	·				
	daminiotoroa at 0.000	111 011 00/10/22.				
	Telephone interview v	vith the facility's contracted				
	physician on 03/31/22	<u> </u>				
		prescribed for high blood				
		prescribed for flight blood				
	pressure.	ning as ordered sould result				
	•	pine as ordered could result				
	in an increase in Resi	ident #3's blood pressure.				
	Defente the televil	o intomious with a MA disease.				
	•	e interview with a Medication				
	Aide (MA) on 03/31/2	2 at 9:50am.				
	<b>5</b> ( ) ( ) ( )					
		with the Resident Care				
	Coordinator (RCC) or	n 03/31/22 at 10:40am.				
		with the Administrator on				
	03/31/22 at 10:40am.					

Division of Health Service Regulation

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011375	B. WING		R 04/0	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		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 APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 15	D 358			
D 3300	c. There was an entry units/ml SSI three tim times of 8:00am, 12:0 was no documentation the 12:00pm doses w 03/19/22.  There was documentate sugar (FSBS) checks results of 233 and on Telephone interview with physician on 03/31/22-Resident #3 was precontrol high blood sugar (hypherone) the insulin was not could be detrimental a high blood sugar (hypherone) the telephone Aide (MA) on 03/31/22.  Refer to the telephone Aide (MA) on 03/31/22.  Refer to the interview Coordinator (RCC) or Refer to the interview 03/31/22 at 10:40am.  d. There was an entry at bedtime and there at 1 units was administ 8:00pm.  Interview with Reside revealed the MA did revealed the MA	es daily with administration and 5:00pm, and 5:00pm and there in that the 8:00am dose and dere administered on ation of finger stick blood on 03/19/22 at 4:30pm with 03/20/22 at 8:00am of 223.  With the facility's contracted 2 at 5:16pm revealed: scribed lispro insulin to gar.  administered as orderd, it and result in uncontrolled perglycemia-a dangerous d to coma and/or death).  The interview with a Medication 2 at 9:50am.  With the Resident Care in 03/31/22 at 10:40am.  With the Administrator on  If for Lantus insulin 41 units was documentation Lanuts dered on 03/19/22 at 10:40am and 13/19/22 at 13/19/24 at 10:40am and 13/19/22 at 10:40am and 13/19/24 at 10:40am and 1	D 336			
	41 units was administ 8:00pm.  Interview with Reside	nt #3 on 03/31/22 at 9:00am not administer medications				

Division of Health Service Regulation

Telephone interview with the facility's contracted

STATE FORM 6899 PFR011 If continuation sheet 16 of 41

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL011375	B. WING		04/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		95 RICHM	OND HILL ROA	ND	
RICHMON	D HILL REST HOME # 2		.E, NC 28806		
0/10/15	STIMMADV ST.	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	N OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 16	D 358		
	sugarFailure to administer result in a worsening sugar (hyperglycemia can lead to coma and Refer to the telephone Aide (MA) on 03/31/2 Refer to the interview Coordinator (RCC) or	lantus as ordered could uncontrolled high blood at a dangerous condition that blor death).  e interview with a Medication 2 at 9:50am.  with the Resident Care in 03/31/22 at 10:40am.			
	daily with an administ	y for Spironolactone 25mg tration time of 8:00am and entation Spironolactone was 9/22 at 8:00am.			
	physician on 03/31/22 -The Spironolactone is swelling and blood pre-Failure to administer ordered could result in and swelling.	is prescribed to reduce			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
		with the Resident Care n 03/31/22 at 10:40am.			
	Refer to the interview	with the Administrator on			

Division of Health Service Regulation

03/31/22 at 10:40am.

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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
		HAL011375	B. WING		R <b>04/01/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		95 RICHMO	ND HILL ROA	D	
RICHMON	D HILL REST HOME # 2		E, NC 28806		
	CUMMADV CT		Ī	DDOV/DEDIC DLANLOE CODDECTION	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 APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	: 17	D 358		
	at 8:00am and there	for tamsulosin 0.4mg daily was no documentation nistered on 03/19/22 at			
	physician on 03/31/22 -Resident #3 was pre with urination. -Failure to administer	vith the facility's contracted 2 at 5:16pm revealed: scribed to address difficulty tamsulosin to Resident #3 esult in increased difficulties			
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.			
		with the Resident Care n 03/31/22 at 10:40am.			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
	blood thinner) 10 mg	r for Xarelto (used as a tablet to be administered at d was documented as 9/22 at 8:00pm.			
	revealed the MA did r	nt #3 on 03/31/22 at 9:00am not administer medications the residents in the facility			
	physician on 03/31/22 -The Xarelto is used t				

Division of Health Service Regulation

Refer to the telephone interview with a Medication

STATE FORM 6899 PFR011 If continuation sheet 18 of 41

DIVISION	n nealth Service Negu	ialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
					_	_
			B WING		F	
		HAL011375	B. WING		04/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHM	OND HILL ROA	AD.		
RICHMON	D HILL REST HOME # 2		E, NC 28806			
			12,140 20000			T
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
		,		DEFICIENCY)		
D 050	- · · · -		D 050			1
D 358	Continued From page	<del>2</del> 18	D 358			
	Aide (MA) on 03/31/2	2 at 9:50am.				
	,					
	Refer to the interview	with the Resident Care				
	Coordinator (RCC) or	n 03/31/22 at 10:40am.				
	, ,					
	Refer to the interview	with the Administrator on				
	03/31/22 at 10:40am.					
		t #4's current FL2 dated				
	10/25/21 revealed:					
		adjustment disorder with				
	depressed mood, bor	derline personality disorder,				
	complex post-traumat	tic stress disorder,				
	borderline intellectual	functioning, type II				
	diabetes, hypertensio	n, hyperlipidemia and				
	asthma.					
	-Medication orders in	cluded lispro insulin (to				
	reduce high blood sug	gar) 100u/ml Sliding Scale				
	Insulin (SSI) four time	es daily, Januvia (used to				
	` ,	r) 100mg daily, lantus insulin				
	-	gar) 100 units/ml, inject 155				
		insulin (reduces high blood				
	-	s twice daily, Victoza (treats				
	• , ,	mg/0.1 ml daily, farxiga				
	(treats high blood sug					
	( caggg	,a., .og .az.o. aa,				
	Review of Resident #	4's electronic Medication				
	Administration Record	d (eMAR) for 03/19/22				
	revealed:	,				
		∕ to administer farxiga 10mg				
	•	was no documentation				
		ered on 03/19/22 at 8:00am.				
	J					
	There was document	ation of FSBS on 03/20/22				
	at 7:30am of 323 and	at 7:00pm of 240.				
		·				
	Telephone interview v	vith the facility's contracted				
		)22 at 5:16pm revealed:				
		d to treat high blood sugar.				

Division of Health Service Regulation

-Not receiving the farxiga could result in

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED
		HAL011375	B. WING		04	R <b>//01/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	•	
RICHMON	ID HILL REST HOME # 2	95 RICH	MOND HILL ROAD	1		
	THE REST HOME # 2	ASHEVII	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 19	D 358			
	potentially increased (hyperglycemia-a dar lead to coma and/or o	ngerous condition which can				
	Refer to the telephon Aide (MA) on 03/31/2	e interview with a Medication 22 at 9:50am.				
		with the Resident Care n 03/31/22 at 10:40am.				
	Refer to the interview 03/31/22 at 10:40am.	v with the Administrator on .				
	twice daily with break	y for Humulin inject 110 units fast 8:00am and supper as no documentation farxiga 8:00am and 4:45am.				
	There was document at 7:30am of 323 and	tation of FSBS on 03/20/22 If at 7:00pm of 240.				
	physician on 03/31/2: -The Humulin was us -Not receiving the Hu be potentially "very b blood sugar (hypergly	with the facility's contracted 2 at 5:16pm revealed: sed to treat high blood sugar. imulin as prescribed could ad" resulting in very high ycemia-a dangerous result in coma and/or death).				
	Refer to the telephon Aide (MA) on 03/31/2	e interview with a Medication 22 at 9:50am.				
		with the Resident Care n 03/31/22 at 10:40am.				
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on .				
	c. There was an entry tablet ½ tablet at bed	y for trazadone 150 mg ltime 8:00pm was				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SUF		
					R	
		HAL011375	B. WING		04/01/	2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 20	D 358			
	documented as admir	nistered.				
	Telephone interview of physician on 03/31/22 physician of the interview Coordinator (RCC) or Refer to the interview 03/31/22 physician of the interview 03/31/	vith the facility's contracted 2 at 5:16pm revealed: 5 treat insomnia. 5 zadone could result in 6 e interview with a Medication 2 at 9:50am. 6 with the Resident Care 6 03/31/22 at 10:40am. 6 with the Administrator on				
	8:00am  There was document at 7:30am of 323 and	ation of FSBS on 03/20/22 at 7:00pm of 240.				
	physician on 03/31/22 -Victoza is used to tre -Not receiving the Vic blood sugar (hypergly	eat high blood sugar. toza could result in very high				
	Refer to the telephone Aide (MA) on 03/31/2	e interview with a Medication 2 at 9:50am.				
		with the Resident Care n 03/31/22 at 10:40am.				
	Refer to the interview	with the Administrator on				

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03/31/22 at 10:40am.

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
74101 12744	or connection	IBERTIN IO, WIGHT WOMBER	A. BUILDING: _	<del></del>	JOHN EETEB
					R
		HAL011375	B. WING		04/01/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		95 RICH	MOND HILL ROA	D	
RICHMON	ID HILL REST HOME # 2	ASHEVII	LE, NC 28806		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
D 358	e. There was an entry for FSBS twice daily at 7:30am and 7:00pm and FSBS documented on 03/19/22 at 7:00pm of 323.  Telephone interview with the facility's contracted physician on 03/31/22 at 5:16pm revealed: -Blood glucose is monitored to guide diabetic managementNot monitoring blood glucose could have "very bad" consequences.  Refer to the telephone interview with a Medication Aide (MA) on 03/31/22 at 9:50am.		D 358		
		with the Resident Care n 03/31/22 at 10:40am.			
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
	on 03/31/22 at 9:50ar				
	<ul> <li>-She and a second M administer medication to 8:00pm.</li> </ul>	A were scheduled to ns on 03/19/22 from 8:00am			
	-The second MA did r	not show up for her shift. ninistered medications at			
	the three other facilities	es and she arrived around			
		his facility to administer the			
		out thought it was too late.			
		er any medications to the			
		because she was the only			
	and is was very busy.	three other sister facilities			
		Administrator on 03/19/22 at			
		r she was the only MA.			
		d her another MA was			
	coming in to assist he				
		nistrator on 03/19/22 at			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		HAL011375	B. WING		04	R 9/ <b>01/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	ZIP CODE	•	
IVAIVIL OI I	NOVIDEN ON GOLF EIEN		MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 2		LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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
D 358	Continued From page	e 22	D 358			
	3:00pm and informed yet.  -The Resident Care (vacation.  -The Administrator di assist with the medic Interview with the RC revealed:  -She completed the Nobefore she left for vacuum -She knew there was 03/19/22 for this facil facilities.  -She asked for volunt	In her the MA had not come in Coordinator (RCC) was on the did not come to the facility to ation pass on 03/19/22.  In the come to the facility to ation pass on 03/19/22.  In the come to the facility to ation pass on 03/19/22.  In the come to the facility to ation pass on 03/19/22 at 10:30 am  In the come to the facility to ation pass on 03/19/22.  In the come to the				
	10:40am revealed: -There was one MA sadminister medication three other sister faci-Another MA had agradminister medication-She thought both M/03/19/22 and did not-She was informed of was there to administ facilities on 03/19/22She had not been in were not administere  The facility failed to eadministered as order sampled residents which is to Resident #1 of requiring hospitalization.	eed to come in and ns on 03/19/22. A's had come in to work on call the facility to check. n 03/20/22 that only one MA ter all medications in all the formed that the medications d in this facility on 03/19/22. ensure medications were ared on 03/19/22 for 3 of 3 hich seriously increased the				

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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	
					R
		HAL011375	B. WING		04/01/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 2		OND HILL ROA LE, NC 28806	.D	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 358 D 364	risk to Resident #4 of This failure placed the risk for serious physic constitutes a Type A2  The facility provided a accordance with G.S. on 03/30/22.  THE CORRECTION I	blood sugar, and a serious very high blood sugars. e residents at substantial al harm and neglect and Violation.  a plan of protection in 131D-34 for this violation  DATE FOR THIS TYPE A2 OT EXCEED MAY 1, 2022	D 358		
	Administration  10A NCAC 13F .1004 (g) The facility shall est administered to reside or one hour after the purious time unless precluded. This Rule is not met at TYPE B VIOLATION  Based on interviews a facility failed to ensure administered within on prescribed or schedularesidents (#1, #2, and medications with multiple being administered to scheduled administration. The findings are:  Review of the facility's Administration Policy	Medication Administration ensure that medications are ents within one hour before prescribed or scheduled by emergency situations.  The scheduled structure is as evidenced by:  The scheduled structure is as evidenced by:  The scheduled scheduled structure is as evidenced by:  The scheduled scheduled is as evidenced by:  The			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
HAL011375		B. WING	<del></del>	R 04/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DIGUMON	DINI DESTUDIE#A	95 RICHMO	ND HILL ROA	D	
RICHMON	D HILL REST HOME # 2	ASHEVILLE	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 364	Continued From page	24	D 364		
	before or one hour aft administration time.				
	07/19/21 revealed dia	t #1's current FL2 dated agnoses included ler, traumatic brain injury,			
	Review of Resident #1's Physician's orders dated 07/19/21 revealed:  -There was an order for amlodipine (reduces blood pressure) 10mg daily.  -There was an order for divalproex (mood stabilizer) 500mg three times daily.  -There was an order for gabapentin (treats nerve pain) 300mg twice daily.  -There was an order for levothyroxine (treats low thyroid hormone) 88mcg daily.  -There was an order for metoprolol (lowers blood pressure and heart rate) ER 25mg daily.  -There was an order for olanzapine (decreases psychotic behaviors) 10mg every morning.  -There was an order for Vimpat (reduces seizure activity) 200mg twice daily.				
	Administration Record 03/30/22 revealed: -There was an entry f 8:00am and documer 8:00am on 02/16/22, 03/07/22, 03/14/22, 0 and 03/30/22There was an entry f	1's electronic Medication d (eMAR) for 02/01/22 - for amlodine 10mg daily at a station of administration at 02/23/22, 02/25/22, 3/20/22, 03/22/22, 03/26/22 for divalproex 500mg three , 2:00pm, and 8:00pm and			
	documentation of adm 2:00pm, and 8:00pm 02/25/22, 03/07/22, 0 and 03/26/22 and at 8	ninistration at 8:00am, on 02/16/22, 02/23/22, 3/14/22, 03/20/22, 03/22/22,			

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DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			B. WING		R	
		HAL011375	b. WING		04/0	1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			, ,	,		
RICHMON	D HILL REST HOME # 2		OND HILL ROA	AD .		
		ASHEVILI	E, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	KIATE	DATE
				DETICIENCY)		
D 364	Continued From page	25	D 364			
	. •					
	daily at 8:00am and 8	3:00pm with documentation				
	of administration at 8:	:00am and 8:00pm on				
	02/16/22, 02/23/22, 0	2/25/22, 03/07/22, 03/14/22,				
		nd 03/26/22 and at 8:00am				
	on 03/30/22.					
		or levothyroxine 88mcg daily				
	-	nentation of administration at				
	8:00am on 02/16/22,					
		3/20/22, 03/22/22, 03/26/22				
	and 03/30/22.					
	,	or metoprolol 25mg daily at				
		ntation of administration at				
	8:00am on 02/16/22,					
		3/20/22, 03/22/22, 03/26/22				
	and 03/30/22.					
	-There was an entry f	or olanzapine 10mg at				
	8:00am and documer	ntation of administration at				
	8:00am on 02/16/22,	02/23/22, 02/25/22,				
		3/20/22, 03/22/22, 03/26/22				
	and 03/30/22.					
	-There was an entry f	or Vimpat 200mg twice daily				
		n and documentation of				
	administration at 8:00					
		2/25/22, 03/07/22, 03/14/22,				
	·	nd 03/26/22 and at 8:00am				
	on 03/30/22.	11d 00/20/22 and at 0.00am				
	011 03/30/22.					
	Davious of Davidant #	1's Medication Variance				
	Report for 02/01/22 -					
	•					
	-Amlodipine, divalprod					
	metoprolol, olanzapin	•				
		inistered at 8:00am and				
		administered on 02/16/22 at				
	9:22am, 02/23/22 at 1					
		: 10:40am, 03/14/22 at				
	10:05am, 03/20/22 at	: 10:45am, 03/22/22 at				
	9:25am, 03/26/22 at 9	9:50am, and 03/30/22 at				
	9:25am.					

-The scheduled 8:00am medications were administered late 8 out of 58 days.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011375	B. WING		R <b>04/01/2022</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 2		OND HILL ROA E, NC 28806	D	
(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 APPROPE DEFICIENCY)	BE COMPLETE
D 364	Continued From page	e 26	D 364		
	Interview with Resident #1 on 03/31/22 at 11:00am revealed he did not remember if his medications were late.				
	physician on 03/31/22 -Medications with mu the day should not be cause the doses to be	with the facility's contracted 2 at 9:20am revealed: Itiple dose scheduled during a late because that would be given too close together Id get too much of the			
	-Taking the divalproed dose may cause toxic	x dose too close to the next city and oversedation.			
	Refer to the interview on 03/31/22 at 9:50ar	with a Medication Aide (MA) m.			
	Refer to the interview 03/31/22 at 10:04am.				
	Refer to the interview 03/31/22 at 10:40am.	with the Administrator on			
		t #2's current FL2 dated diagnosis of schizophrenia.			
	02/28/22 revealed: -There was an order to stomach acid) 40mg to	for lithium carbonate (treats mg twice daily. for quetiapine (anti			
		2's electronic Medication d (eMAR) for 03/01/22 -			

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-There was an entry for lithium 450mg twice daily

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	HAL011375		B. WING		R 04/01/2022
NAME OF PRO	VIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
DICUMOND	IIII I DECT LIONE # 0	95 RICHI	MOND HILL ROA	.D	
RICHMOND	HILL REST HOME # 2	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 364	Continued From page	27	D 364		
a a 0 0 - d o 0 0 - d o 0 0 - d o 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	t 8:00am and 8:00pn dministration at 8:00; 3/22/22. There was an entry for aily at 8:00am and 8 of administration at 8:13/22/22. There was an entry for aily at 8:00am and 8 of administration at 8:13/22/22. There was an entry for aily at 8:00am and 8 of administration at 8:13/22/22. Review of Resident #2 of antoprazole, and que 1:00am and documen 13/22/22 at 9:29am. Interview with Resider evealed sometimes in the ecause there were in MAs) for the facility at 20 administer medication of the interview 1:03/31/22 at 10:04am. Refer to the interview 1:3/31/22 at 10:04am. Refer to the interview 1:03/31/22 at 10:40am. Refer to the interview 1:03/31/22 at 10:40am.	on with documentation of am and 8:00pm on or pantoprazole 40mg twice 1:00pm with documentation 1:00am and 8:00pm on or quetiapine 50mg twice 1:00pm with documentation 1:00am and 8:00pm on or quetiapine 50mg twice 1:00pm with documentation 1:00am and 8:00pm on or or quetiapine were altered at the das administered on or #2 on 03/30/22 at 8:58am and the three sister facilities fons.			

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DIVISION	of Health Service Regu	lation	•				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
			_				
					R		
		HAL011375	B. WING		04/01/2022		
NAME OF D		OTDEET AS	DDEGG OITY OTA	TE 710 000E			
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
DICHMON	ID HILL REST HOME # 2	95 RICHN	IOND HILL ROA	.D			
KICHWICK	ID THEE REST HOWE # 2	ASHEVIL	LE, NC 28806				
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(7.0)		
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE		
				DEFICIENCY)			
D 364	Continued From page	e 28	D 364				
	Di	01					
		3's physician's orders dated					
	01/07/22 revealed:						
	-There was an order t	for Allopurinol 100 mg 1					
	tablet daily for gout.						
	-There was an order t	for amlodipine (reduces					
	blood pressure) 5 mg	tablet 1 tablet daily.					
	-There was an order t						
	constipation) 100 mg	,					
	-There was an order t	•					
		•					
	depression) 5 mg tab						
		for furosemide 20mg daily.					
		or gabapentin (treats nerve					
	pain) 800 mg 1 tablet	•					
	-There was an order t	for insulin lispro (controls					
	blood sugar) 100 ml ι	ınit pen use as directed per					
	sliding scale.						
		for multivitamin 1 tablet daily					
	as a dietary suppleme	<del>-</del>					
		for pantoprazole (reduces					
	stomach acid).	or participazoro (roducco					
	,	for pravastatin (reduces					
	cholesterol), 40 mg ta	•					
		for Spironolactone (for blood					
	pressure and swelling						
	-There was an order f	for tamsulosin (treats					
	enlarged prostate) 0.4	4 mg daily.					
	-There was an order t	for trazadone (treats					
	insomnia) 50 mg 1 tal	blet at bed.					
		for vitamin B-12 1000 mcg 1					
	tablet daily for supple						
	Lablet daily for supple	mont.					
	Povious of Posidors #	2'a physician'a ordera datad					
		3's physician's orders dated					
		oro insulin (lowers blood					
		3 units three times daily with					
	meals.						
	Review of Resident #	3's electronic Medication					
	Administration Record	d (eMAR) for 02/01/22 -					

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03/30/22 revealed:

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	,
		HAL011375	B. WING		1	1/2022
					1 04/0	1,2022
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
RICHMON	D HILL REST HOME # 2		OND HILL ROA	AD		
14.01	D THEE REST TIONE # 2	ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG	REGOLATORY OF		IAG	DEFICIENCY)		
D 364	Continued From page	e 29	D 364			
	-There was an entry f	or allopurinol 100mg tablet				
	daily at 8:00am and d					
	administration at 8:00					
	03/14/22.					
	-There was an entry f	or amlodipine 5mg daily at				
	8:00am and documer	ntation of administration at				
	8:00am on 03/07/22 a	and 03/14/22.				
	-There was an entry f	or docusate 100mg daily at				
		ntation of administration at				
	8:00am on 03/07/22 a					
	-	or escitalopram 5mg daily at				
		ntation of administration at				
	8:00am on 03/07/22 a					
	-	for furosemide 20mg daily at				
	8:00am and documer 8:00am on 02/22/22.	ntation of administration at				
		or gabapentin 800mg at				
		and documentation of				
	administration at 8:00					
	03/14/22 and at 2:00p					
	•	for insulin lispro 100 units at				
		and documentation of				
		00pm on 02/07/22 and				
	5:00pm on 03/09/22,0	03/10/22, 03/20/22 and				
	03/28/22.					
		or multivitamin tablet at				
		ntation of administration at				
	•	03/07/22 and 03/14/22.				
		for pantoprazole 20mg tablet				
	daily at 8:00am and d					
		am on 02/25/22, 03/07/22				
	and 03/14/22.	for proventatin 40mg tablet				
	daily at 8:00am and d	or pravastatin 40mg tablet				
		)am on 02/25/22, 03/07/22				
	and 03/14/22.	Jan 011 02/20/22, 00/01/22				
		or spironolactone 25mg				
	daily at 8:00am and d	-				

and 03/14/22.

administration at 8:00am on 02/25/22, 03/07/22

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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	
			_		R
		HAL011375	B. WING		04/01/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL REST HOME # 2	95 RICHMO	OND HILL ROA	.D	
KICIIWICI	D THEE REST HOWIE # 2	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 COMPLETE
D 364	Continued From page	<del>2</del> 30	D 364		
	-There was an entry f capsule daily at 8:00a administration at 8:00 03/14/22 and 03/22/2 -There was an entry f daily at 10:00pm and administration at 10:0 02/18/22, 02/19/22 ar -There was an entry f daily at 8:00am and dadministration at 8:00 03/07/22.  Review of the Medica Resident #3 for 02/01	or tamsulosin 0.4mg am and documentation of am on 02/25/22, 03/07/22, 2. or trazadone 50mg tablets documentation of 0pm on 02/09/22, 02/16/22, and 02/20/22. or Vitamin B-12 1000mcg ocumentation of am on 02/25/22 and tion Variance Report for //22 - 03/30/22 revealed:			
	and gabapentin were administered at 8:00 a as administered on 03/03/14/22 at 9:47 am.	am and were documented 3/07/22 at 9:59 am on			
	-Multivitamin, pantoprazole, pravastatin and spironolactone were scheduled to be administered at 8:00am and were documented as administered on 02/25/22 at 10:10am, 03/07/22 at 9:59am and 03/14/22 at 9:47am.  -Vitamin B-12 was scheduled for administration at 8:00am and was documented as administered on 02/25/22 at 10:10am and on 03/07/22 at 9:59am.  -Furosemide was scheduled for administration at 8:00am and was documented as administered on 02/22/22 at 3:48pm.  -Gabapentin was scheduled for administration at 2:00pm and was documented as administered on 02/15/22 at 4:16pm.  -Insulin lispro was scheduled for administration at 12:00pm and was documented as administered				
	at on 02/07/22 at 2:31 -Insulin lispro was sch	lpm. neduled for administration at umented as administered on			

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	(X3) DATE SURVEY COMPLETED	
HAL011375 B. WING 04/01/2	/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
RICHMOND HILL REST HOME # 2 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCY IDENTIFYING INFORMATION IDENTIFY IDENTI	(X5) COMPLETE DATE	
D 364  Continued From page 31  03/20/22 at 9:05pm and 03/28/22 at 3:04pmTamsulosin was scheduled for administration at 8:00am and was documented as administered on 02/25/22 at 10:10am, 03/07/22 at 9:59am, 03/14/22 at 9:47am and 03/22/22 at 10:14pmTrazadone was scheduled for administration at 10:00pm and was documented as administered on 02/09/22 at 7:46pm, 02/16/22 at 8:10pm, 02/18/22 at 7:55pm, 02/19/22 at 7:33pm, and 02/20/22 at 7:02pmScheduled 8:00am medications were administered late for 5 of 58 daysScheduled 12:00pm medications were administered late for 1 of 58 daysScheduled 2:00pm medications were administered late for 1 of 58 daysScheduled 5:00pm medications were administered late for 1 of 58 daysScheduled 5:00pm medications were administered late for 1 of 58 daysScheduled 5:00pm medications were administered late for 1 of 58 daysScheduled 5:00pm medications were administered late for 1 of 58 daysScheduled 5:00pm medications were administered late for 1 of 58 daysScheduled 10:00pm medications were administered late for 1 of 58 daysScheduled 10:00pm medications were administered late you for 5 of 58 daysScheduled 5:00pm medications were administered late 10:00pm medications were 10:00pm medicat		

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Interview with a Medication Aide (MA) on

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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	
		HAL011375	B. WING		04/01	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2		IOND HILL ROA	D		
040.15	CLIMMADV CT		LE, NC 28806	PROVIDER'S PLAN OF CORRECTION	N.	0.450
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364	Continued From page	32	D 364			
	03/31/22 at 9:50am revealed medications were administered late when she had to administer medications in the facility and a sister facility.  Interview with a second MA on 03/31/22 at 10:04am revealed:  -There were a few times when she thought the third shift MA administered the 8:00am medications.  -She was not aware the residents were not administered 8:00am medications, until the residents told her they needed their medications which was after 8:00am.  Telephone interview with the facility's contracted physician on 03/31/22 at 9:20am revealed medications with multiple doses scheduled during the day should not be late because that would cause the doses to be given too close together and the resident would get too much of the medication in their system (medication toxicity).					
	(RCC) on 03/31/222 a -There were not enou in this facility and the -The MAs were scheo	gh MAs on staff to have one three sister facilities. Iuled to administer han one facility due to being made it difficult to				
	10:40am revealed the medications were late needed so that the far MA in the building.	ninistrator on 03/31/22 at ere were times when because more MAs were cility could have a dedicated				
	administered one hou					

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scheduled times for 3 of 3 sampled residents (#1,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMILETED	
		HAL011375	B. WING		R <b>04/01/2022</b>	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICHMON	D HILL REST HOME # 2	95 RICHMO	ND HILL ROA	.D		
RICHWON	D HILL REST HOWE # 2	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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 364	Continued From page	e 33	D 364			
	#2, and #3). This failure resulted in Resident #1 receiving a mood stabilizer medication too close to the next dose putting the resident at risk of medication toxicity and oversedation and a risk of medication toxicity for Resident #2 and #3. This failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.  The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/31/22 for this violation.					
	CORRECTION DATE VIOLATION SHALL N 2022.	FOR THE TYPE B NOT EXCEED MAY 16,				
D 392	10A NCAC 13F .1008	8(a) Controlled Substances	D 392			
	10A NCAC 13F .1008 Controlled Substances (a) An adult care home shall assure a readily retrievable record of controlled substances by documenting the receipt, administration and disposition of controlled substances. These records shall be maintained with the resident's record and in such an order that there can be accurate reconciliation.					
	facility failed to ensure retrievable controlled	and record reviews, the e an accurate and readily substance record was sampled residents (#2) who				

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		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		COMPLETED	
		HAL011375	B. WING		04/01/	/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE			
RICHMON	D HILL REST HOME # 2		OND HILL ROA	ND.			
			.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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 392	Continued From page	e 34	D 392				
	Review of Resident # 02/28/22 revealed a c	2's current FL2 dated diagnosis of schizophrenia.					
	Review of the Reside revealed an admission	nt Register for Resident #2 n date of 02/03/22.					
	Review of physician's 03/08/22 revealed Kloneeded.	order for Resident #2 dated onopin 0.5mg daily as					
	hand on 03/30/22 at 3						
		le pack labeled Klonopin ablet daily as needed.					
		ispensed on 03/08/23.					
	-Twenty tablets remain	ned in the bubble pack.					
	Review of Resident #2's electronic Medication Record (eMAR) for 03/01/22 - 03/30/22 revealed: -There was an entry for Klonopin 0.5mg daily as neededThere was documentation the Klonopin was administered on 03/10/22, 03/11/22, 03/18/22, 03/23/22 and 03/28/22.						
	records revealed:	nt #2 controlled substance					
	daily as needed.	label with Klonopin 0.5mg					
	_	ispensed on 03/08/23.					
	-There was documentation 03/10/22 one tablet was removed and 28 tablets remained.						
	-There was no other documentation.  Interview with the medication aide (MA) on 03/30/22 at 3:30pm: -She administered Klonopin 0.5mg to Resident #2 on 03/10/22, 03/11/22, 03/18/22, 03/23/22 and 03/28/22She did not remember why she had documented						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLET	ED
					R	
		HAL011375	B. WING		04/01/	/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 2	95 RICHMO	OND HILL ROA	AD.		
- KIOTIWOI	D THEE REOT HOWE # 2	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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392	Continued From page	35	D 392			
	incorrectly on the con 03/10/22She knew she should controlled substance removed a controlled Interview with the Res (RCC) on 03/31/22 at -The MA who docume that Klonopin was add document on the controlled substance medication card -The MAs were trained controlled substance medicationThe MAs were trained substance medication passIf the count was incomanagementShe had not been not linterview with the Adr 10:40am revealed: -The MAs were trained controlled substance medication from the bustance medication document at the she she thought the MAs intend to document at the substance medication from the bustance m	d document on the record each time she substance.  sident Care Coordinator 10:30am revealed: ented on the eMAR 5 times ministered forgot to trolled substance record. Onopin tablets in the bottom 1 today (03/31/22). Indicate the count the controlled enterecord when removing the enterect they were to notify of the incorrect count.  In the controlled enterect they were to notify the enterect they were the enterect t				
	forget to do so.					
D 451	10A NCAC 13F .1212 and Incidents	2(a) Reporting of Accidents	D 451			
	Incidents	Reporting of Accidents and ne shall notify the county				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
		HAL011375	B. WING		04/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL REST HOME # 2			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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 451	Continued From page	e 36	D 451			
	incident resulting in re accident or incident re resident requiring refe	<del>_</del>				
	This Rule is not met as evidenced by: Based on interview and record review the facility failed to notify the department of social services for 1 of 4 sampled residents (Resident #4) related to incidents leading to 2 emergency room visits and 1 hospitalization.					
	The findings are:					
	Review of Resident #4's current FL2 dated 10/25/21 revealed: -Diagnoses included adjustment disorder with depressed mood, borderline personality disorder, complex post-traumatic stress disorder, borderline intellectual functioning, type II diabetes, hypertension, hyperlipidemia and asthma.					
	Review of the Reside revealed an admissio	nt Register for Resident #4 n date of 10/18/21.				
	emergency room for for revealed Resident #4 emergency room with depressive disorder, radjustment disorder w borderline intellectual personality disorder a disorder.	a suicidal ideation, major recurrent, unspecified, with depressed mood, functioning, borderline and post-traumatic stress dication Aide (MA) on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I EAN OF CONNECTION		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
			5 14/11/0		R	
		HAL011375	B. WING		04/0	1/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL REST HOME # 2 95 RICHMO			OND HILL ROA	D		
		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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 451	Continued From page	e 37	D 451			
	-On 03/26/22 between Resident #4 was argu-The two residents we each otherResident #4 when to heard what sounded I-The resident then ca walked to the kitchenHe was angry and so blood coming from bo himself in approximatShe called for EMS a resident down until EI Review of the Comput (CAD- a report which 01/06/22 at 6:22 am resident #4 had inte-There were no specified been feeling suictoresident #4 had been but was also having of Review of the CAD darevealed: -There had been a cale Resident #4 was four hand bleedingResident #4 had been had been tearing up to residence.	n 11:00am and 12:00pm, uing with another resident. Here threatening to punch whis room and then the MA like glass breaking. He me out of his room and he creaming and there was noth arms where he had cut ely eight places. He had attempted to calm the MS arrived.  Inter Automated Dispatch documents 911 calls) dated revealed: He had attempted to hurt himself. He had about self-harm, lifficulty breathing.  Inter Automated Dispatch documents 911 calls) dated revealed: He had about self-harm, lifficulty breathing.  Inter Automated Dispatch documents 911 calls) dated revealed: He had about self-harm, lifficulty breathing.  Inter Automated Dispatch documents 911 calls) dated revealed: He had about self-harm, lifficulty breathing.  Inter Automated Dispatch documents 911 calls) dated revealed: He had about self-harm, lifficulty breathing.				
	Review of the CAD darevealed: -Resident #4 had atte	ated 03/26/22 at 12:23pm				

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cut/laceration.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL011375	B. WING			1/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL REST HOME # 2 95 RICHMOND HILL ROAD  ASHEVILLE, 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	(X5) COMPLETE DATE
D 451	Continued From page	÷ 38	D 451			
	-Resident #4 had self down both arms.	-inflicted lacerations up and				
	revealed: -She had completed a	on 03/31/22 at 10:04am an Incident and Accident				
	report for Resident #4 for both the 03/16/22 and 03/26/22 incidentsShe did not remember if she had given the					
	10:40am revealed: -The MA that was on sent to the hospital w completing a report a RCC or the Administrement to the local Departs but she had for Review of documentate Department of Social	duty when the resident was as responsible for nd giving the report to the ator. trator would then fax the partment of Social Services. It for following up on the progotten to.  ation submitted to the local Services revealed no ed to Resident #4 were is which occurred on				
D912	G.S. 131D-21 Declar Every resident shall h 2. To receive care an adequate, appropriate	laration of Residents' Rights ration of Residents' Rights have the following rights: and services which are e, and in compliance with estate laws and rules and	D912			
	This Rule is not met	as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011375	B. WING		04	R / <b>01/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	<u> </u>		
RICHMOND HILL REST HOME # 2 95 RICHMOND HILL ROAD							
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	LE, NC 28806	PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE	
D912	Continued From page	: 39	D912				
	facility failed to ensure and services which w compliance with relev	and record reviews, the e residents received care ere adequate, and in ant federal and state laws ions related to medication					
	The findings are:						
	facility failed to ensure administered within or prescribed or schedul residents (#1, #2, and medications with mult being administered to	ne hour before or after the ed times for 3 of 3 sampled I #3) resulting in iple administration times o close to the next tion time [Refer to Tag 0364 (g) Medication					
D914	G.S. 131D-21 Declar Every resident shall h	aration of Residents' Rights ation of Residents' Rights ave the following rights: al and physical abuse, ion.	D914				
	facility failed to ensure from neglect related to Medication Administra	and record reviews, the e all residents were free o Healthcare and					
	The findings are:						
	1. Based on interview	s and record reviews, the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011375	B. WING		04/0	1/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
RICHMON	ID HILL REST HOME # 2		ND HILL ROA E, NC 28806	AD		
(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
D914	meet the routine and 2 of 4 sampled reside failure to notify the moof three Emergency E related to suicidal ideaudiology appointment for D0273 10A NCAC 13 A1 Violation)].  2. Based on interview facility failed to ensuradministered as order residents (Residents medications used to tpain, low thyroid horn sleep, and seizures (#swelling, high blood sand blood clots (#3), a difficulty sleeping (#4)	e referral and follow-up to acute health care needs for ints (#3, and #4) related to ental health provider (MHP) Department (ED) visits ation (#4) and missed an int for 02/20/22 and wound 01/13/22 (#3) [Refer to Tag F .0902(b) Healthcare (Type is and record reviews, the emedications were	D914			

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