PRINTED: 04/27/2022 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or dorate of the transfer of t	IDENTIFICATION NOMBER.	A. BUILDING:			
		HAL011372	B. WING		R 04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	Ī	PROVIDER'S PLAN OF CORRECTION	J (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 APPROPF DEFICIENCY)	BE COMPLETE	
D 000	Initial Comments		D 000			
	conducted an annual complaint investigatio 03/30/22 to 03/31/22, 04/04/22 and a teleph complaint investigatio by the Buncombe Conservices.	epartment of Social Services and follow-up survey and in with an onsite visit of a desk review 04/01/22, none exit on 04/05/22. The in was initiated on 03/24/22 unty Department of Social				
D 271	10A NCAC 13F .0901 Supervision	(c) Personal Care and	D 271			
	an accident or incider	d immediately in the case of nt involving a resident to rvention according to the				
	This Rule is not met a	<u> </u>				
	facility failed to responsampled residents (R agitated, cursing, yell	equired an immediate				

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

(X6) DATE TITLE

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		HAL011372	B. WING		R 04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
DICHMON	ID IIII I DECT IIOME # 6	95 RICHI	MOND HILL ROA	ND.	
RICHMON	ID HILL REST HOME # 5	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
D 271	Continued From page 1		D 271		
	Review of Resident # 08/30/21 revealed dia schizoaffective disorc	•			
	04/05/22 at 11:15am -There was no writter policy/procedureAll staff, upon hire w emergency procedureIn the event of a resi such as, but not limite of increased behavior 911/Emergency Medi evaluation, treatment of a resident to a hos -If a personal represe personal representati Declination of EMS R -Call the resident's pr for further recommen and notification of eve	ere trained on the facility's es. dent emergency situation ed to, complaints or display rs, staff were to call cal Services (EMS) for and potential transportation pital. Entative declines EMS, the ve must complete a delease Form. Imary care physician (PCP) dations in case of refusal ent.			
	-Complete and incide -Document the incide notes.	ent/accident report. Int in the resident's progress			
	revealed: -On 03/21/22, at 11:1 (MA) documented RehimselfOn 03/24/22, at 3:4' Resident #1 was talki Specialist (AHS) and of sorts" so she gave antipsychotic medica: -On 03/24/22, at 9:35 Coordinator (RCC) do	8pm, the medication aide esident #1 was talking to 1pm, the MA documented ing to the Adult Home Resident #1 was acting "out him an as needed (PRN) tion. 1pm the Resident Care ocumented staff called the er (MHP) on 03/21/22.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011372	B. WING		R 04/05/2022
	NAME OF PROVIDER OR SUPPLIER STREET AD RICHMOND HILL REST HOME # 5 ASHEVIL			TE, ZIP CODE ID	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 271	return to the facility, or Resident #1 was acting -On 03/24/22, the RO message with the MH 03/21/22. -On 03/24/22, the RO 03/22/22, she called sevaluated and residengly -On 03/24/22, the RO 03/22/22, she called sevaluated and the facility. -On 03/24/22, the RO 03/22/22, she called sevaluated and the famiout for a bit and then the facility. -On 03/24/22, the RO 03/24/22, the RO 03/24/22, the staff can another message region continued behavioral. -On 03/24/22, the RO 03/24/22 and but stated he would generally revealed sevaluation record revealed: -On 03/24/22, he was evaluation with sympole anxious, and distress. -On 03/24/22, his addiscress. -On 03/24/22, his addiscress. -On 03/24/22, his addiscress. -On 03/25/22, during assessment he display was confused with mocrying spells, brief laufull body tremors that progressed, hyperver of obsessive compulse.	am the RCC, upon her on 03/21/22, she noticed and out of sorts. C documented she left a liP to return her call on C documented, on 211 for Resident #1 to be not refused to go. C documented, on Resident #1's family ly member took Resident #1 brought Resident #1 back to C documented, on lied the MHP and left arding Resident #1's issues. C documented, she spoke bout Resident #1 refused at first o. 1's Behavioral Health dated 03/24/22 to 03/30/22 and admitted for a full toms of being hyperverbal, ed. nission diagnoses included ler, and bipolar type.	D 271		

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until physician held his hands.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPL	
		HAL011372	B. WING		04/0	R 05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL REST HOME # 5		OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 271	anxiety and psychosis compliance with medi-He became tearful w (characterized by rapi unrelated to external confused and disorier was wrong with his malthough he reported medications given to and felt someone was medications. -On 03/31/22, he was facility. Interview with the Res (RCC) on 03/30/22 at on 04/05/22 at 11:15a-On 03/11/22, she we completing a medicat #1's medications. -She returned to the fout that Resident #1 r-On 03/21/22, upon renotified the Administrate receive his clozaril frowas displaying symptincreased anxiety. -On 03/21/22, she left #1's MHP voicemail eand she did not receiven the she did not receiven the she did not think to omessage for the MHP-On 03/22/22, she tole Resident #1 and his furansported to the hose-Resident #1 family no would "take care of it"	son for admission was for in the context of poor locations. Ith labile affect id changes in emotion events or stimuli), felt inted, and thought something edication treatment he was taking all the him at the facility by the staff is stealing some of his in discharged back to the sident Care Coordinator 8:30am and by telephone arm revealed: Into no vacation after ion cart audit of Resident care ion cart audit of Resident each of this clozaril. Feturn to the facility, she alter that Resident #1 did not form 03/17/22 to 03/21/22 and forms of hallucinations and it a message on Resident explaining what happened explaini	D 271			

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the facility with Resident #1 and it was her

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 20.22.i.to		R	
		HAL011372	B. WING		04/05/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
ысниси	RICHMOND HILL REST HOME # 5			ND.		
KICHWICK	D THEE REST HOWE # 3	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 271	Continued From page	2 4	D 271			
	would take Resident a later that night on 03/from the MA that Res took him out to eat an -On 03/23/22, around and left a "more urgel hindsight she should she did not receive a -She was the only MA Resident #1 was still increased anxiety, bu did not follow-up after MHP. -On 03/24/22, around MHP and left another -On 03/24/22, around report from the staff, issues with another rethe MA to call 911.	have called 911 because return call from the MHP. A for all 4 buildings and displaying hallucinations and to she became so busy she releaving a voicemail with the lunch time, she called the voicemail. 3:00pm, she received a Resident #1 was having esident and she instructed as called and Resident #1				
	revealed: -On 03/17/22, she ad last clozarilOn 03/21/22, Reside agitated, episodes of	n 03/31/22 at 7:35am ministered Resident #1's nt #1 was hallucinating, crying at one minute then talking to the walls so she and RCC know.				
	-She knew Resident # 03/17/22 and Resider to self and episodes of symptoms of Resider clozaril and needed to	#1 was out of clozaril on Int #1's hallucinations, talking If crying/laughing were It #1 being without his If go to the ER. If because the RCC and If are of Resident #1's If you had not been are of Resident #1's If you had not been are of Resident #1's If you had not been are of Resident #1's If you had not been are of Resident #1's If you had not been are of Resident #1's If you had not been are of Resident #1's				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL011372	B. WING		R 04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D	
	OLIMANA DV. OT		1	DDOUBERIO DI ANI OF CORRECTIO	<u> </u>
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 271	Continued From page	e 5	D 271		
D 271	-Hindsite, in her opini 03/21/22 to 03/24/22, Administrator could hereid Resident #1 displaying hallucinations, talking of laughing and crying and symptoms of Resident #1 and symptoms of Resident and symptoms of Resident and symptoms of Resident #2 call from the MHP on Telephone interview with 03/31/22 at 9:04am reson -She saw Resident #2 -On 02/28/22, Reside increased anxiety off 2021, so she increased increased anxiety off 2021, so she increased increased anxiety off 2021, so she increased increased increased anxiety off 2021, so she increased increased increased increased increased increased anxiety off 2021, so she increased	on, at anytime from she, a MA, the RCC or ave called 911 based on g symptoms of to self, tremors or episodes g because those were signs sident #1 going without his to be evaluated by a lafter not receiving a return 03/21/22. with Resident #1's MHP on evealed: 1 last on 02/28/22. Int #1 reported having and on since December ed his clozaril from 150mg a ht. Intion regarding Resident #1 03/25/22 informing her he hospital for an increase in sis because of running out station used to treat Resident isorder, it was an all of the stopped suddenly. It is so the medication, any has while on the clozaril, and the stopped suddenly is so the medication, any has while on the clozaril, and the stopped suddenly is while on the clozaril is while the stopped suddenly is while on the clozaril is while the stopped suddenly is while the stopped	D 271		
	self.	at a greater risk of harm to on for Resident #1 to receive			
		help prevent an increase in			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		HAL011372	B. WING		04	R 4 /05/2022
NAME OF D	ROVIDER OR SUPPLIER	STREET VI	DDRESS, CITY, STATE	ZIP CODE		
NAME OF I	NOVIDEN ON 3011 LIEN		MOND HILL ROAD	, ZII GODE		
RICHMON	ID HILL REST HOME # 5		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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 271	Continued From page	÷ 6	D 271			
	self and hospitalization -If Resident #1 displated hallucinations, episod talking to self or object hand or body tremors evaluation.	yed symptoms such as es of crying then laughing, cts, increased sweating or , call 911 and send out for				
	03/31/22 at 2:22pm re-On 03/24/22, around facility when a persor her Resident #1 was talking to the wall, lau times, confused, hand sweating and hallucin missed his clozaril ov-On 03/24/22, the PC Resident #1 refused trassessment -On 03/24/22, around Resident #1 yelling, a bathroom. -There was no one ac behaviors at the time -On 03/24/22, she specific person when the specific person is the time of the second se	10:00am, she was at the lal care aide (PCA) informed agitated, cursing, yelling, ghing at inappropriate ds shaking uncontrollably, ating because Resident #1 er the past several days. A informed her, on 03/22/22, o go to the hospital for an 11:00am, she observed gitated and cursing in the ddressing Resident #1's on 03/24/22.				
	revealed: -Recently he began to increased anxiety, tim then laugh at nothing he knew at that point clozaril so he tried to RCC but felt he was no one was listeningHe became scared.	o have hallucinations, nes when he would cry and and talk to the walls, and he was not receiving his tell the Administrator and the backed into a corner" and				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			_
		HAL011372	B. WING		04	R 4 /05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E. ZIP CODE		
			MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 5		LE, NC 28806			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	IRRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 271	Continued From page	e 7	D 271			
	symptoms of his psyc	chosis under control				
		nily member the behaviors				
		d an argument with the				
		PCA) not because he missed				
	several doses of cloz					
		the ER the first time because				
		the "voices" were louder				
	and telling him to not					
		e second time if he did not				
	go to the ER he could	d not stay at the facility.				
	03/31/22 at 5:10pm re -She did not know Re talking to self, having	ent #1's family member on evealed: esident #1 was hallucinating, episodes of crying then eweating or increased anxiety				
	since 03/21/22.	g,				
	-On 03/23/22, she wa	as called by the PCA related				
		ne PCA was in an argument				
		agitated and the staff				
	wanted him to go to the					
		to go to the ER and after				
		oout the argument she				
	Resident #1 for a ride	get Resident #1 and take				
		cked up Resident #1 that				
		ove him from the situation				
	and that did calm him					
	-He still had issues w	ith rapid talking, increased				
		ollable crying but related it to				
	the argument.					
	-Resident #1 was una	able to tell her exactly how				
	he felt.					
		ok him back to the facility				
	after supper.					
		y any information about				
		ors or missing his clozaril.				
		and herself depended on				
	the staff to report the regarding Resident #	correct and full issue 1, like on 03/23/22 when she				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B WING		R
		HAL011372	B. WING		04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 5		OND HILL ROA	AD	
		ASHEVILI	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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 271	to the ER based on the time thingShe would not have go to the ER if she knanxiety and behaviors. Resident #1 not gettin. She did not know un not receive his clozar. Resident #1 was to greatly discharged. Interview with the Add 4:52pm and by teleph 10:13am revealed: -On 03/11/22, The RC cart audit on Resident vacation and informed be out of clozaril in a -She was not aware Reclozaril on 03/17/22 to 03/21/22.	called 911 because aff member was in an Resident #1 refused to go ne fact it was probably a one refused for Resident #1 to new Resident #1's increased is that day were caused by ng his clozaril. til 03/24/22 Resident #1 did ril when the MA told her o to the ER or be ministrator on 03/30/22 at none on 04/05/22 at CC completed a medication at #1, before the RCC left on d her that Resident #1 would few days. Resident was out of the until a MA told her on	D 271		
	Resident #1 was out person text instead of text, so she was not result. She knew missed do	oses of clozaril would cause			
	talkingOn 03/21/22, Reside of hallucinating, incre talking so she called member because Residue.	sed anxiety, and excessive ent #1 displayed symptoms ased anxiety and excessive			
	and began having inc	an out of clozaril on 03/17/22 creased symptoms of his 2, the RCC should have			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7. DOILDING.		R	
		HAL011372	B. WING		04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		MOND HILL ROA LLE, 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 271	Continued From page	9	D 271			
	called 911 especially after no return call from the MHP.					
	The staff failed to respond immediately by calling 911/Emergency Medical Services (EMS) for evaluation, treatment and potential transportation to a hospital in regard to a resident demonstrating hallucinations, increased anxiety, episodes of crying and laughing, talking to the wall, increased sweating and hand and body tremors resulting in a 3 day delay of treatment. Resident #1 experienced an increase in his psychosis and required a restart of his antipsychotic medication and monitoring during a 7 day hospitalization. This failure resulted in serious neglect and harm to Resident #1 and constitutes a Type A1 Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 03/30/22.					
	CORRECTION DATE					
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	` '	2 Health Care assure referral and follow-up nd acute health care needs				
	This Rule is not met TYPE A2 VIOLATION					
	facility failed to ensure Health Provider (MHF	#1) related to obtaining				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20125 to		R	
		HAL011372	B. WING		1	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5	95 RICHMO	OND HILL ROA	D		
KICHWICK	D THEE REST HOWE # 3	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 273	Continued From page	e 10	D 273			
	medication, and refill of an antipsychotic medication resulting in a 7 day hospital stay.					
	The finding are:					
	Review of Resident # 08/30/21 revealed dia schizoaffective disord	agnoses included				
	08/30/21 revealed an	treat schizophrenia) 100mg,				
		1's subsequent signed ed 02/28/22 revealed an ng every night.				
		dent #1's medications on 4:08pm revealed there was or administration.				
	7:35am revealed: -On 03/17/22, she ad last clozarilShe could not order to were no labs on file for she did not contact to ran out of clozaril on the Administrator or another getting the contracted labs for his clozarilWhen Resident #1 wo clozaril, the MAs were Administrator or the Formal she was shown in the she was sh	the lab when Resident #1 03/17/22 because the RCC, ther MA was responsible for I lab to get Resident #1's was down to the last 2-3 the to contact the RCC for a lab draw and refill.				
		sident Care Coordinator : 8:30am and by telephone am revealed:				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	\neg
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
				R		
		HAL011372	B. WING		04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE		
			MOND HILL ROA	,		
RICHMON	ID HILL REST HOME # 5		LE, NC 28806			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	N (VE)	—
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	:
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE	
				BEI IOIEITOT)		\dashv
D 273	Continued From page	: 11	D 273			
	-On 03/11/22, she we	nt on vacation after				
		ion cart audit of Resident				
	#1's medications.					
	-She informed the Ad					
	· ·	a) to make sure Resident				
	**	ed before he ran out of				
	medication.	d was no the section of section				
	could display symptor	d more than two doses he				
		and would require medical				
	attention immediately	•				
	1	exted her cell phone stating				
	the MA gave the last	dose of clozaril on 03/17/22.				
		ported to the Administrator,				
		his last clozaril on 03/17/22				
		macy and get a refill before				
		e on 03/18/22 at 8:00pm.				
		acility on 03/21/22 to find ran out of his clozaril on				
		tifying the Administrator				
		eceive clozaril 03/17/22 to				
	03/21/22 and was dis					
	hallucinations and inc	reased anxiety.				
		ify the MHP Resident #1 ran				
		7/22 until she returned to				
	work on 03/21/22 and	l did not call the				
	Administrator.	t a magaga an Basidant				
		t a message on Resident ovider's (MHP) voicemail				
	explaining what happ					
	receive a call back.					
	***	1's March 2022 eMAR				
	revealed:	100 01111 (222)				
		100mg, 2 tablets (200mg),				
	, , ,	to be administered at				
	03/21/22.	as administered 03/01/22 to				
		23/22, 100mg, 2 tablets				
		was documented as not				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL011372	B. WING		R 04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DICUMON	ID UII I DEST HOME # 5	95 RICHMO	OND HILL ROA	ND.	
RICHIVION	ID HILL REST HOME # 5	ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	from the facility's conto 3/31/22 at 9:48am re-There was a subseq for clozaril 100mg, 2	g pharmacy. 1/22 was blank. with a pharmacy technician tracted pharmacy on evealed: uent order dated 02/28/22 tablets (200mg), every night. 1 100mg, 14 tablets (7 d to the facility and to begin 22 and Resident #1 would clozaril on 03/08/22. 1 100mg, 14 tablets (7 d to the facility and to begin 22 and Resident #1 would clozaril on 03/19/22. 1 100mg, 14 tablets (7 d to the facility and to begin 22 and Resident #1 would clozaril on 03/19/22. Int #1's dispense record, of clozaril on 03/08/22 to 9 of 23 doses. 17 e month of March 2022. With a Pharmacist from the harmacy on 03/30/22 at a to receive clozaril, the a copy of the resident's es were missed, the lithe clozaril. Deses of clozaril could lead to desident #1 displaying allucinations, delusions, oling, odd behavior, and problems with	D 273		
	revealed: -On 03/21/22, upon the	n's facility charting notes ne RCC's return to the esident #1 was acting out of			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING		04	R 9/ 05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		95 RICH	MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 5	ASHEVII	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 13	D 273			
	her call.	age with the MHP to return				
	03/17/22, a MA sent a	text messages revealed on a text message to another Resident #1 was out of				
	03/31/22 at 9:04am re-She saw Resident # -Clozaril was a medic #1's schizoaffective d antipsychotic and cou-The only communica Resident #1's record Resident #1 was from informing her Residel an increase in psychoout of his clozaril.	ation 02/28/22. Itation used to treat Resident isorder, it was an all ont be stopped suddenly. It it is decimal the office regarding in the AHS on 03/25/22 in #1 was in the hospital for osis because the facility ran				
	out of his clozaril in M -If Resident #1 misse be reevaluated and re work, how long he wa previous complication current medical condi were good then she of there were issuesWhen Resident #1 m clozaril, it put Resident developing increased which in turn put him selfThe facility should ha the blood work comple	d 2 doses he would need to estarted based on his lab as on the medication, any as while on the clozaril, and tion and if all of those thing could titrate him faster than if hissed more than 1 dose of anxiety and hallucinations at a greater risk of harm to have been focused on getting eted monthly by the hospital dent #1 would have received				

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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	
			A. BOILDING.			
		HAL011372	B. WING		04	R I/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	ZIP CODE	-	
			OND HILL ROAD	, =		
RICHMON	ID HILL REST HOME # 5		LE, NC 28806			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 273	Continued From page	e 14	D 273			
	his lab work, and not to help prevent an inc	n for Resident #1 to receive to miss his clozaril in order crease in Resident #1's isk of harm to self and				
	revealed: -In March 2022, he be symptoms, and he kn receiving his clozaril s Administrator and the "backed into a corner-He became scaredHis clozaril helped ke symptoms of his psyche elt he was not ge December 2021 to Max worse, but when told that he was gettir -He did not know what	RCC but felt he was " and no one was listening. eep his voices and other chosis under control. etting his clozaril many times arch 2022 and his mania he asked the MAs, he was ng the clozaril.				
	4:52pm and by teleph 10:13am revealed: -On 03/11/22, The RC cart audit on Residen vacation and informed required a refill on clo Resident #1 would be -She was not aware F clozaril on 03/17/22 u 03/21/22. -On 03/17/22, the MA Resident #1 was out of person text instead of text, so she was not resident.	CC completed a medication t #1, before the RCC left on d her that Resident #1 izaril within a few days or e out of clozaril. Resident was out of the intil a MA told her on a informed another MA of clozaril via a person to f using the required group made aware. lity to check about Resident				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		HAL011372	B. WING		04	R J/ 05/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICUMO	ND HILL REST HOME # 5	95 RICHI	MOND HILL ROAD			
RICHIVIO	ND HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	vacation to ensure the notify the MHP about orderedShe knew missed done Resident #1 to exhibit hallucinations, increat talkingOn 03/21/22, when the was out of clozaril she emaker and the medical administeredOn 03/21/22, Reside of hallucinating, increat talking so she called memberShe did not notify the her to while the RCC -She did not notify the MA informed her Resor that Resident #1 depsychosisShe did not notify the finding out that Resident #1 she was ultimately resident #1's labs were filled and that he diphysician was notified and refusal to go to the transport of the Risk Evaluation (REMS, a drug safety require for certain medical resident medical require for certain medical require	the clozaril was refilled. and to the medication not filled as oses of clozaril would cause it symptoms of used anxiety, and excessive the MA told her Resident #1 the reviewed Resident #1's family the MHP when the RCC told was out of the facility. The resident #1 was out of clozaril the resident #1 was out of clozaril the resident #1 was out of clozaril the resident #1's family member did to the ER on 03/23/22, after the reference of the resident #1's psychosis the ER.	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
,		15211111107111011152111	A. BUILDING: _	A. BUILDING:	
		HAL011372	B. WING		R 04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 5		OND HILL ROA	D	
		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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 16	D 273		
	73 Continued From page 16 safety and availability) system which meant, the lab would complete the blood work, enter the results in the REMS system, and the pharmacy would check for completion of the blood work and results prior to refill of the clozaril.				
	Resident #1's hospital 11:34am revealed: -An absolute neutrople to identify the number white blood cell type, required to be drawn for Resident #1 to recensident #1 was to hincluded an ANC on a -According to their recensident #1.	hil count (a blood test used r of neutrophil's, a common in the body) (ANC) was on a monthly basis in order seive his clozaril. have his labs drawn which a monthly basis. cords, Resident #1 received while Resident #1 was a			
	the facility's contracted 11:02am revealed: -Resident #1 received 03/11/22It was the responsibition and set up an appoint draws and to bring Relit was the responsibition.	d an ANC lab draw on lity of the facility staff to call tment for Resident #1's lab			
	from the facility's cont 03/31/22 at 9:48am re -On 03/08/22, the fac Resident #1's clozaril -A pharmacy staff me	evealed: ility staff requested a refill of			

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HAL011372 B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X4) ID PREFIX TAG COntinued From page 17 Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood workOn 03/11/22, the facility staff again requested a refill of Resident #1's blood workOn 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for				7.1. 20.12510			D
RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 17 Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood work. On 03/11/22, the facility staff again requested a refill of Resident #1's clozaril without a copy or proof of Resident #1's blood work. On 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for		HAL011372		B. WING		04	
ASHEVILLE, NC 28806 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 17 Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood work. -On 03/11/22, the facility staff again requested a refill of Resident #1's blood workOn 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for SUMMARY STATEMENT OF CORRECTION (XS)	NAME OF PROVIDER OR SUPPL	R STREET AL	NAME OF PROVIDER OR SUPPLIER	DDRESS, CITY, STATE,	ZIP CODE		
ASHEVILLE, NC 28806 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 17 Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood work. -On 03/11/22, the facility staff again requested a refill of Resident #1's blood work. -On 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for		95 RICHN		OND HILL ROAD			
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 273 Continued From page 17 Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood work. -On 03/11/22, the facility staff again requested a refill of Resident #1's clozaril without a copy or proof of Resident #1's blood work. -On 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for	RICHMOND HILL REST HO	∄# 5 ASHEVIL	RICHMOND HILL REST HOME # 5	LE, NC 28806			
Resident #1's blood work in order to refill the clozaril and the pharmacy would dispense a 3 day supply of the clozaril to give the facility staff additional time to provide the results of Resident #1's blood work. -On 03/11/22, the facility staff again requested a refill of Resident #1's clozaril without a copy or proof of Resident #1's blood work. -On 03/11/22, the pharmacy dispensed a second 3 day supply of clozaril and a second request for	PREFIX (EACH DE	CIENCY MUST BE PRECEDED BY FULL	PREFIX (EACH DEFICIENC)	PREFIX	(EACH CORRECTIVE ACTOROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
-There were no more requests for refills of Resident #1's clozaril after 03/11/22. Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/30/22 at 3:09pm revealed: -In order for a resident to receive clozaril, the pharmacy must have a copy of the resident's current lab work that documented if a resident's ANC was low which is a sign of neutropeniaIf the lab work was not completed the pharmacy could not dispense clozaril unless Resident #1 was out of the clozaril and the resident only missed one doseIf more than two doses were missed, the pharmacy could not refill the clozarilNeutropenia which is one of the serious side effects of clozaril could cause Resident #1 to be susceptible to serious infections which could lead to death and that is why the lab work was required prior to refills. Interview with the Resident Care Coordinator (RCC) on 03/30/22 at 8:30am and by telephone on 04/05/22 at 11:15am revealed: -On 03/11/22, she went on vacation after completing a medication cart audit of Resident #1's medicationsResident #1 required a lab draw and a refill of his	Resident #1's clozaril and the supply of the conditional time #1's blood worn -On 03/11/22, refill of Reside proof of Reside proof of Reside -On 03/11/22, 3 day supply of the copy of Resident #1's Telephone interfacility's contract 3:09pm reveal -In order for a pharmacy must current lab wood ANC was low word -If the lab work could not dispowas out of the missed one does not of the missed one doe	pood work in order to refill the pharmacy would dispense a 3 day graril to give the facility staff of provide the results of Resident are facility staff again requested a second requested a second replace of the second request for dent sold and a second sold and a second request for dent sold an	Resident #1's blood we clozaril and the pharm supply of the clozaril additional time to prov #1's blood work. On 03/11/22, the facin refill of Resident #1's proof of Resident #1's clozaril the copy of Resident #1's clozaril pharmacy of Resident #1's clozaril pharmacy must have current lab work that we have current lab work was nould not dispense clowas out of the clozaril missed one dose. If more than two dose pharmacy could not repeated to serious to death and that is we required prior to refills the lab work with the Resident and that is we required prior to refills the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and that is we required prior to refills and the lab work with the Resident and the lab work with the R	D 273			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
741012741	or contraction	IDENTIFICATION NO.	A. BUILDING: _			
		HAL011372	B. WING		R 04/0	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5	95 RICHMO	OND HILL ROA	D		
- KIOTIMOI	D THEE REOT HOWE # 0	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 273	273 Continued From page 18 clozaril within 3 days after she left.		D 273			
	-She informed the Ad					
		a) to make sure Resident				
	.,	hich included the ANC				
	before Resident #1 ra	an out of medication. acility on 03/21/22 to find				
		esident #1 did not receive				
	his lab work.					
		y the Administrator did not				
	contact the MHP about the lab work not					
	completed.	und out Resident #1's ANC				
		pleted on 03/11/22 but the				
	-	request a copy of the blood				
	work to send to the pl	narmacy.				
		lity of the Administrator to				
	send the blood work t was out of the facility.	to the pharmacy while she				
	Interview with a secon	nd MA on 03/31/22 at				
	7:35am revealed:					
		tified the MA who was				
	responsible for getting ordered for Resident:	g the lab work and clozaril #1				
		the clozaril because there				
	were no labs on file fo					
		as down to the last 2-3				
		d the Administrator or the				
	RCC for a lab draw at					
		nt #1 was hallucinating, crying at one minute then				
		I talking to the walls and				
		on the medication cart, so				
	she let the Administra	tor and RCC know.				
		vith Resident #1's MHP on				
	03/31/22 at 9:04am re					
	-She saw Resident #					
		ote a subsequent standing lab to draw Resident #1's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1` '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011372	B. WING		04	R I/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E. ZIP CODE		
			MOND HILL ROAI			
RICHMON	ID HILL REST HOME # 5		LE, NC 28806			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 19	D 273			
	lahs when necessary	but the facility did not give				
		e could send the order to.				
		the standing order already				
	•	ot receive a fax number from				
	the facility for the faci					
	-The next communica	ation regarding Resident #1				
	was from the AHS on	03/25/22 informing her				
		e hospital for an increase in				
		e facility ran out of his				
		nacy could not refill clozaril				
	without the required la					
	-	ave been focused on getting				
		eted monthly by the hospital dent #1 would have received				
	his Clozaril without de					
		n for Resident #1 to receive				
		to miss his clozaril in order				
	· · · · · · · · · · · · · · · · · · ·	rease in Resident #1's				
		isk of harm to self and				
	hospitalization.					
	Interview with the Adr	ministrator on 03/30/22 at				
	4:52pm and by teleph	one on 04/05/22 at				
	10:13am revealed:					
		CC completed a medication				
		t #1, before the RCC left on				
		d her that Resident #1				
	would be out of cloza	n a few days or Resident #1				
		ility to check about Resident				
	#1's clozaril the day a					
		e blood work was completed				
		IHP for instructions since the				
		ted and the clozaril could				
	not be refilled.					
	-She knew clozaril wa	as to be given every day and				
		t miss more than one dose				
		e to be restarted by the				
	physician at that poin					
	-She knew if the labs	were not completed the				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING		04/0	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	.D		
(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 273	Resident #1 missed of cause Resident #1 to hallucinations, incread talking. The facility failed to eafter Resident #1's bloompleted, resulting if and missed doses, are hallucinations, incread crying and laughing, if sweating and hand an increase in his psycentary of his antipsycomonitoring during a 7 failure resulted in seriand neglect which co	nsure contact with the MHP ood work was not n clozaril not being refilled and a resident demonstrated sed anxiety, episodes of talking to the wall, increased and body tremors resulting in vichosis and required a chotic medication and day hospitalization. This is is is for physical harm institutes a Type A2 Violation.	D 273			
D 358	10A NCAC 13F .1004 Administration 10A NCAC 13F .1004 (a) An adult care hor preparation and admi prescription and non-by staff are in accorda (1) orders by a licens which are maintained	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	D 358			

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER		1 ' ') DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011372	B. WING		R 04/05/2	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓΕ, ZIP CODE		
		95 RICHI	MOND HILL ROA	D		
RICHMON	ID HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 358	Continued From page	21	D 358			
	TYPE A1 VIOLATION					
	facility failed to ensure	red for 1 of 3 sampled #1) related to an				
	The findings are:					
	medications are to be	and Procedure revealed				
	diabetesA order for clozaril (a	1's current FL2 dated schizoaffective disorder and an antipsychotic used to treat g, 1-1/2 tablets (150mg),				
		1's subsequent physician's revealed clozaril 200mg				
	Medication Administrative revealed: -An entry for clozaril 1 every night scheduled 8:00pmClozaril was docume 03/01/22 to 03/21/22On 03/22/22 and 03/	100mg, 2 tablets (200mg), I to be administered at				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
			D WING		R	
		HAL011372	B. WING		04/0	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL REST HOME # 5		OND HILL ROA	D		
		ASHEVILLE	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 358	Continued From page	⇒ 22	D 358			
	Telephone interview of from the facility's conto 03/31/22 at 9:48am re-There was a subseque for clozaril 100mg, 2 to -On 03/01/22, clozaril doses) was dispensed -On 03/12/22, clozaril doses) was dispensed -On 03/12/22, clozaril doses) was dispensed Observation of Reside hand on 03/30/22 at 2 no clozaril was availad Interview with the Resident was availad Interview with the Resident with	with a pharmacy technician tracted pharmacy on evealed: uent order dated 02/28/22 tablets (200mg), every night. I 100mg, 14 tablets (7 d to the facility. I 100mg, 14 tablets (7 d to the facility. I 100mg, 14 tablets (7 d to the facility. ent #1's medications on 4:08pm revealed there was able for administration. sident Care Coordinator to 8:30am revealed: ent on vacation after tion cart audit of Resident to a lab draw and a refill of his after she left. Iministrator and the A) to make sure Resident and his clozaril was refilled medication. In the modern of the modern o				
	his next dose was due -She returned to the f out from a MA that Re his lab work, ran out of	e on 03/18/22 at 8:00pm. facility on 03/21/22 to find esident #1 did not receive of his clozaril on 03/17/22 e Administrator Resident #1				

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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 NOMBER.	A. BUILDING: _		COMPLE	
		HAL011372	B. WING		04/0	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICUMON	ID UII I DEST HOME # 5	95 RICHMO	OND HILL ROA	AD.		
KICHWION	ID HILL REST HOME # 5	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	23	D 358			
	did not receive his cloand was displaying sy and increased anxiety -On 04/04/22, she for ANC blood work was the Administrator did blood work to send to -It was the responsibilisend the blood work to was out of the facility.	ozaril 03/17/22 to 03/21/22 c/mptoms of hallucinations /. und out that Resident #1's completed on 03/11/22 but not request a copy of the the pharmacy. lity of the Administrator to to the pharmacy while she with Resident #1's MHP on				
	03/31/22 at 9:04am re-She did not receive a Resident #1 ran out or-She was under the ir received his clozaril of have increased his do Resident #1's report or-Clozaril was a medic #1's schizoaffective of antipsychotic and courlf Resident #1 misse to be reevaluated and work, how long he was previous complication current medical conditions were good then she of	evealed: a call from the facility of his clozaril in March 2022. Impression Resident #1 laily otherwise she would not losage 02/28/22 due to of increased psychosis. It was an old not be stopped suddenly. If a closes then he needed of restarted based on his lab las on the medication, any of swhile on the clozaril, and tion and if all of those things could titrate him faster.				
	revealed: -With his mania worse him he was getting hi MHP he explained wh MHP increased his cl -He did not know wha of the medications the depended on the MAs	it to do because he took all				

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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
				R
	HAL011372	B. WING		04/05/2022
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
	95 RICHN	OND HILL ROA	ND	
RICHMOND HILL REST HOME #	^{: 5} ASHEVIL	LE, NC 28806		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC 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 pa	nge 24	D 358		
4:52pm and by tele 10:13am revealed: -She was not awar clozaril on 03/17/22On 03/17/22, the Resident #1 was o person text instead text, so she was notent was her response #1's clozaril the da vacation to ensure was refilledShe knew clozaril Resident #1 could because it would he physician at that personal that personal text was hallucinations, increased Resident #1 to exhallucinations, increased Resident #1 to exhallucinations, increased Resident #1 to exhallucinations was out of clozaril eMAR and the measure administeredOn 03/21/22, Ressymptoms of halluce excessive talking are emergency room (Increased to 1915) and the control of the	e Resident was out of the 2 until a MA told her on MA informed another MA ut of clozaril via a person to of of using the required group of made aware. Sibility to check about Resident by after the RCC left for the blood work and clozaril was to be given every day and not miss more than one dose ave to be restarted by the bint. doses of clozaril would cause ibit symptoms of eased anxiety, and excessive on the MA told her Resident #1 dication was documented as dent #1 began to display beinating, increased anxiety and nd was ultimately sent to the ER) on 03/24/22. back after every notification or Resident #1 to see if Resident #1 to see if Resident #1 to the ER after displaying nosis. y responsible for making sure were ordered, clozaril was did not run out, and that the fied of Resident #1's psychosis			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL011372	B. WING		R 04/05/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 5	95 RICHM	OND HILL ROA	ND.	
TOTAL OF	D THEE REOT HOME # 0	ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 25	D 358		
	administered as order not receiving his clozal experience hallucinate pisodes of crying an wall, increased sweate requiring a restart of hand monitoring during. This failure resulted in harm and neglect white Violation.	ions, increased anxiety, d laughing, talking to the ting, hand and body tremors his antipsychotic medication g a 7 day hospitalization. h serious risk for physical ich constitutes a Type A1			
	The facility provided a plan of protection in accordance with G.S. 131D-34 for this violation on 03/30/22. CORRECTION DATE FOR THIS TYPE A1				
		IOT EXCEED MAY 6, 2022.			
D 364	10A NCAC 13F .1004 Administration	(g) Medication	D 364		
	(g) The facility shall end administered to reside or one hour after the time unless precluded. This Rule is not met Based on interviews a facility failed to ensure	and record reviews, the e medications were ne hour before or one hour mes as ordered by a practitioner for 2 of 3			
	The findings are:				
	Review of the facility's	s undated Medication			

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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
					R
		HAL011372	B. WING		04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		95 RICHMO	OND HILL ROA	ND	
RICHMON	ID HILL REST HOME # 5	ASHEVILL	E, NC 28806		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	1	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 364	Continued From page	26	D 364		
	_	and Procedure revealed be administered one hour ter the scheduled			
	1. Review of Residen 08/30/21 revealed:	t #1's current FL2 dated			
	-Diagnoses included schizoaffective disorder and diabetesAn order for fish oil 1000mg three times a dayAn order for metformin 500mg, 2 tablets, two times a dayAn order for preservision areds, 1 capsule, two				
	-An order for preservi	sion areds, 1 capsule, two			
	Review of Resident #1's electronic Medication Administration Record (eMAR) for 02/01/22 - 03/30/22 revealed:				
	times a day at 8:00an administration at 8:00 02/07/22, 02/12/22, 0	or fish oil 1000mg three n and documentation of lam on 02/01/22, 02/06/22, 2/13/22, 02/14/22, 02/15/22, 2/20/22, 03/10/22, 03/11/22,			
	03/15/22, and 03/21/2 -There was an entry f				
	02/10/22, 02/12/22, 0	pm on 02/03/22, 02/06/22, 2/24/22, 02/28/22, 03/01/22, 3/10/22, 03/15/22, 03/19/22,			
	times a day at 8:00pn administration at 8:00 02/04/22, 02/07/22, 0	or fish oil 1000mg three in and documentation of opm on 02/01/22, 02/03/22, 2/18/22, 02/23/22, 02/27/22, 3/18/22, 03/19/22, and			
	-There was an entry f tablets, two times a d	or metformin 500mg, 2 ay at 8:00am and ninistration at 8:00am on			

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02/01/22, 02/06/22, 02/07/22, 02/12/22, 02/13/22,

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	EIED
		HAL011372	B. WING		04/0	5/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICUMONI	D HILL REST HOME # 5	95 RICHMO	ND HILL ROA	D		
RICHIMONI	D HILL REST HOME # 5	ASHEVILLI	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364	Continued From page	27	D 364			
	02/14/22, 02/15/22, 0 03/10/22, 03/11/22, 0 -There was an entry f tablets, two times a d documentation of adn 02/01/22, 02/02/22, 0 02/12/22, 02/14/22, 0 02/20/22, 02/22/22, 0 03/01/22, 03/02/22, 0 03/09/22, 03/11/22, 0 03/19/22, 03/20/22, 0 03/24/22There was an entry f capsule, two times a d documentation of adn 02/01/22, 02/06/22, 0 02/14/22, 02/15/22, 0 03/10/22, 03/11/22, 0 -There was an entry f capsule, two times a d documentation of adn 02/01/22, 02/06/22, 0 02/14/22, 02/15/22, 0 03/10/22, 03/11/22, 0 -There was an entry f capsule, two times a d documentation of adn 02/01/22, 02/03/22, 0 03/10/22, 03/11/22, 0 -There was an entry f capsule, two times a d documentation of adn 02/01/22, 02/03/22, 0 02/14/22, 02/03/22, 0 02/13/22, and 03/20/2 Review of Resident # Report for 02/01/22Fish oil, metformin at scheduled to be admi were documented as 9:30am, 02/06/22 at 9 02/11/22 at 9:22am, 0 02/14/22 at 9:52am, 0 02/16/22 at 9:55am, 0 02/20/22 at 9:55am, 0	2/16/22, 02/17/22, 02/20/22, 3/15/22, and 03/21/22. or metformin 500mg, 2 ay at 5:00pm and ninistration at 5:00pm on 2/04/22, 02/16/22, 02/11/22, 2/15/22, 02/16/22, 02/18/22, 2/23/22, 03/05/22, 03/08/22, 3/04/22, 03/05/22, 03/08/22, 3/15/22, 03/22/22, and or preservision areds, 1 day at 8:00am and ninistration at 8:00am on 2/07/22, 02/12/22, 02/13/22, 2/16/22, 02/17/22, 02/20/22, 3/15/22, and 03/21/22. or preservision areds, 1 day at 8:00pm and ninistration at 8:00pm on 2/04/22, 02/07/22, 02/18/22, 02/17/22, 02/18/22, 02/04/22, 03/04/22, 02/07/22, 02/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22, 03/18/22, 2/28/22, 03/04/22 at 9:25am, 02/13/22 at 9:11am, 02/15/22 at 9:16am, 02/17/22 at 10:12am, 02/17/22 at 10:12am,				

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administered late 14 out of 58 days.

-Fish oil was scheduled to be administered at

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	idilott				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED		
	R 04/05/2022				
NAME OF PROVIDER OR SUPPLIER	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				

ICHMO	ND HILL REST HOME # 5	MOND HILL ROAD LLE, 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) COMPLETI DATE
D 364	Continued From page 28	D 364		
D 304	2:00pm and was documented as administered on 02/03/22 at 12:55pm, 02/06/22 at 4:03pm, 02/10/22 at 12:55pm, 02/12/22 at 12:45pm, 02/24/22 at 12:56pm, 02/28/22 at 3:07pm, 03/01/22 at 12:34pm, 03/04/22 at 12:34pm, 03/07/22 at 3:09pm, 03/10/22 at 12:34pm, 03/15/22 at 12:23pm, 03/19/22 at 12:37pm, and 03/24/22 at 11:50am. -The scheduled 2:00pm medication was administered late 7 out of 58 days and early 7 out of 58 days. -Metformin was scheduled to be administered at 5:00pm and was documented as administered at 5:00pm on 02/01/22 at 9:25am, 02/12/22 at 9:22am, 02/13/22 at 9:11am, 02/14/22 at 9:52am, 02/15/22 at 9:16am, 02/16/22 at 9:55am, 03/01/22 at 3:36pm, 03/02/22 at 3:35pm, 03/01/22 at 3:35pm, 03/04/22 at 3:53pm, 03/09/22 at 3:25pm, 03/11/22 at 3:18pm, 03/05/22 at 7:21pm, 03/08/22 at 3:45pm, 03/18/22 at 3:52pm, 03/11/22 at 3:18pm, 03/20/22 6:47pm, 03/21/22 at 3:44pm. -The scheduled 5:00pm medication was administered late 7 out of 58 days and early 24 out of 58 days. -Fish oil, and preservision areds were scheduled to be administered at 8:00pm and were documented as administered on 02/01/22 at 10:29pm, 02/03/22 at 6:54pm, 02/04/22 at 9:57pm, 02/07/22 at 6:54pm, 02/04/22 at 9:06pm, 02/28/22 at 6:48pm, 03/19/22 at 6:57pm, 03/18/22 at 6:44pm, 02/28/22 at 6:48pm, 03/19/22 at 6:57pm, 03/18/22 at 6:44pm, 02/28/22 at 6:44pm, 02/28/22 at 6:44pm, 03/19/22 at 6:44pm, 03/19/22 at 6:44pm, 02/28/22 at 6:44pm, 03/19/22 at 6:44pm, 07/28/22 at 6:44pm, 03/19/22 at 6:44pm, 03/19/22 at 6:44pm, 03/20/22 at 6:44pm, 03/19/22 at 6:44pm, 03/19/22 at 6:44pm, 03/20	D 304		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
						R
		HAL011372	B. WING		04	1/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ысниси	ND HILL REST HOME # 5	95 RICH	MOND HILL ROAD			
KICHWION	ND HILL REST HOME # 5	ASHEVII	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 364	Continued From page	e 29	D 364			
	of 58 days.					
		terview with the facility's on 03/31/22 at 9:20am.				
	Refer to interview wit 03/30/22 at 5:31pm.	h a medication aide (MA) on				
		terview with the Resident CC) on 04/05/22 at 11:30am.				
	Refer to telephone Interview with the Administrator on 04/05/22 at 11:15am.					
	08/30/21 revealed: -Diagnoses included hypertension, dyslipid pulmonary disease, of degenerative disc disease, of -An order for wellbuth -An order for carvedil -An order for namend	demia, chronic obstructive ardiomyopathy and				
	Review of Resident # 03/30/22 revealed: -There was an entry f times a day at 8:00ar administration at 8:00 02/07/22, 02/12/22, 0 02/16/22, 02/17/22, 0 03/07/22, 03/10/22, 0 and 03/21/22There was an entry f times a day at 8:00pr administration at 8:00	ntin 300mg four times a day. 2's eMAR for 02/01/22 - for wellbutrin 150mg two in and documentation of 2am on 02/01/22, 02/06/22, 2/13/22, 02/14/22, 02/15/22, 2/20/22, 02/24/22, 3/11/22, 03/15/22, 03/16/22, for wellbutrin 150mg two in and documentation of 2pm on 02/01/22, 02/04/22, 2/27/22, 02/28/22, 03/04/22,				

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Name of Provider or Supplier STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPL	-160
MAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (24) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 O3/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/16/22, 03/10/22, 03/16/22, 03/16/22, and 03/21/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00bm and documentation of administration at 8:00pm and documentation of administration at 8				D WING		ı	
CASID Description SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE D 364 Continued From page 30 D 364 D 364 D 364 D 366 D			HAL011372	B. WING		04/0	5/2022
CALCID C	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES IDAMESTIC PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 364 D 366 D	DICUMON	D UILL DEST HOME # 6	95 RICHMO	OND HILL ROA	.D		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG ROSS-REFERENCED TO THE APPROPRIATE DATE	KICHWON	D HILL REST HOWE # 5	ASHEVILL	E, NC 28806			
03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/12/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/20/22, 02/24/22, 03/07/22, 03/10/22, 03/11/22, 03/15/22, 03/16/22, and 03/21/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for namenda 10mg two times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/13/22, 02/13/22, 02/14/22, 02/15/22, 02/17/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/20/20, 02/24/22,	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE
and 03/26/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/12/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/21/22, 02/24/22, 03/07/22, 03/10/22, 03/11/22, 03/15/22, 03/16/22, and 03/21/22. -There was an entry for carvedilol 3.125mg two times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for namenda 10mg two times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/13/22, 02/13/22, 02/14/22, 02/15/22, 02/07/22, 02/13/22, 02/13/22, 02/15/22, 02/15/22, 02/16/22, 02/17/22, 02/20/22, 02/24/22,	D 364	Continued From page	30	D 364			
03/07/22, 03/10/22, 03/11/22, 03/15/22, 03/16/22, and 03/21/22. -There was an entry for namenda 10mg two times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for oxycodone 5/326mg three times a day at 8:00am and documentation of administration at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/12/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/13/22, 02/14/22, 03/07/22, 03/10/22, 03/11/22, 03/15/22, 03/16/22, and 03/21/22. -There was an entry for oxycodone 5/326mg three times a day at 2:00pm and documentation of administration at 2:00pm on 02/03/22,		03/15/22, 03/18/22, 0 and 03/26/22There was an entry f times a day at 8:00an administration at 8:00 02/07/22, 02/12/22, 0 03/07/22, 03/10/22, 0 and 03/21/22There was an entry f times a day at 8:00pn administration at 8:00 02/07/22, 02/23/22, 0 03/15/22, 03/18/22, 0 and 03/26/22There was an entry f times a day at 8:00an administration at 8:00 02/07/22, 02/12/22, 0 03/15/22, 02/12/22, 0 02/16/22, 02/17/22, 0 02/16/22, 02/17/22, 0 03/07/22, 03/10/22, 0 and 03/21/22There was an entry f times a day at 8:00pn administration at 8:00 02/07/22, 02/12/22, 0 03/07/22, 03/10/22, 0 and 03/21/22There was an entry f times a day at 8:00pn administration at 8:00 02/07/22, 02/23/22, 0 03/15/22, 03/18/22, 0 and 03/26/22There was an entry f three times a day at 8:02/06/22, 02/07/22, 00/15/22, 02/16/22, 00/15/22, 03/10/22, 0 and 03/21/22There was an entry f three times a day at 20 03/07/22, 03/10/22, 0 03/07/22, 03/10/22, 0 10 03/21/22.	3/19/22, 03/20/22, 03/24/22, or carvedilol 3.125mg two and documentation of lam on 02/01/22, 02/06/22, 2/13/22, 02/14/22, 02/15/22, 2/20/22, 02/24/22, 3/11/22, 03/15/22, 03/16/22, or carvedilol 3.125mg two and documentation of lam on 02/01/22, 02/04/22, 2/27/22, 02/28/22, 03/04/22, 3/19/22, 03/20/22, 03/24/22, 3/19/22, 03/20/22, 02/24/22, 03/22, 02/24/22, 03/16/22, 03/16/22, 03/15/22, 03/16/22, 03/11/22, 03/15/22, 03/16/22, 03/00pm and documentation				

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03/01/22, 03/04/22, 03/05/22, 03/07/22, 03/10/22,

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STRICHMOND HILL REST HOME #5 SRICHMOND HILL ROAD SAREVILLE, NZ 28806	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	CONSTRUCTION	(X3) DATE S	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				A. BUILDING: _			
CA1 D SUMMARY STATEMENT OF DEFICIENCIES D PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIRED TO THE APPROPRIATE DATE			HAL011372	B. WING		1	
CAST D.	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE DATE D 364 Continued From page 31 D 364 D 364 O3/16/22, 03/17/22, 03/19/22, 03/23/22, 03/28/22, and 03/29/22. There was an entry for oxycodone 5/326mg three times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/20/22, 03/01/22, 03/0	RICHMON	D HILL REST HOME # 5	95 RICHM	OND HILL ROA	D		
CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			ASHEVIL	LE, NC 28806			
03/16/22, 03/17/22, 03/19/22, 03/23/22, 03/28/22, and 03/29/22. -There was an entry for oxycodone 5/326mg three times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for gabapentin 300mg four times a day at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/12/22, 02/13/22, 02/12/22, 03/03/22, 03/13/22, 03/13/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/12/22, 03/03/	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
and 03/29/22. -There was an entry for oxycodone 5/326mg three times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. -There was an entry for gabapentin 300mg four times a day at 8:00am on 02/01/22, 02/06/22, 02/07/22, 02/13/22, 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/12/22, 02/14/22, 02/15/22, 02/16/22, 03/07/22, 03/10/22, 03/11/22, 03/16/22, and 03/21/22. -There was an entry for gabapentin 300mg four times a day at 12:00pm and documentation of administration at 12:00pm on 02/05/22, 02/11/22, 02/13/22, 02/20/22, 02/25/22, 02/28/22, 03/03/22, 03/13/22, 03/14/22, 03/20/22, 03/27/22, and 03/28/22. -There was an entry for gabapentin 300mg four times a day at 12:00pm on 02/05/22, 02/11/22, 02/13/22, 02/20/22, 02/25/22, 02/28/22, 03/03/22, 03/13/22, 03/14/22, 03/20/22, 03/27/22, and 03/28/22. -There was an entry for gabapentin 300mg four times a day at 4:00pm and documentation of administration at 4:00pm and documentation at 4:00pm and documentation at 4:00pm	D 364	Continued From page	31	D 364			
times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/04/22, 02/07/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/15/22, 03/18/22, 03/19/22, 03/20/22, 03/24/22, and 03/26/22. Review of Resident #2's Medication Variance Report for 02/01/22 - 03/30/22 revealed: -Wellbutrin, carvedilol, Namenda, oxycodone, and gabapentin were scheduled to be administered at	D 304	03/16/22, 03/17/22, 0 and 03/29/22. -There was an entry f three times a day at 8 of administration at 8: 02/04/22, 02/07/22, 0 03/04/22, and 03/26/2. -There was an entry f times a day at 8:00an administration at 8:00 02/07/22, 02/12/22, 0 03/07/22, 02/16/22, 02/17/22, 0 03/07/22, 03/10/22, 0 and 03/21/22. -There was an entry f times a day at 12:00p administration at 12:00 2/13/22, 02/20/22, 0 03/03/22, 03/13/22, 0 03/03/22, 03/13/22, 0 03/03/22, 03/13/22, 0 03/28/22. -There was an entry f times a day at 4:00pn administration at 4:00 02/19/22, 02/20/22, 0 03/04/22, 03/05/22, 0 03/21/22, 03/05/22, 0 03/21/22, 03/22/22, a -There was an entry f times a day at 8:00pn administration at 8:00 02/07/22, 02/23/22, 0 03/15/22, 03/18/22, 0 03/15/22, 03/18/22, 0 and 03/26/22. Review of Resident # Report for 02/01/22Wellbutrin, carvedilol	3/19/22, 03/23/22, 03/28/22, or oxycodone 5/326mg 3:00pm and documentation 0:00pm on 02/01/22, 2/23/22, 03/19/22, 03/20/22, 2/2. or gabapentin 300mg four on and documentation of am on 02/01/22, 02/06/22, 2/13/22, 02/14/22, 03/16/22, 2/20/22, 02/24/22, 3/11/22, 03/15/22, 03/16/22, 03/20/22, 03/27/22, 03/20/22, 03/20/22, 03/21/22, 03/20/22, 03/21/22, 03/24/22, 03/24/22, 03/20/22, 03/20/22, 03/24/22, 03/30/22 revealed: I, Namenda, oxycodone, and	D 304			

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on 02/01/22 at 9:27am, 02/06/22 at 9:41am,

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Division	of Health Service Regu	ulation			FORM	APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S	
		HAL011372	B. WING		04/0	R 05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
DICUMON	ID IIII I DECT HOME # 6	95 RICHI	MOND HILL ROA	ND		
RICHIVION	ND HILL REST HOME # 5	ASHEVIL	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364	Continued From page	e 32	D 364			
	03/21/22 at 9:12amThe scheduled 8:00a administered late 17 of Gabapentin was sch 12:00pm and was do on 02/05/22 at 1:07pr 02/13/22 at 1:03pm, 002/22/22 at 10:56am, 02/28/22 at 3:14pm, 003/13/22 at 2:53pm, 003/20/22 at 2:53pm, 003/28/22 at 10:52amThe scheduled 12:00 administered late 8 of of 58 daysOxycodone was scheduled 3:00 administered was scheduled 12:00 at	02/14/22 at 9:26am, 02/16/22 at 9:25am, 02/20/22 at 9:46am, 03/07/22 at 9:29am, 03/11/22 at 10:48am, 03/16/22 at 9:29am, and am medications were out of 58 days. reduled to be administered at cumented as administered m, 02/11/22 at 10:45am, 02/20/22 at 1:30pm, 02/25/22 at 2:07pm, 03/03/22 at 10:57am, 03/14/22 at 10:40am, and 0pm medication was ut of 58 days and early 5 out eduled to be administered at umented as administered at				

12:59pm.

58 days.

02/10/22 at 12:52pm, 02/12/22 at 12:45pm, 02/21/22 at 12:04pm, 02/28/22 at 3:14pm, 03/01/22 at 12:33pm, 03/04/22 at 12:32pm, 03/05/22 at 12:31pm, 03/07/22 at 3:11pm, 03/10/22 at 12:36pm, 03/16/22 at 3:56pm, 03/17/22 at 12:27, 03/19/22 at 12:41pm, 03/23/22 at 12:43pm, 03/28/22 at 12:57pm and 03/29/22 at

-The scheduled 2:00pm medication was administered late 4 out of 58 days and 13 out of

02/05/22 at 5:31pm, 02/18/22 at 8:48pm, 02/19/22 at 7:50pm, 02/20/22 at 7:08pm,

-Gabapentin was scheduled to be administered at 4:00pm and was documented as administered on

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPL	
		HAL011372	B. WING		R 04/05	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL REST HOME # 5		OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 364	03/24/22 at 6:22pmThe scheduled 4:00p administered late 9 or daysWellbutrin, carvedilol gabapentin were sche 8:00pm and were doc on 02/01/22 at 10:28p 02/07/22 at 6:35pm, 0 02/27/22 at 6:35pm, 0 03/18/22 at 6:35pm, 0 03/20/22 at 6:50pm, 0 03/26/22 at 6:04pmThe scheduled 8:00p administered late 4 or days. Telephone interview or facility's contracted pl 3:09pm revealed: -When namenda 10m early or late, it has the is best practice to ma -When wellbutrin 150 administered within a the regular scheduled slight risk for a seizur -When oxycodone 5/3 early for Resident #1, sedation leading to ar administered too far a pain.	02/23/22 at 2:37pm, 03/04/22 at 6:34pm, 03/06/22 at 2:49pm, 03/20/22 at 6:50pm, 03/22/22 at 2:31pm and 0m medication was ut of 58 days and 6 out of 58 I, namenda, oxycodone, and eduled to be administered at eumented as administered om, 02/04/22 at 9:48pm, 02/23/22 at 9:08pm, 02/28/22 at 6:34pm, 03/15/22 at 6:47pm, 03/19/22 at 6:25pm, 03/24/22 at 6:22pm, and 0m medications were ut of 58 days and 9 out of 58 with a Pharmacist from the narmacy on 03/30/22 at og two times a day is given the least risk of concerns, but intain levels in the system. The system of the system	D 364			

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administered earlier than scheduled, it could lead

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVE COMPLETED	
					R	
		HAL011372	B. WING		04/05/20	22
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		IOND HILL ROA	.D		
			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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE CC	(X5) DMPLETE DATE
D 364	Continued From page	e 34	D 364			
	to a slight risk of over nervous system depre oxycodone which coueffectWhen carvedilol 3.12 administered, it decre pressure and heart rathan a hour later, the happen and if the dostogether, it could caus pressure and heart racause hypotension or life threatening. Refer to telephone int contracted physician of Care Coordinator (RC Refer to telephone int Care Coordinator (RC Refer to telephone into Care Coordinator (RC Refer to telephone interview of physician on 03/31/22 -Medications should be scheduledShe would expect the administering the medications with multiple day should not be	dose and increased central ession if given with the ald lead to a life-threatening. 25mg two times a day is eased Resident #1's blood ate, if administered more desired effect may not see were given too close see Resident #1's blood ate to lower too much and a bradycardia which could be serview with the facility's on 03/31/22 at 9:20am. In a medication aide (MA) on the evidence with the Resident at 11:15am. Serview with the facility's contracted 2 at 9:20am revealed: the administered as the facility to not be late dications. It let because that would be given too close together diget too much of the				
	Interview with a medic					

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03/30/22 at 5:31pm revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _				
		HAL011372	B. WING		R 04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	TE, ZIP CODE			
DICHMON	ID HILL REST HOME # 5	95 RICHM	OND HILL ROA	ND.		
KICHWON	ID HILL REST HOME # 5	ASHEVILI	.E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
D 364	Continued From page	35	D 364			
D 304	-On 03/18/22 and 03/facilities on campus, a total she administered medications were eith even 2:00pm and 4:0 togetherShe was trained by togetherShe was trained by together time frameShe called the Administrator came of the called the Administrator came of the campus with one MAThere were many time responsible for two together and one hour scheduled timeShe was responsible medication variance of buildings which would administration times of before and one hour acrelated to outside the hour after the scheduled time and the called the scheduled the called to outside the hour after the scheduled twas aware medicalion was aware medicalions was aware was aware medicalions was aware medicalions was aware was awar	19/22, she worked all four approximately 40 residents of medication to and her too soon or too late, oppm medications were given the Nurse, to administer one hour before or one hour histrator on 03/18/22 and he came to help until the n 03/19/22 in the afternoon. With the RCC on 04/05/22 at 21, there was not enough of the four facilities on hes that a MA was four buildings at a time. Hered medications in more time, medications were of the policy window of no before to one hour after the dindicate medication butside of the one hour after the scheduled time. If specific medication issues one hour before and one led time for the residents ations were administered	D 304			
	too early and too late. Telephone Interview with the Administrator on 04/05/22 at 11:15am revealed: -The policy was for a MA to administer mediations no sooner than one hour before or one hour later					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL011372	B. WING		04	R 4 05/2022
	ROVIDER OR SUPPLIER ID HILL REST HOME # 5	95 RICHI	DDRESS, CITY, STATE MOND HILL ROAD .LE, NC 28806	, ZIP CODE		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 364	that the scheduled timeSince December 2021, there was a MA assigned to more than one facility at a timeShe hired a new MA within the last month, so one MA was assigned to no more than two facilities at a time and a float MA to assist with any MA needed help with medication administrationShe did receive a phone call from a MA on 02/19/22 informing her the MA was administering mediations in all four building by herselfThere was supposed to be another MA to assist with mediation administration on 03/18/22 and 03/19/22 but one MA did not show up for work so when she found out on 03/19/22, she went to help administer medications.		D 364			
D914	G.S. 131D-21 Declar Every resident shall had to be free of mental neglect, and exploitate. This Rule is not met Based on interviews a facility failed to ensur from neglect related to Supervision, and Head Administration. The findings are: 1. Based on record refacility failed to response	as evidenced by: and record reviews, the e all residents were free	D914			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I LAN OF CONNECTION		BENTH TO THOM NOMBER.	A. BUILDING: _			
	HAL011372		B. WING		R 04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	TE, ZIP CODE				
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
D914	Continued From page 37 agitated, cursing, yelling, talking to the wall, laughing at inappropriate times, confused, hands shaking uncontrollably, sweating and hallucinating, which required an immediate emergency response. [Refer to Tag D0271 10A NCAC 13F .0901(c) Personal Care and Supervision (Type A1 Violation)]. 2. Based on interviews and record reviews, the facility failed to ensure contact with the Mental Health Provider (MHP) for 1 of 3 sampled residents (Residents #1) related to obtaining required lab work to refill an antipsychotic medication, and refill of an antipsychotic medication resulting in a 7 day hospital stay. [Refer to Tag D0273 10A NCAC 13F .0902(b) Healthcare (Type A2 Violation)]. 3. Based on interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (Residents #1) related to an antipsychotic medication used to treat schizophrenia. [Refer to Tag D0358 10A NCAC 13F .1004(a) Medication Administration (Type A1 Violation)].		D914			
D935	G.S.§ 131D-4.5B(b) A Training and Compete	ACH Medication Aides; ency	D935			
	G.S. § 131D-4.5B (b) Medication Aides; Tra Evaluation Requireme	ining and Competency				
	home is prohibited from any unsupervised methat individual has pre	r 1, 2013, an adult care om allowing staff to perform dication aide duties unless eviously worked as a g the previous 24 months in				

Division of Health Service Regulation

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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		
		HAL011372	B. WING		04/0	5/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RICHMON	ID HILL REST HOME # 5		OND HILL ROA	D			
		ASHEVILL	E, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D935	Continued From page	e 38	D935				
	an adult care home of the following: (1) A five-hour training Department that incluin all of the following: a. The key principles administration. b. The federal Center Prevention guidelines applicable, safe inject procedures for monitobleeding occurs or the exists. (2) A clinical skills evan NCAC 13F .0503 and (3) Within 60 days froindividual must have a. An additional 10-hodeveloped by the Department of the exists. 2. The federal Center Prevention guidelines administration. 2. The federal Center Prevention guidelines applicable, safe inject procedures for monitobleeding occurs or the exists. b. An examination deby the Division of Heact accordance with substitute is not met Based on interviews a facility failed to ensure A) who administered	g program developed by the des training and instruction of medication s for Disease Control and on infection control and, if tion practices and oring or testing in which the potential for bleeding aduation consistent with 10A in 10A NCAC 13G .0503. The state of the completed the following: four training program coartment that includes on in all of the following: for medication in section control and, if tion practices and foring or testing in which the potential for bleeding in welcoped and administered alth Service Regulation in section (c) of this section. The successfully passing the instruction in section in the coord reviews, the section in section in section in the coord reviews, the section in section in section in section (c) of this section.					

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The findings are:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING			R
HAL011372		B. WING	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		95 RICH	MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 5		LLE, 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 DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D935	Continued From page	2 39	D935			
	Review of Staff A's medication aide (MA), personnel file revealed: -Her date of hire was 01/20/22. -Her position title was MA.					
	training on 02/15/22. -She completed her n 02/15/22.	5-hour medication aide nedication clinical skills on nentation of successfully on aide test.				
	Interview with a Staff A on 03/30/22 at 5:31pm revealed: -She was a day shift MAShe received her 15-hour medication aide training on 02/15/22She did not take her medication aide test yet because she was still within 60 days of hireShe did administer medications in all 4 sister facility's by herself on 03/18/22 and 03/19/22On 03/18/22 and 03/19/22, all medications in all 4 sister facility's were administered too early or too late per the facility's policyThe RCC was on vacation 03/11/22 to 03/21/22On 03/18/22 and 03/19/22, she thought she administered every dose of the clozaril to a resident, but she did not use the scanner every time and may have thought she administered the clozaril and didn't but did document afterwards that she didOn 03/17/22 there was a text sent by another MA on the facility text chat, informing the MAs, another MA gave Resident #1's last clozarilThere was no other explanation on why she documented she administered clozaril after 03/17/22 when the clozaril was not in the facility.					
		ozarii was not in the facility.				

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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	
			A. BOILDING		R	
		HAL011372	B. WING		1	5/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 5		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D935	Continued From page 04/05/22 at 10:13am	revealed:	D935			
	-Staff A completed the training on 02/15/22She was aware a MA administration of med successfully passing the The Resident Care Completed the schedulon 03/11/22 and information on 03/11/22 and information the only MA for all 4 stanother MA to supervent on 03/18/22 and 03/11The MA scheduled to show up for work or diffind out Staff A was in mediation by herself uncalled her and information in the complete to Tag D0358 1 Medication Administration.	was to be supervised with ications until she the medication aide test. Coordinator (RCC) ule prior to going on vacation med her, Staff A would be ister facility's and needed ise Staff A. MA before 03/18/22 and set work and supervise Staff A 9/22. Disupervise Staff A did not id not call and she did not the building administering until 03/19/22 when Staff A ed her Staff A was by OA NCAC 13F .1004(a) ation (Type A1 Violation).				

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