	OF DEFICIENCIES FOORFECTION	(X1) PROVIDER/SUPPLIERCUA IDENTIFICATION NUMBER HALD11372	D. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/05/2022
NECESIA.	OVIDER OR SUPPLIER  D HILL REST HOME # 5	95 RICH	ADDRESS, CITY, ST IMOND HILL RO ILLE, NC 28806	AD	
(X4) ID PREFIX TAG	(EAC- DEFVOIENCE	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 000	Buncombe County D conducted an annual complaint investigati 03/30/22 to 03/31/22 04/04/22 and a telep complaint investigati		D 000		
D 271	complaint investigation was initiated on 03/24/22 by the Buncombe County Department of Social Services.  271 10A NCAC 13F .0901(c) Personal Care and Supervision  10A NCAC 13F .0901 Personal Care and Supervision  (c) Staff shall respond immediately in the case of an accident or incident involving a resident to provide care and intervention according to the facility's policies and procedures.		D 271	Admin + RCC to educe staff to notify man and provider for min medications. Adminitioned to educate staff or reporting any abort behaviors that court caused by the miss medications. Administrations. Administrations. Administrations.	ssed skcc normal dbe oslog ed to thhome
	facility failed to responsampled residents (Fagitated, cursing, yell laughing at inappropriate shaking uncontrollab	lews and interviews, the and immediately for 1 of 3 Resident #1) who displayed ling, talking to the wall, riate times, confused, hands ly, sweating and required an immediate		to monitor for am dbnormal behavior staff trained by i to write chart notes on each resident to Shift renew	3
	The findings are:				
	Ith Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATU	re dhuinisi	TITLE Hactor 4F0211	05 09 20

STATEMEN	of Health Service Regul TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE Of A. BUILDING:	CONSTRUCTION	COM	E SURVEY IPLETED  R 4/05/2022
	ROVIDER OR SUPPLIER	STREET 95 RICH	ADDRESS, CITY, STATE HMOND HILL ROAD ILLE, NC 28806			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO DEFICIENCY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO DEFICIENCY OF LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO DEFICIENCY OF LS		THE APPROPRIATE	COMPLETE DATE		
D 271	O8/30/21 revealed dischizoaffective disord Telephone interview O4/05/22 at 11:15am -There was no writter policy/procedureAll staff, upon hire were gency procedureAll staff, upon hire were gency procedureIn the event of a resistance of a resident to a hoself a personal representate Declination of EMS F-Call the resident's profor further recomment and notification of events of the resident of events.  Review of Resident # revealed: -On 03/21/22, at 11:1 (MA) documented RehimselfOn 03/24/22, at 3:41 Resident #1 was talking Specialist (AHS) and of sorts" so she gave antipsychotic medicateOn 03/24/22, at 9:35 Coordinator (RCC) document (RCC) do	ti's current FL2 dated agnoses included der and diabetes.  with the Administrator on revealed: In emergency  were trained on the facility's ess.  ident emergency situation ed to, complaints or display rs, staff were to call ical Services (EMS) for and potential transportation pital.  entative declines EMS, the ive must complete a delease Form, imary care physician (PCP) dations in case of refusal ent.  Intiaccident report.  In the resident's progress  It's facility charting notes  Bym, the medication aide sident #1 was talking to the Adult Home Resident #1 was acting "out him an as needed (PRN)	D 271			

STATEMEN	of Health Service Re of Deficiencies of CORRECTION	(X1) PROVIDER:SUPPLIER:CLIA IDENTIFICATION NUMBER:  HAL011372	(X2) MULTIPLE ( A. BUILDING:  B. WING	CONSTRUCTION	COM	E SURVEY IPLETED R 4/05/2022
	ROVIDER OR SUPPLIER	95 RICH	ADDRESS, CITY, STATI			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE
D 271	return to the facility Resident #1 was a -On 03/24/22, the facility 103/21/22On 03/24/22, the facility 22/22, she calle evaluated and resident of the facility 203/24/22, she calle member and the facility 303/24/22, the facility 303/24/22, the staff another message in continued behavior 303/24/22, the staff another message in continued behavior 303/24/22, the facility 303/24/22, the facility 303/24/22, the staff another message in continued behavior 303/24/22, the facility 303/24/22, the facility 303/24/22, the staff another message in continued behavior 303/24/22, the staff another message in continued behavior 303/24/22, the facility 303/24/22, the staff another message in continued behavior 303/24/22, the facility 303/24/22, the staff another message in continued behavior 303/24/22, the facility 303/24/22, the f	35am the RCC, upon her , on 03/21/22, she noticed cting out of sorts. RCC documented she left a MHP to return her call on RCC documented, on d 911 for Resident #1 to be dent refused to go. RCC documented, on d Resident #1's family mily member took Resident #1 en brought Resident #1 back to RCC documented, on called the MHP and left egarding Resident #1's all issues. RCC documented, she spoke about Resident #1 refused at first go. #1's Behavioral Health and dated 03/24/22 to 03/30/22 as admitted for a full ptoms of being hyperverbal, seed. dmission diagnoses included arder, and bipolar type. g Resident #1's initial allayed poor concentration, memory cloudiness, brief aughing spells, intermittence at escalated as interview erbal, and with brief episodes lisive disorder (OCD) by a thumbs and not able to stop	D 271			

Division of Health Service Regulation

PATEMENT	of Health Service Regul or deficiencies or correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING: B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 04/05/2022	
	ROVIDER OR SUPPLIER	STREET A 95 RICH	DORESS, CITY, STATE			
(X4) ID PREFIX TAG	(FACH DEFICIENC	ASHEVII ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLETE DATE
D 271	anxiety and psychosic compliance with medications 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 Re (RCC) on 03/30/22 at on 04/05/22 at 11:15.  On 03/11/22, she was completing a medications.  She returned to the out that Resident #1.  On 03/21/22, upon motified the Administraceive his clozaril frowas displaying symplincreased anxiety.  On 03/21/22, she lef #1's MHP voicemail of and she did not receive. She did not think to omessage for the MHF.  On 03/22/22, she tol Resident #1 and his formsported to the hose-Resident #1 family in would "take care of it" would "take care of it".	ason for admission was for s in the context of poor fications. With labile affect old changes in emotion events or stimuli), felt inted, and thought something nedication treatment he was taking all the him at the facility by the staff is stealing some of his a discharged back to the sident Care Coordinator to 8:30am and by telephone am revealed: and on vacation after tion cart audit of Resident from cart audit of Resident from 03/21/22 to find from out of his clozaril, eturn to the facility, she ator that Resident #1 did not forms of hallucinations and to a message on Resident explaining what happened we a call back, call 911 because she left a condition of the MA to call 911, and amily member refused to be spital, member told her that she continued.	D 271			

Division of Health Service Regulation

PRINTED: 04/27/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: HAL011372 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES. PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (03) PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) Continued From page 4 D 271 understanding Resident #1's family member would take Resident #1 to the hospital but it was later that night on 03/22/22, she found out by text from the MA that Resident #1's family member took him out to eat and calmed him down some. -On 03/23/22, around noon, she called the MHP and left a "more urgent" voicemail, but in hindsight she should have called 911 because she did not receive a return call from the MHP. -She was the only MA for all 4 buildings and Resident #1 was still displaying hallucinations and increased anxiety, but she became so busy she did not follow-up after leaving a voicemail with the MHP. -On 03/24/22, around lunch time, she called the MHP and left another voicemail. -On 03/24/22, around 3:00pm, she received a report from the staff, Resident #1 was having issues with another resident and she instructed the MA to call 911. -On 03/24/22,911 was called and Resident #1 was sent out to the hospital. Interview with a MA on 03/31/22 at 7:35am revealed: -On 03/17/22, she administered Resident #1's last clozaril. -On 03/21/22, Resident #1 was hallucinating. agitated, episodes of crying at one minute then laughing the next and talking to the walls so she let the Administrator and RCC know. -She knew Resident #1 was out of clozaril on 03/17/22 and Resident #1's hallucinations, talking to self and episodes of crying/laughing were symptoms of Resident #1 being without his clozaril and needed to go to the ER. -She did not call 911 because the RCC and

Administrator was aware of Resident #1's symptoms and she thought the RCC and

HOLEMEN!	of Health Service Regul of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA				RMAPPROV
- CANA	COMPLECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE C	ONSTRUCTION	(X3) DAY	SURVEY
		The second secon	A BUILDING:	ASSESSMENT TO STATE OF THE STAT		PLETED
		NISKEWSKING			- 1	32011
		HAL011372	B. WNG			R
AME OF P	ROVIDER OR SUPPLIER	-	oz banansamonae		04	/05/2022
ICHMON	D HILL REST HOME # 5		DORESS, CITY, STATE			
	HILL REST HOME # 5		MOND HILL ROAD			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	LLE, NC 28806			
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Victoria IV		W	TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	PPROPRIATE	DATE
D 271	Continued From pag	e 5		( ) ( ) ( )		
			D 271			
	-Hindsite, in her opin	ion, at anytime from	1 1			
	USIZ1/22 to U3/24/22	she a MA the BCC				
	CONTRIBUTATOR CONTO I	lave called 911 based on				
	rxesident #1 displayir	ng symptoms of				
	national talking	g to self, tremors or episodes				
	or laughing and cryin	O because those were close				
	and symptoms of Re	sident #1 going without his				
	Ciozanii and needed t	to be evaluated by a				
	physician especially:	after not receiving a return				
	call from the MHP on	03/21/22.				1
- 1	Telephone Interview	with Resident #1's MHP on				
	03/31/22 at 9:04am r	evealed:				
1	-She saw Resident #	1 last on 02/28/22.				
	-On 02/28/22, Reside	ent #1 reported having				
	increased anxiety off	and on since December	1 1			
	2021, so she increas	ed his clozaril from 150mg a				
	night to 200mg at nig	ht.				
	<ul> <li>The next communication</li> </ul>	ation regarding Resident #1				
-	was from the AHS on	03/25/22 informing her				
- 1	Resident #1 was in the	ne hospital for an increase in				
	Resident #1's psycho	sis because of running out				
	of his clozaril.	ivalente incidiata benito cara perce e la <del>Te</del> nare a				
- 1	-Clozaril was a medic	ation used to treat Resident				
	#1's schizoaffective d	lisorder, it was an				
	antipsychotic and cou	ald not be stopped suddenly.				
-	-If Resident #1 misse	d 2 doses then he needed				
	to be reevaluated and	d restarted based on his lab	11 11			
	work how long ho we					
	work, flow forty he wa	as on the medication, any	010 10			
	previous complication	as on the medication, any as while on the clozaril, and				1
	previous complication	ns while on the clozaril, and				
	previous complication current medical condi	ns while on the clozaril, and ition and if all of those thing				
	previous complication current medical condi	ns while on the clozaril, and				
	previous complication current medical condi were good then she of there were issues.	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if				
	previous complication current medical condi- were good then she of there were issues. -When Resident #1 m	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if hissed more than 1 dose of				
	previous complication current medical condi- were good then she of there were issues. -When Resident #1 m clozaril, it put Residen	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if hissed more than 1 dose of int #1 at a severe risk of				
	previous complication current medical condi- were good then she of there were issues. -When Resident #1 m clozaril, it put Residen developing increased	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if hissed more than 1 dose of at #1 at a severe risk of anxiety and hallucinations				
	previous complication current medical condi- were good then she of there were issues. -When Resident #1 m clozaril, it put Residen developing increased	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if hissed more than 1 dose of int #1 at a severe risk of				
	previous complication current medical condi- were good then she of there were issues. -When Resident #1 m clozaril, it put Residen developing increased which in turn put him self.	ns while on the clozaril, and ition and if all of those thing could titrate him faster than if hissed more than 1 dose of at #1 at a severe risk of anxiety and hallucinations				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	NATIONAL PROPERTY.	COMPLETED
					Section Control
		HAL011372	B. WING		R 04/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	130 CODE	UNIOSIZOZZ
RICHMON	ID HILL REST HOME		MOND HILL ROAD		
	ACCOUNT NOT THE PROPERTY.	ASHEVI	LLE, NC 28806		
(X4) ID PREFIX	EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION	
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0.024				DEFICIENCY)	255
D 271	Continued From p	, T	D 271		
	Resident #1's psyc	chosis, increase risk of harm to			
	self and hospitaliza	ation.			
	-II Resident #1 dis	played symptoms such as	1		
	talking to self or of	sodes of crying then laughing,			
	hand or body trem	bjects, increased sweating or lors, call 911 and send out for			
	evaluation.	or of all all sello out for			
	705-250 Solls				
1	Interview with the	Adult Home Specialist (AHS) on			
	03/31/22 at 2:22pr	m revealed:			
	-On 03/24/22, arou	und 10:00am, she was at the			
	facility when a per	sonal care aide (PCA) informed			
	her Resident #1 w	as agitated, cursing, yelling,			
	times confused b	laughing at inappropriate lands shaking uncontrollably,			
	sweating and halls	ucinating because Resident #1			
	missed his clozarii	over the past several days.			
	-On 03/24/22, the	PCA informed her, on 03/22/22,			
	Resident #1 refuse	ed to go to the hospital for an			
	assessment				
		und 11:00am, she observed	1		
		g, agitated and cursing in the			11
	bathroom.				14
		addressing Resident #1's			
	behaviors at the tir	84 THE RESERVE OF THE PROPERTY			
		spoke to the RCC and			
	hospital.	nt #1 needed to go to the			
	risoprios.				
	Interview with Res	ident #1 on 03/31/22 at 4:55pm			
	revealed:				
	-Recently he bega	n to have hallucinations,			
	increased anxiety,	times when he would cry and			
		ing, and talk to the walls, and			
		int he was not receiving his			
		to tell the Administrator and the			
		as "backed into a corner" and			
	no one was listenin				
	-He became scare	d. I keep his voices and other			
	: TOUS CHOZATH DAIDAS	s keeps nie volges sind olner			

Division of Health Service Regulation

STATE FORM

Address

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If continuation sheet 7 of 41

of 41

(EACH DEFICIE)	5 95 RICH ASHEVI	(X2) MULTIPLE CO A. BUILDING:		3330	SURVEY LETED R /05/2022
HILL REST HOME #	HAL011372 STREET A 95 RICH ASHEVI	B. WING		1 2000	R
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HILL REST HOME #	5 95 RICH ASHEVI		AVEVELO		105/2022
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(EACH DEFICIE)		LLE, NC 28806			
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	NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO		(X5) COMPLET
	IN CSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPL DEFICIENCY)	ROPRIATE	DATE
Sauthan Sales Sales	1960. W	0.000	DEFICIENCY		
Continued From pa	ige 7	D 271			
symptoms of his pa	sychosis under control.				
The staff told his f	amily member the behaviors	1 11			
were because he h	had an argument with the				
personal care aide	(PCA) not because he missed				
me refused to go t	to the ER the first time because				
ne was in a log a	ind the "voices" were louder				
The staff told him	tot go to the ER.				
no to the ER he co	une second time if he did not				
go to the Ervine co	rold not stay at the facility.				
Interview with Res	ident #1's family member on				
03/31/22 at 5:10pr	n revealed:				
talking to self, havi	ing episodes of crying then				
laughing, increase	d sweating or increased anxiety				
since 03/21/22,					
-On 03/23/22, she	was called by the PCA related	N 1			
		71 1			
the PCA evoluined	shout the arrument she	1 1			
	[1] [1] [1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	1 1			
		1 1			
		The state of			
		1 1			
and that did calm I	him down some.				
-He still had issue:	s with rapid talking, increased	1			III
I THE SHOOT BUILDING IN LESS THE	ntrollable crying but related it to				
the argument.					
	unable to tell her exactly how				
	took block and to the feether				
	took nim back to the facility				U .
THE PROPERTY CONTRACTOR STREET, STREET	relay any information about				1
	[1] [1] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4				
	[18] 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
					100
	The staff told his fivere because he horsonal care aide several doses of cities and telling him to range to the ER he conterview with Responsible to the content of the telling to the telling to the Resident #1 refusion that did calmound the telling to the ergument.  Resident #1 for a separate the still had issue anxiety, and uncontent that did calmound the telling the telling to the ergument.  Resident #1 was the feit.  On 03/23/22, she after supper.  The staff did not responsible to report the staff to report the staff to report.	On 03/23/22, she was called by the PCA related to Resident #1 and the PCA was in an argument and Resident #1 was agitated and the staff wanted him to go to the ER.  Resident #1 refused to go to the ER and after the PCA explained about the argument she decided to come and get Resident #1 and take Resident #1 for a ride.  On 03/23/22, she picked up Resident #1 that afternoon just to remove him from the situation and that did calm him down some.  He still had issues with rapid talking, increased anxiety, and uncontrollable crying but related it to the argument.  Resident #1 was unable to tell her exactly how he felt.  On 03/23/22, she took him back to the facility	The staff told his family member the behaviors were because he had an argument with the personal care aide (PCA) not because he missed several doses of clozaril.  He refused to go to the ER the first time because he was in a "fog" and the "voices" were louder and telling him to not go to the ER.  The staff told him the second time if he did not go to the ER he could not stay at the facility.  Interview with Resident #1's family member on 23/31/22 at 5:10pm revealed:  She did not know Resident #1 was hallucinating, alking to self, having episodes of crying then aughing, increased sweating or increased anxiety since 03/21/22.  On 03/23/22, she was called by the PCA related to Resident #1 and the PCA was in an argument and Resident #1 was agitated and the staff wanted him to go to the ER.  Resident #1 fefused to go to the ER and after the PCA explained about the argument she decided to come and get Resident #1 and take Resident #1 for a ride.  On 03/23/22, she picked up Resident #1 that afternoon just to remove him from the situation and that did calm him down some.  He still had issues with rapid talking, increased anxiety, and uncontrollable crying but related it to the argument.  Resident #1 was unable to tell her exactly how he felt.  On 03/23/22, she took him back to the facility after supper.  The staff did not relay any information about Resident #1's behaviors or missing his clozaril.  She felt Resident #1 and herself depended on the staff to report the correct and full issue	The staff told his family member the behaviors were because he had an argument with the versional care aide (PCA) not because he missed several doses of clozaril.  He refused to go to the ER the first time because he was in a "fog" and the "volces" were louder and telling him to not go to the ER.  The staff told him the second time if he did not go to the ER he could not stay at the facility.  Interview with Resident #1's family member on 20/3/31/22 at 5:10pm revealed:  She did not know Resident #1 was hallucinating, alking to self, having episodes of crying then aughing, increased sweating or increased anxiety since 03/21/22.  On 03/23/22, she was called by the PCA related to Resident #1 and the PCA was in an argument and Resident #1 was agitated and the staff wanted him to go to the ER.  Resident #1 refused to go to the ER and after the PCA explained about the argument she decided to come and get Resident #1 and take Resident #1 for a ride.  On 03/23/22, she picked up Resident #1 that afternoon just to remove him from the situation and that did calm him down some.  He still had issues with rapid talking, increased anxiety, and uncontrollable crying but related it to the argument.  Resident #1 was unable to tell her exactly how he felt.  On 03/23/22, she took him back to the facility after supper.  The staff did not relay any information about Resident #1 was unable to tell her exactly how he felt.  She felt Resident #1 and herself depended on the staff to report the correct and full issue	The staff told his family member the behaviors were because he had an argument with the versional care aide (PCA) not because he missed several doses of clozarti.  He refused to go to the ER the first time because he was in a "fog" and the "voices" were louder and telling him to not go to the ER.  The staff told him the second time if he did not go to the ER not go to the ER he did not go to the ER he did not go to the ER he did not go to the ER he could not stay at the facility.  Interview with Resident #1's family member on 33/31/22 at 5:10pm revealed:  She did not know Resident #1 was hallucinating, aliking to self, having episodes of crying then aughing, increased sweating or increased anxiety since 03/23/22, she was called by the PCA related to Resident #1 and the PCA was in an argument and Resident #1 was agitated and the staff wanted him to go to the ER,  Resident #1 refused to go to the ER and after the PCA explained about the argument she decided to come and get Resident #1 and take Resident #1 for a ride.  On 03/23/22, she picked up Resident #1 that afternoon just to remove him from the situation and that did calm him down some.  He still had issues with rapid talking, increased anxiety, and uncontrollable crying but related it to the argument.  Resident #1 was unable to tell her exactly how he felt.  On 03/23/22, she took him back to the facility after supper.  The staff did not relay any information about Resident #1 so report the correct and full issue

TATEMENT	of Health Service Reg OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			5750	RM APPROV
ND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE C A. BUILDING	ONSTRUCTION		E SURVEY PLETED
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(X4) ID	SUMMARY S	TATEMENT OF DESIGNATION	CCC, NC 28806			
TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D 271	Continued From page	ge 8	D 274	20.77.95-50	X117	-
	was notified the stal Resident #1 and a sargument so she and to the ER based on time thing.  -She would not having to the ER if she is anxiety and behavior. Resident #1 not get -She did not know unot receive his clozar. Resident #1 was to discharged.  Interview with the Add. 152pm and by telegation 10:13am revealed: -On 03/11/22, The Form the court of clozaril in same clozaril on Reside vacation and inform the out of clozaril in same clozaril on 03/17/22On 03/17/22, the MResident #1 was out person text instead text, so she was not she knew missed of Resident #1 to exhibit hallucinations, increatingOn 03/21/22, Resident #1 to exhibit hallucinations, increating so she called member because Restaff memberWhen Resident #1	If called 911 because staff member was in an and Resident #1 refused to go the fact it was probably a one e refused for Resident #1 to knew Resident #1's increased ors that day were caused by ting his clozaril, antil 03/24/22 Resident #1 did aril when the MA told her go to the ER or be  dministrator on 03/30/22 at phone on 04/05/22 at Phone on	D 271			

TATEMENT	If Health Service Requi of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(92) 44 5 7		ORM APPROVED
	CONTECTION	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION (X3) OF	TE SURVEY MPLETED
		2009/00/U-S			
AME OF BE	ROVIDER OR SUPPLIER	HAL011372	B. WING		R 04/05/2022
		STREETA	DORESS, CITY, 51	ATE, ZIP CODE	
RICHMON	D HILL REST HOME # 5		MOND HILL RO	AD	
(X4) ID	SUMMARY ST.	ATEMENT OF DEVICES VALUE	LLE, NC 28806		
PREFIX TAG	HANGE DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XS) COMPLETE DATE
D 271	Continued From page	e 9	D 271	D.S. (Marie 1)	
	called 911 especially MHP.	after no return call from the	0271		
	evaluation, treatment to a hospital in regard hallucinations, increa crying and laughing, sweating and hand a a 3 day delay of treat experienced an incre required a restart of h and monitoring during This failure resulted in to Resident #1 and of Violation.	ase in his psychosis and his antipsychotic medication g a 7 day hospitalization. n serious neglect and harm onstitutes a Type A1			
	required a restart of his antipsychotic medical and monitoring during a 7 day hospitalization. This failure resulted in serious neglect and he to Resident #1 and constitutes a Type A1	. 131D-34 on 03/30/22. FOR THE TYPE A1			
D 273	to meet the routine ar of residents.  This Rule is not met TYPE A2 VIOLATION  Based on interviews a	2 Health Care assure referral and follow-up and acute health care needs as evidenced by: I and record reviews, the	D 273	Administract to educate Staff on contacting provided when meds are misted. Atmin has placed a current provided list in home. Admin to follow up via chart hote	0570912
	Health Provider (MHF	#1) related to obtaining		to ensure providers are	

	of Health Service Red OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA			FOR	RM APPROV
	P CORRECTION	IDENTIFICATION NUMBER	(X2) MULTIPLE C A BUILDING	ONSTRUCTION	(X3) DATE	SURVEY
		600			5500	CETED
AME OF N	Student College Association	HAL011372	8, WING		100	R
	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	District Marine	04	/05/2022
RICHMON	D HILL REST HOME #	5 95 RICH	MOND HILL ROAD	, ZIP COOE		
7 TO WAR 1		ASHEV	ILLE, NC 28806			
(X4) ID PREFIX	SUMMARY:		10000			
TAG	REGULATORY O	NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	IN SHOULD BE	(MS) COMPLET
D 273	Continued From pa	00.10		DEFICIENCY	)	DATE
AND MORE.			D 273			
	medication, and ref	ill of an antipsychotic				
	medication resulting	g in a 7 day hospital stay.				
	The finding are:					1
	multing are:					
	Review of Resident	#1's current FL2 dated				
	ompore i revealed (	Diagnospe included				
	schizoaffective disc	order and diabetes				
	a. Review of Reside	ent #1's current FL2 dated				
	uoraurzi revealed a	an order for clozaril (an				
	ampsychotic used	to treat schizonhoppin) 100				
	1-1/2 tablets (150m	g), every night.				
	Review of Resident	#1's subsequent signed				
- 1	physician's order da	ated 02/28/22 revealed an	1 1			
	order for clozaril 20	Omg every night.				
- 1	Observations of Re-	sident #1's medications on				
	hand on 03/30/22 a	t 4:08pm revealed there was				
	no clozaril available	for administration.				
	Interview with a sec	ond MA on 03/31/22 at				
	7:35am revealed:					
	-On 03/17/22, she a	administered Resident #1's				
	last clozaril.	Carrier Services				
1	<ul> <li>She could not orde were no labs on file</li> </ul>	r the clozaril because there				
		for Resident #1. I the lab when Resident #1				
	ran out of clozaril or	1 03/17/22 because the RCC.				
	Administrator or and	other MA was responsible for				
	getting the contracte	ed lab to get Resident #1's				
	labs for his clozaril.					
1	-When Resident #1	was down to the last 2-3	1 1			
	clozaril, the MAs we Administrator or the	re to contact the RCC for a lab draw and refill.				
	Interview with the Re	esident Care Coordinator				
	(RCC) on 03/30/22 a	at 8:30am and by telephone	74			
	on 04/05/22 at 11:15	am revealed:	1 1			

AND PLAN	of Health Service Re of OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SLIPPI IEDIO	from A war and		FO	ED: 04/27/2 RM APPRO
		IDENTIFICATION NUMBER	A BUILDING _	CONSTRUCTION	(X3) DAT	E SURVEY PLETED
NAME OF I	PROVIDER OR SUPPLIER	HAL011372	B. WING			R
		STREET	ADDRESS, CITY, STATI	L ZIP cone	1 04	1/05/2022
ice mai	ND HILL REST HOME #	5 95 RICH	MOND HILL ROAD	1914 20 <b>32</b> K		
(X4) ID PREFIX	SUMMARY S	STATEMENT OF DEFICIENCIES	LLE, NC 28806			
TAG	REGULATORY OF	CAY MUST BE PRECEDED BY FULL P LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) GROSS-REFERENCED TO THE A	CLOSE OF THE	O(3) COMPLET
D 273	Continued From pag	- 44	-	DERICIENCY)	PPROPRIATE	DATE
	-On 03/11/22, she w	ent on wanti	D 273			
	#1's medications	ition cart audit of Resident				
- N	-She informed the Ar medication aides (M.	A) to make ruse De-tr				
	medication.	lled before he ran out of	10 10			
	COULD CHOPHRY SYMDIO	ed more than two doses he ms of hallucinations,				
	attention immediately	and would require medical				
	-On 03/17/22, a MA to	exted her cell phone stating				
100	-On partrizz, she rec	dose of clozaril on 03/17/22, ported to the Administrator,	1 1			
13	esident #1 received his last clozaril on 03/17/22 and to notify the pharmacy and get a refill before		1 1			
	his next dose was due	macy and get a refill before e on 03/18/22 at 8:00pm.	9 9			
	one returned to the fa	acility on 03/21/22 to find	1 1			
1.5	out that Resident #1 n	an out of his clozaril on	1 1			
i	Resident #1 did not re	lifying the Administrator ceive clozaril 03/17/22 to	1 1			
	3/21/22 and was disc	daving symptoms of	1 1			
1	allucinations and incr	eased anxiety.	1			
0	ut of clozaril on 03/17	y the MHP Resident #1 ran 722 until she returned to	1			
W	ork on 03/21/22 and	did not call the				
1.53	dministrator. On 03/21/22, she left :	n mossans as D				
#	1's Mental Health Pro	a message on Resident vider's (MHP) voicemail				
63	rplaining what happer ceive a call back.	ned and she did not				
	eview of Resident #1"	s March 2022 eMAR				
re	vealed:	STANDARD OF A SAME OF THE CO. CAME.	)) I)			
-A	n entry for clozaril 10/ ery night scheduled to	Omg, 2 tablets (200mg),	A.			
8:0	Opm, documented as	s administered 03/01/22 to				
03	/21/22.					
-0	n 03/22/22 and 03/23	/22, 100mg, 2 tablets	0 0		1	
(20	00mg), every night wa	is documented as not				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE BURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HAL011372 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 95 RICHMOND HILL ROAD RICHMOND HILL REST HOME # 5 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (355) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION! CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) D 273 Continued From page 12 D 273 administered, awaiting pharmacy. -On 03/24/22 to 03/31/22 was blank. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/31/22 at 9:48am revealed: -There was a subsequent order dated 02/28/22 for clozaril 100mg, 2 tablets (200mg), every night. On 03/01/22, clozaril 100mg, 14 tablets (7 doses) was dispensed to the facility and to begin on 03/01/22 to 03/07/22 and Resident #1 would have been out of the clozaril on 03/08/22. -On 03/12/22, clozaril 100mg, 14 tablets (7 doses) was dispensed to the facility and to begin on 03/12/22 to 03/18/22 and Resident #1 would have been out of the clozaril on 03/19/22. -According to Resident #1's dispense record, Resident #1 ran out of clozaril on 03/08/22 to 03/11/22 and missed 9 of 23 doses, 17 out of 31 doses for the month of March 2022. 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. -If more than two doses were missed, the pharmacy cannot refill the clozaril. -Missing 2 or more doses of clozaril could lead to a significant risk of Resident #1 displaying symptoms such as; hallucinations, delusions, repetitive words/rambling, odd behavior, disorganized thinking and problems with communication. Review of Resident #1's facility charting notes revealed: -On 03/21/22, upon the RCC's return to the facility she noticed Resident #1 was acting out of

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING R HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES 0040.00 PROVIDER'S PLAN OF CORRECTION 0051 PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 273 Continued From page 13 D 273 sorts, she left a message with the MHP to return -On 03/24/22, at 9:35pm the RCC documented staff called the MHP. Review of staff group text messages revealed on 03/17/22, a MA sent a text message to another MA, informing about Resident #1 was out of clozaril. Telephone interview with Resident #1's MHP on 03/31/22 at 9:04am revealed: -She saw Resident #1 last on 02/28/22. -Clozaril was a medication used to treat Resident #1's schizoaffective disorder, it was an antipsychotic and could not be stopped suddenly. -The only communication documented in Resident #1's record at the office regarding Resident #1 was from the AHS on 03/25/22 informing her Resident #1 was in the hospital for an increase in psychosis because the facility ranout of his clozaril. -The facility did not inform her Resident #1 ran out of his clozaril in March 2022. -If Resident #1 missed 2 doses he would need to be reevaluated and restarted based on his lab work, how long he was on the medication, any previous complications while on the clozaril, and current medical condition and if all of those thing were good then she could titrate him faster than if there were issues. -When Resident #1 missed more than 1 dose of clozaril, it put Resident #1 at a severe risk of developing increased anxiety and hallucinations which in turn put him at a greater risk of harm to -The facility should have been focused on getting the blood work completed monthly by the hospital as planned and Resident #1 would have received his Clozaril without delay.

PRINTED: 04/27/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID: (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) D 273 Continued From page 14 D 273 -It was her expectation for Resident #1 to receive his lab work, and not to miss his clozaril in order to help prevent an increase in Resident #1's psychosis, increase risk of harm to self and hospitalization. Interview with Resident #1 on 03/31/22 at 4:55pm revealed: -In March 2022, he began to have the same symptoms, and he knew at that point he was not receiving his clozaril so he tried to tell the Administrator and the RCC but felt he was "backed into a corner" and no one was listening. -He became scared. -His clozaril helped keep his voices and other symptoms of his psychosis under control. -He felt he was not getting his clozaril many times December 2021 to March 2022 and his mania was worse, but when he asked the MAs, he was told that he was getting the clozaril. -He did not know what to do because he depended on the MAs to give him the clozaril. Interview with the Administrator on 03/30/22 at 4:52pm and by telephone on 04/05/22 at 10:13am revealed: -On 03/11/22, The RCC completed a medication cart audit on Resident #1, before the RCC left on vacation and informed her that Resident #1 required a refill on clozaril within a few days or Resident #1 would be out of clozaril. -She was not aware Resident was out of the clozaril on 03/17/22 until a MA told her on 03/21/22. -On 03/17/22, the MA informed another MA

Division of Health Service Regulation

Resident #1 was out of clozaril via a person to person text instead of using the required group

-It was her responsibility to check about Resident #1's clozaril the day after the RCC left for

text, so she was not made aware.

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AND PLAN	of Health Service Re of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIERICLIA			FO	ED: 04/27/20: RM APPROVI
	CONTECTION	IDENTIFICATION NUMBER	(XZ) MULTIPLE C	ONEXE	1,0	MAPPROVE
		иомаен.	A. BUILDING.	SHATRUCTION	(X3) DAT	SURVEY
0400		HAL011372	(02/05/05)		COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER	777071372	B. WING			R
	D HILL REST HOME #	STREETA	ODRESS, CITY, STATE	ZP CODE	04	1/05/2022
2000	THE REST HOME #	ap KICH	MOND HILL ROAD	i cone		
(X4) ID PREFIX	SUMMARY	ASHEVI	LLE, NC 28806			
TAG	REGULATORY O	REGULATORY OR LISC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECT		
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D 273	Continued From pa	100 IF	TAG	CROSS-REFERENCED TO THE APPRI DEFICIENCY)	PRIATE	DATE
			D 273			
	vacation to ensure the clozaril was refilled, and to notify the MHP about the medication not filled as ordered.					
	ordered.	out the medication not filled as				
	-She knew missed	done of a				
	manufactuons, inch	eased anxiety, and excessive				
			1 1			
	-On 03/21/22, when	n the MA told her Resident #1				
	administered.	fication was documented as				
	-On 03/21/22, Resi	dent #1 displayed symptoms				1
	and the second state of the second se	reason anviolation	1 1			
	and an arise calls	d Resident #1's family				
	meniber.		4 11			
	ber to white the pro-	the MHP when the RCC told	1 1			
	LIGHT TO MITTING THE MC	L Was out of the facility	1 1			
	-She did not notify the MHP on 03/21/22 when the MA informed her Resident #1 was out of clozeril		1 1			
	or that Resident #1	displayed symptoms of				
	psychosis.		1			
	-She did not notify t	the MHP on 03/23/22, after				
1	finding out that Res	ident #1's family member did				
	not take Resident #	1 to the ER on 03/22/22.				
	Resident #1's labe	responsible for making sure were ordered, clozaril was	1 1			
	refilled and that he	did not run out, and that the	1 1			
	physician was notifi	ed of Resident #1's psychosis				
	and refusal to go to	the ER.				
- 1	b Telephone intend	ew with Resident #1's MHP				
- 1	on 03/31/22 at 9:04	am revealed:	1 1			
	-The original order f	or Resident #1's clozaril				
Ī	100mg, 1-1/2 tablet:	s every night dated 02/19/18.				1
	<ul> <li>Along with that order</li> </ul>	er, Resident #1 was entered				
-	into the Risk Evalua	tion and Mitigation Strategies	1			
	(REMS, a drug safe	ty program that the FDA can	1 1			
	require for certain m	nedications with serious safety	1			
. 1	medication outwoist	sure the benefits of the h its risks; re: fda.gov/drug				
	Ith Service Regulation	ina riana, re. ida.gov/drug				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION	COM	PLETED R 1/05/2022
	ROVIDER OR SUPPLIER	95 RICH	DDRESS, CITY, STATE MOND HILL ROAD LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION IX (EACH CORRECTIVE ACTION SHOULD BE		(XS) COMPLETI DATE
D 273	safety and available lab would complete results in the REM would check for coresults prior to refil.  Telephone intervie Resident #1's host 11:34am revealed -An absolute neutrolidentify the num white blood cell ty required to be draffor Resident #1 to -Resident #1 to -Resident #1 was included an ANC of -According to their lab work on 03/24 patient in the hosp -All lab work was streephone intervie the facility's contrational set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsend set up an app draws and to bring -It was the responsence of the property of the facility's of 03/31/22 at 9:48ar -On 03/08/22, the Resident #1's cloz	ility) system which meant, the e the blood work, enter the S system, and the pharmacy impletion of the blood work and il of the clozaril.  In w with a representative from pital lab on 03/31/22 at imphil count (a blood test used abort of neutrophil's, a common pe, in the body) (ANC) was with on a monthly basis in order receive his clozaril. It to have his labs drawn which on a monthly basis. If records, Resident #1 received //22 while Resident #1 was a pital. It will be the MHP. It will be a common per the country of the facility staff to call continuent for Resident #1's lab of Resident #1 to them. It is blood work and send to the provided in the pharmacy of the facility staff to the blood work and send to the provided in the pharmacy of the facility staff to the blood work and send to the provided in the pharmacy of the facility staff requested a refill of facility staff requested a refill of	D 273			

Division of Health Service Regulation

CORRECTION	OF DEFICIENCIES OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA				
	IDENTIFICATION NUMBER	A BULDING:	ONSTRUCTION	(X3) DAT COM	E SURVEY PLETED
CASE CHIEF COLORS	HAL011372	B. WING		789	R
ME OF PROVIDER OR SUPPLIER	erore.			0	4/05/2022
CHMOND HILL REST HOME #		DDRESS, CITY, STATE			
THE REST HOME #		MOND HILL ROAD LLE, NC 28806	題		
X4) ID SUMMARY S	TATEMENT OF DEFINE				
STATE STATE OF THE PROPERTY OF	REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLE DATE
D 273 Continued From pag	je 17	D 273			
		0.273			
supply of the clozari additional time to pre #1's blood work.  -On 03/11/22, the fair refill of Resident #1's proof of Resident #1'-On 03/11/22, the ph 3 day supply of clozar the copy of Resident -There were no more Resident #1's clozari.  Telephone interview facility's contracted p 3:09pm revealed: -In order for a resider pharmacy must have current lab work that: -ANC was low which is -If the lab work was nould not dispense ck was out of the clozari missed one doseIf more than two dose pharmacy could not re-Neutropenia which is effects of clozaril could susceptible to serious to death and that is whirequired prior to refills.  Interview with the Resident work was now that the required prior to refills.	armacy dispensed a second and and a second request for #1's blood work, requests for refills of I after 03/11/22.  with a Pharmacist from the harmacy on 03/30/22 at a copy of the resident's documented if a resident's a sign of neutropenta, of completed the pharmacy ozarll unless Resident #1 and the resident only as were missed, the effill the clozaril, one of the serious side dicause Resident #1 to be infections which could lead by the lab work was dent Care Coordinator 8:30am and by telephone				

STATEMEN	of Health Service Reg r of Deficiencies of Correction	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE C A. BUILDING.	ONSTRUCTION	COM	R W05/2022		
	ROVIDER OR SUPPLIER	95 RICI	RET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL ROAD REVILLE, NC 28806					
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL K LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE		
	#1's lab was drawn before Resident #1 - She returned to the out from a MA, that his lab workShe did not know w contact the MHP ab completedOn 04/04/22, she for blood work was com Administrator did not work to send to the just was the responsitional send the blood work was out of the facility.  Interview with a sect 7:35am revealed: -On 03/17/22, she not responsible for getting ordered for Resident - She could not order were no labs on file if - When Resident #1 with clozaril, she contacte RCC for a lab draw a - On 03/21/22, Residuality and the extra method was no clozaril she let the Administration of the saw Resident #1 - She saw Resident #1 - She saw Resident #1 - On 02/28/22, she with the saw Resident #1 - On 02/28/20 - On 02	s after she left, dministrator and the IA) to make sure Resident which included the ANC ran out of medication. I facility on 03/21/22 to find Resident #1 did not receive why the Administrator did not out the lab work not ound out Resident #1's ANC repleted on 03/11/22 but the t request a copy of the blood pharmacy. To the pharmacy while she y and MA on 03/31/22 at outfied the MA who was reg the lab work and clozaril if #1. I the clozaril because there for Resident #1. was down to the last 2-3 and the Administrator or the and refill. ent #1 was hallucinating, if crying at one minute then d talking to the walls and on the medication cart, so altor and RCC know.  with Resident #1's MHP on evealed:	D 273					

AND IS AL	NT OF DEFICIENCES	gulation			FO	ED: 04/27/2
	OF CORPECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(XI) DAT	E SURVEY PLETED
NUME OF	PROVIDER OR SUPPLIER	HAL011372	B. WNG		R	
		STREET	ADDRESS, CITY, STAT		1 04	/05/2022
RICHMO	ND HILL REST HOME #	5 95 RICH	MOND HILL ROAD	E. 21 CODE		
(X4) ID		ASHEM	LLE, NC 28806	•		
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	labs when necessary	but the facility did not give.	110000000			
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	THE PROPERTY OF THE PARTY OF TH	The standing of	4 10			
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STATEME	of Health Service Rec NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULT	PLE CONSTRUCTION	-	RM APPRO
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	v and a superior and a superior and a	HAL011372	B. WING _		R	
IAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS CITY	STATE, ZIP CODE	04	/05/2022
пснио	ND HILL REST HOME #		MOND HILL R			
78 - 15 CT		ASHEV	ILLE, NC 2880			
(X4) ID PREFIX TAG	CONCIN DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(KS) COMPLET DATE
D 273	Continued From pag	e 20	D 273	acroency)		-
	cause Resident #1 to	doses of clozaril and would b exhibit symptoms of used anxiety, and excessive	02.0			
	hallucinations, increa crying and laughing, i sweating and hand at an increase in his psy restart of his antipsyc monitoring during a 7 failure resulted in sen	in clozaril not being refilled and a resident demonstrated sed anxiety, episodes of talking to the wall, increased and body tremors resulting in rehosis and required a				
	on 03/30/22.  CORRECTION DATE	131D-34 for this violation		i per to edi	udk	
	10A NCAC 13F .1004( Administration	a) Medication	D 358	Admin and RCC to edu Staff on contacting pha When meds are low,	macy	0510912
(	(a) An adult care home preparation and admini prescription and non-property by staff are in accordand (1) orders by a license which are maintained in	stration of medications, rescription, and treatments ace with: d prescribing practitioner athe resident's record; and and the facility's policies		have been reordered and havent arrived. Edvated Staff on iny of meds and why thuyshe missed. Rece to monit and do cart oudets monthly to ensure meds in stock.	ondru ouldat our	00031/4

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER HAL011372	(X2) MULTIPLE C A. BUILDING B. WING	ONSTRUCTION	(X3) DATE SURVEY COMPLETED  R 04/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
RICHMON	ID HILL REST HOME # 1	95 RICH	MOND HILL ROAD	Č.		
200000000		ASHEV	ILLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 358	Continued From page 21		D 358			
	TYPE A1 VIOLATION					
	facility failed to ensu- administered as ord residents (Residents antipsychotic medic schizophrenia.  The findings are:  Review of the facility Administration Polici medications are to to documented on the Record.  Review of Resident 08/30/21 revealed: -Diagnoses included diabetesA order for clozarii	ation used to treat  y's undated Medication by and Procedure revealed				
	Review of Resident order dated 02/28/2 every night.	#1's subsequent physician's 2 revealed clozaril 200mg				
	Medication Administrevealed: -An entry for clozaria every night schedule 8:00pmClozarii was docum 03/01/22 to 03/21/2: -On 03/22/22 and 0	#1's March 2022 electronic tration Record (eMAR)  I 100mg, 2 tablets (200mg), ed to be administered at mented as administered 2. 3/23/22, 200mg, the clozaril a not administered, awaiting				

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  HAL011372	(X2) MULTIPLE ( A BUILDING:	ONSTRUCTION	СОМ	E SURVEY PLETED		
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		04	1/05/2022		
	THE REST HOME		MOND HILL ROAD LLE, NC 28806	P.				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLET DATE
t Fah oh	Trom the facility's cor 03/31/22 at 9.48am -There was a subset for clozaril 100mg, 2 -On 03/01/22, clozar doses) was dispense -On 03/12/22, clozar doses) was dispense Observation of Residhand on 03/30/22 at no clozaril was available interview with the Re (RCC) on 03/30/22 at -On 03/11/22, she we completing a medicatiff's medications.  -Resident #1 required clozaril within 3 days.  -She informed the Admedication aides (MA#1's lab was drawn are pefore he ran out of modiff Resident #1 missed could display symptom become very anxious attention immediately. On 03/17/22, a MA te he MA gave the last don 03/17/22, she report of the returned to the fact of the fact from a MA that Resistab work, ran out of the fact	with a pharmacy technician intracted pharmacy on revealed: quent order dated 02/28/22 tablets (200mg), every night. il 100mg, 14 tablets (7 ad to the facility. il 100mg, 14 tablets (7 ad to the facility. il 100mg, 14 tablets (7 ad to the facility. il 100mg, 14 tablets (7 ad to the facility. il 100mg, 14 tablets (8 additional to the facility. il 100mg, 14 tablets (8 additional tablets) and the facility. il 100mg, 14 tablets (8 additional tablets) and a refill of his after the left, in all tablets and the left, in all tablets and the left, in a lab draw and a refilled hedication. If the left is a lab draw and the left is clozaril was refilled hedication. If the more than two doses he must of hallucinations, and would require medical	D 358					

STATEMEN	of Health Service Regul trof behiclendles of correction	(X1) PROVIDER SUPPLIERICUA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	CON	E SURVEY RPLETED  R 4/05/2022
	ROVIDER OR SUPPLIER ID HILL REST HOME # 5	STREET	ADDRESS, CITY, STATI MOND HILL ROAD ILLE, NC 28806			
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		THE APPROPRIATE	COMPLETE DATE
	and was displaying sy and increased anxiety -On 04/04/22, she fou ANC blood work was at the Administrator did no blood work to send to -It was the responsibilities and the blood work to was out of the facility.  Telephone interview w 03/31/22 at 9:04am re-she did not receive a Resident #1 ran out of -She was under the im received his clozaril do have increased his doc Resident #1's report of -Clozaril was a medical #1's schizoaffective dis antipsychotic and could for the revaluated and work, how long he was previous complications current medical conditions current medical conditions current with Resident #1's report of the revaluated and the revealed:  With his mania worsen him he was getting his MHP he explained what MHP increased his clozelled did not know what to the medications the MHP increased his clozelled what the redications the MHP increased his clozelled was the redication t	zaril 03/17/22 to 03/21/22 mptoms of hallucinations and out that Resident #1's completed on 03/11/22 but not request a copy of the the pharmacy. Ity of the Administrator to the pharmacy while she of the facility his clozaril in March 2022. Opression Resident #1 only otherwise she would not sage 02/28/22 due to of increased psychosis, of on used to treat Resident sorder. It was an of not be stopped suddenly. 2 doses then he needed restarted based on his lab on the medication, any while on the clozaril, and on and if all of those things uld titrate him faster.  If if on 03/31/22 at 4:55pm on the was feeling and the saril. The do because he took all MAs gave him and of follow the MHP orders.	D 358			

Division of Health Service Regulation

STATE FORM

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DAT	RM APPRO
		HAL011372	B. WING		COMPLET	
WAME OF P	ROVIDER OR SUPPLIER	30c= ==	DORESS, CITY, STATE	· Andreas	04	1/05/2022
RICHMON	ND HILL REST HOME #	5 95 RICH	MOND HILL ROAD	, ZIP CODE		
(X4) ID PREFIX	SUMMARY S	TATEMENT OF PERSON	LLE, NC 28806			
TAG		CY MUST BE PRECEDED BY FULL ELSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO GROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(XS) COMPLE DATE
D 358	Continued From pag	je 24	D 250	DEFICIENCY		
	4:52pm and by telep 10:13am revealed: -She was not aware clozaril on 03/17/22 03/21/22On 03/17/22, the M Resident #1 was out person text instead of text, so she was not let was her responsit #1's clozaril the day vacation to ensure the was refilledShe knew clozaril w Resident #1 could not because it would have physician at that poir she knew missed do Resident #1 to exhibit hallucinations, increase talkingOn 03/21/22, when the was out of clozaril she eMAR and the medic administeredOn 03/21/22, Reside symptoms of hallucing excessive talking and emergency room (ER-She did not check be request related to Resident #1 was sent symptoms of psychos. She was ultimately referred and that he did not the did not sent properties.	Resident was out of the until a MA told her on  A informed another MA told closuril via a person to of clozaril via a person to of using the required group made aware. Solity to check about Resident after the RCC left for the blood work and clozaril was to be given every day and to miss more than one dose we to be restarted by the st. Soes of clozaril would cause it symptoms of the MA told her Resident #1 ation was documented as the MA told her Resident #1 ation was documented as the MA told her Resident #1 ation was documented as the MA told her Resident #1 ation was documented as the MA told her Resident #1 ation was documented as the MA told her Resident #1 ation was documented as the MA told her Resident #1 to see if Resident eted, clozaril ordered, or if to the ER after displaying is, esponsible for making sure re ordered, clozaril was not run out, and that the of Resident #1's psychosis	D 358			

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (K2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING R 04/05/2022 B. WING HAL011372 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD RICHMOND HILL REST HOME # 5 ASHEVILLE, NC 28806 PROVIDER'S PLAN OF CORRECTION (MS) COMPLETE **SUMMARY STATEMENT OF DEFICIENCIES** SEACH CORRECTIVE ACTION SHOULD BE IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFOX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAC TAG DEFICIENCY) D 358 Continued From page 25 D 358 The facility failed to ensure medications were administered as order, resulting in Resident #1 not receiving his clozaril causing him to experience hallucinations, increased anxiety, episodes of crying and laughing, talking to the wall, increased sweating, hand and body tremors requiring a restart of his antipsychotic medication and monitoring during a 7 day hospitalization. This failure resulted in serious risk for physical harm and neglect which constitutes a Type A1 Violation. 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 AT VIOLATION SHALL NOT EXCEED MAY 6, 2022. Admin + RIC to educate on Med times and appropriate window. RCC to moniture D 364 10A NCAC 13F .1004(g) Medication D 364 Administration 10A NCAC 13F . 1004 Medication Administration 05/09/20 (a) The facility shall ensure that medications are Make to ensure meds are administered to residents within one hour before given at carrect times. or one hour after the prescribed or scheduled time unless precluded by emergency situations. Scholle renged to ensure 2 med techs This Rule is not met as evidenced by: Based on interviews and record reviews, the are present at all dark facility failed to ensure medications were administered within one hour before or one hour med passes. after the scheduled times as ordered by a licensed prescribing practitioner for 2 of 3 sampled residents (#1, and #2). The findings are: Review of the facility's undated Medication

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (K1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER A. BUILDING B. WING 04/05/2022 HAL011372 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD RICHMOND HILL REST HOME # 5 ASHEVILLE, NC 28806 PROVIDER'S PLAN OF CORRECTION (005) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETE PARFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 364 Continued From page 26 D 364 Administration Policy and Procedure revealed medications were to be administered one hour before or one hour after the scheduled administration time. 1. Review of Resident #1's current FL2 dated 08/30/21 revealed: -Diagnoses included schizoaffective disorder and diabetes. -An order for fish oil 1000mg three times a day. -An order for metformin 500mg, 2 tablets, two times a day. -An order for preservision areds, 1 capsule, two times a day. Review of Resident #1's electronic Medication Administration Record (eMAR) for 02/01/22 -03/30/22 revealed: -There was an entry for fish oil 1000mg 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, 02/20/22, 03/10/22, 03/11/22, 03/15/22, and 03/21/22. -There was an entry for fish oil 1000mg three times a day at 2:00pm and documentation of administration at 2:00pm on 02/03/22, 02/06/22, 02/10/22, 02/12/22, 02/24/22, 02/28/22, 03/01/22, 03/04/22, 03/07/22, 03/10/22, 03/15/22, 03/19/22, and 03/24/22. -There was an entry for fish oil 1000mg three times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/03/22, 02/04/22, 02/07/22, 02/18/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/18/22, 03/19/22, and 03/20/22. -There was an entry for metformin 500mg, 2 tablets, 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,

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 0155 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAR CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY D 364 Continued From page 27 D 364 02/14/22, 02/15/22, 02/16/22, 02/17/22, 02/20/22, 03/10/22, 03/11/22, 03/15/22, and 03/21/22, -There was an entry for metformin 500mg, 2 tablets, two times a day at 5:00pm and documentation of administration at 5:00pm on 02/01/22, 02/02/22, 02/04/22, 02/08/22, 02/11/22, 02/12/22, 02/14/22, 02/15/22, 02/16/22, 02/18/22, 02/20/22, 02/22/22, 02/23/22, 02/24/22, 02/25/22, 03/01/22, 03/02/22, 03/04/22, 03/05/22, 03/08/22, 03/09/22, 03/11/22, 03/15/22, 03/17/22, 03/18/22, 03/19/22, 03/20/22, 03/21/22, 03/22/22, and -There was an entry for preservision areds, 1 capsule, 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, 03/10/22, 03/11/22, 03/15/22, and 03/21/22. There was an entry for preservision areds, 1 capsule, two times a day at 8:00pm and documentation of administration at 8:00pm on 02/01/22, 02/03/22, 02/04/22, 02/07/22, 02/18/22, 02/23/22, 02/27/22, 02/28/22, 03/04/22, 03/18/22, 03/19/22, and 03/20/22. Review of Resident #1's Medication Variance Report for 02/01/22 - 03/30/22 revealed: -Fish oil, metformin and preservision areds were scheduled to be administered at 8:00am and were documented as administered on 02/01/22 at 9:30am, 02/06/22 at 9:46am, 02/07/22 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 9:29am, 02/17/22 at 10:12am, 02/20/22 at 9:55am, 03/10/22 at 9:11am, 03/11/22 at 10:57am, 03/15/22 at 9:41am, and 03/21/22 at 9:14am. -The scheduled 8:00am medications were administered late 14 out of 58 days. -Fish oil was scheduled to be administered at

	n of Health Service Reg NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILDING	CONSTRUCTION	(AC) DATE	RM APPRO
NAME OF		HAL011372	B. WING		R	
	PROVIDER OR SUPPLIER	STREET	ODRESS, CITY, STATE	P. P. V. V. V.	04	/05/2022
RICHMO	ND HILL REST HOME # 5	95 BICH	MOND HILL ROAD	E. ZIP CODE		
Stow, Issue			LLE, NC 28806			
PREFIX	SUMMARY ST	ATEREDAM MAN COMMISSION				
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D 364	C		37294	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
0.304	Continued From page		D 364			
00 00 00 00 00 00 00 00 00 00 00 00 00	02/10/22 at 12:55pm, 02/10/22 at 12:55pm, 03/01/22 at 12:55pm, 03/01/22 at 12:34pm, 03/07/22 at 3:09pm, 03/07/22 at 3:09pm, 03/07/22 at 11:50am.  -The scheduled 2:00pm administered late 7 out of 58 days.  -Metformin was scheduled 5:00pm and was documed 5:00pm, 03/01/22 at 3:36pm, 03/01/22 at 3:36pm, 03/01/22 at 3:35pm, 03/01/22 at 3:35pm, 03/01/22 at 3:35pm, 03/01/22 at 3:45pm, 03/11/22 at 3:45pm, 03/11/22 at 3:45pm, 03/22/22 at 3:44pm.  The scheduled 5:00pm and the scheduled 6:00pm and the	02/12/22 at 12:45pm, 02/28/22 at 3:07pm, 03/04/22 at 12:29pm, 3/10/22 at 12:34pm, 03/19/22 at 12:37pm, and in medication was of 58 days and early 7 out led to be administered at ented as administered at 9:30am, 02/06/22 at 9:30am, 02/12/22 at 9:22am, 14/22 at 9:52am, 16/22 at 9:55am, 02/22 at 9:55am, 02/22 at 3:35pm, 02/22 at 3:47:21pm, 02/22 at 3:52pm, 02/22 a				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER. (XJ) DATE SURVEY A BUILDING . COMPLETED HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X4) (D SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 000 (EACH CORRECTIVE ACTION SHOULD BE PREFIX DOMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 364 Continued From page 29 D 364 of 58 days. Refer to telephone interview with the facility's contracted physician on 03/31/22 at 9:20am. Refer to interview with a medication aide (MA) on 03/30/22 at 5:31pm. Refer to telephone interview with the Resident Care Coordinator (RCC) on 04/05/22 at 11:30am. Refer to telephone Interview with the Administrator on 04/05/22 at 11:15am. 2. Review of Resident #2's current FL2 dated 08/30/21 revealed: -Diagnoses included type 2 diabetes, hypertension, dyslipidemia, chronic obstructive pulmonary disease, cardiomyopathy and degenerative disc disease. An order for wellbutrin 150mg two times a day. -An order for carvedilol 3.125mg two times a day. -An order for namenda 10mg two times a day. An order for oxycodone 5/326mg three times a day. -An order for gabapentin 300mg four times a day. Review of Resident #2's eMAR for 02/01/22 -03/30/22 revealed: -There was an entry for wellbutrin 150mg 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 wellbutrin 150mg 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,

Division of Health Service Regulation

PRINTED: 04/27/2022 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED HAL011372 NAME OF PROVIDER OR SUPPLIER 04/05/2022 STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) D 364 Continued From page 30 D 364 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, 02/12/22, 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 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, 02/20/22, 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 oxycodone 5/326mg three times a day at 2:00pm and documentation of administration at 2:00pm on 02/03/22, 02/06/22, 02/10/22, 02/12/22, 02/21/22, 02/28/22,

03/01/22, 03/04/22, 03/05/22, 03/07/22, 03/10/22, Division of Health Service Regulation

AND PLA	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	T man		FO	RM APPRO	
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		I SHINE WAS AND A	A BUILDING:		COM	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	101011372	8. WING			R	
		STREET	ADDRESS, CITY, STATE		04	/05/2022	
RICHMO	OND HILL REST HOME #	5 95 RICH	MOND HILL ROAD	E, ZIP COD€			
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	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, 03/20/22, 03/20/22, 03/20/22, 03/20/22, 03/20/22, 03/20/22						
	03/24/22, and 03/26	03/18/22, 03/19/22, 03/20/22,	10 1				
	-There was an entry	for gabapentin 300mg four					
	mines a day at 6:003	Im and documentation of	M				
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	and 03/21/22.						
	times a day at 12:00	for gabapentin 300mg four	1 15				
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	-There was an entry	for gabapentin 300mg four	1 1				
	times a day at 4:00pm	n and documentation of	1 1				
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	times a day at 8:00pm	and documentation of			11	- 1	
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	and 03/26/22,	A 755W			1		
- 1	Deview of Contract	W. V. V. C. W. C.				1	
	Report for 03/04/03	's Medication Variance					
	Report for 02/01/22 - 0	Namenda assert	148		1/		
	gabapentin were scho	Namenda, oxycodone, and duled to be administered at	71			1	
	8:00am and were door	mented as administered at					
8:00am and were documented as administered on 02/01/22 at 9:27am, 02/06/22 at 9:41am,		account of a doministered					

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AND PLAN	of Health Service Re	(X1) PROVIDER/RUDIN (EX)			FO	ED: 04/27/2 RM APPRO
	ON CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR O	DENTIFICATION NUMBER:	A BUILDING	CONSTRUCTION	(X3) DA7	E SURVEY PLETED
NAME OF F	PROVIDER OR SUPPLIER	HAL011372	B. WING		1	R
		STREET	ADDRESS OF		- 0	4/05/2022
RICHMON	ND HILL REST HOME #	5 95 RICH	ADDRESS, CITY, STATI	E, ZIP CODE		- WAY.
(X4) (D		ASHED	LLE, NC 28806			
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D 364	Continued From pag	ne 32		DEFICIENCY)	CHUPHIAIE	DATE
			D 364			
	02/07/22 at 9:18am, 02/13/22 at 9:07am	02/12/22 at 9:23am,	1 1			
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- 1	02/17/22 at 10:29am	02/16/22 at 9:25am, 0.02/20/22 at 9:46am,	1 1			
1	02/24/22 at 9:02am,	03/07/22 at 9:46am,	1			
	03/10/22 at 9:20am	03/11/22 of 10 10	1 1			
110	our 13/22 at 9:29am.	03/16/22 at 9:29am, and	1 1			
11110	THE HEE OLD, IZAM.		1 1			
16	- The scheduled 8:00:	am medications were				
113	administered late 17 out of 58 days.  -Gabapentin was scheduled to be administered	out of 58 rlave				4
113	12:00cm and	eduled to be administered at	1 1			
100	12:00pm and was documented as administered on 02/05/22 at 1:07pm, 02/11/22 at 10:45am, 02/13/22 at 1:03pm, 02/20/22 at 1:30pm, 02/22/22 at 10:56am, 02/25/22 at 2:07pm,					1
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. 0	3/20/22 at 2:53pm, 0	3/27/22 at 10:40am, and				
0	3/28/22 at 10:52am.					1
17	The scheduled 12:00p	om medication was	1 1			
a	dministered late 8 out	t of 58 days and early 5 out	1 1			
01	58 days.		1 1			
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00	M3/22 at 12 FF	mented as administered on	1 1			
02	2/03/22 at 12:55pm, 0	12/06/22 at 4:02pm,	1			
02	2/10/22 at 12:52pm, 0 2/21/22 at 12:04pm, 0	2/28/22 at 12:45pm,	1			
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03	/05/22 at 12:31pm, 0	3/07/22 at 3:11pm				
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at	12:43pm, 03/28/22 at	12:57pm and 03/29/22 at	11			1
12	59pm.	SC SERVICES AND				
-Tr	e scheduled 2:00pm	medication was				
adr	ministered late 4 out of	of 58 days and 13 out of	1			
58	days.	PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR				
-Ga	sbapentin was schedu	uled to be administered at				
4:0	0pm and was docume	ented as administered on				
02/	05/22 at 5:31pm, 02/1	18/22 at 8:48pm.	7			
1220	19/22 at 7:50pm, 02/2					

VND PLAN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(XZ) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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			ADDRESS, CITY, STATE			
UCHMON	D HILL REST HOME #		MOND HILL ROAD			
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D 364	Continued From page 33		D 364			-
	Continued From page 33  02/21/22 at 5:37pm, 02/23/22 at 2:37pm, 03/01/22 at 2:50pm, 03/04/22 at 6:34pm, 03/05/22 at 7:10pm, 03/06/22 at 2:49pm, 03/11/22 at 2:59pm, 03/20/22 at 6:50pm, 03/21/22 at 2:33pm, 03/22/22 at 2:31pm and 03/24/22 at 6:22pm.  -The scheduled 4:00pm medication was administered late 9 out of 58 days and 6 out of 58 days.  -Wellbutrin, carvedilol, namenda, oxycodone, and gabapentin were scheduled to be administered at 8:00pm and were documented as administered on 02/01/22 at 10:28pm, 02/04/22 at 9:48pm, 02/07/22 at 6:35pm, 02/23/22 at 9:08pm, 02/27/22 at 6:35pm, 02/28/22 at 6:34pm, 03/04/22 at 6:34pm, 03/15/22 at 6:34pm, 03/16/22 at 6:35pm, 03/24/22 at 6:25pm, 03/20/22 at 6:50pm, 03/24/22 at 6:50pm, 03/26/22 at 6:04pm.  -The scheduled 8:00pm medications were administered late 4 out of 58 days and 9 out of 58 days.  Telephone interview with a Pharmacist from the facility's contracted pharmacy on 03/30/22 at 3:09pm revealed:  -When namenda 10mg two times a day is given early or late, it has the least risk of concerns, but is best practice to maintain levels in the system,  -When wellbutrin 150mg two times a day was administered within a two to three hours beyond the regular scheduled dose, then there could be a slight risk for a seizure.  -When oxycodone 5/325mg was administered too early for Resident #1, it could cause increased sedation leading to an increased fall risk and administered too far apart could lead to increased		D 364			

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES DIGEN ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX **JEACH CORRECTIVE ACTION SHOULD BE** TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) D 364 Continued From page 34 D 364 to a slight risk of overdose and increased central nervous system depression if given with the oxycodone which could lead to a life-threatening -When carvedilol 3.125mg two times a day is administered, it decreased Resident #1's blood pressure and heart rate, if administered more than a hour later, the desired effect may not happen and if the doses were given too close together, it could cause Resident #1's blood pressure and heart rate to lower too much and cause hypotension or bradycardia which could be life threatening. Refer to telephone interview with the facility's contracted physician on 03/31/22 at 9:20am. Refer to interview with a medication aide (MA) on 03/30/22 at 5:31pm. Refer to telephone interview with the Resident Care Coordinator (RCC) on 04/05/22 at 11:30am. Refer to telephone Interview with the Administrator on 04/05/22 at 11:15am. Telephone interview with the facility's contracted physician on 03/31/22 at 9:20am revealed: -Medications should be administered as scheduled. -She would expect the facility to not be late administering the medications. -Medications with multiple dose scheduled during the day should not be late because that would cause the doses to be given too close together and the resident would get too much of the medication in their system. Interview with a medication aide (MA) on

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

PHALEMENT	of Health Service Reg	(X1) PROVIDER/SUPPLIERCE IA			FO	ED: 04/27/2 RM APPRO	
AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL011372  NAME OF PROVIDER OR SUPPLIER		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
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		STREET	ADDRESS, CITY, STATI		04	/05/2022	
ICHMON	D HILL REST HOME # 5	95 RICH	MOND HILL ROAD	E, ZIP CODE			
V-9-05		ASHEVI	LLE, NC 28806	5			
(X4) ID PREFIX	SUMMARY S (EACH DEFICIENT	TATEMENT OF GOOD					
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D 364	Continued From pag	ne 35	25,000	DEFICIENCY)			
	-On 03/18/22 and 03 facilities on campus, total she administere medications were eit even 2:00pm and 4:1 togetherShe was trained by medications within a after time frame, -She called the Administrator came of the called the Administrator came of the campus with one MA-There were many thresponsible for two togetherShe was responsible medication variance is buildings which would administration times of before and one hour scheduled timeShe was responsible medication variance is buildings which would administration times of before and one hour scheduled timeShe was not aware of related to outside the hour after the scheduled time and the campus with scheduled timeShe was not aware of related to outside the hour after the scheduled too early and too late.  Telephone interview with the campus was aware medication times of the called the	2/19/22, she worked all four approximately 40 residents and medication to and ther too soon or too late, 00pm medications were given the Nurse, to administer one hour before or one hour inistrator on 03/18/22 and one came to help until the on 03/19/22 in the afternoon.  with the RCC on 04/05/22 at 21, there was not enough of the four facilities on the four buildings at a time, tered medications in more time, medications were of the policy window of no before to one hour after the dindicate medication outside of the one hour after the scheduled time, of specific medication issues one hour before and one led time for the residents ations were administered with the Administrator on with the Administrator on	D 364				
		MA to administer mediations our before or one hour later					

Division of Health Service Regulation

STATE FORM

TATEMENT NO PLAN (	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		OMPLETED
AME OF P	ROVIDER OR SUPPLIER	errer .		200-20000	04/05/2022
ICHMON	D HILL REST HOME #	95 RICHI	DORESS, CITY, S MOND HILL RO JLE, NC 28806	DAD	
(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)	(X8) 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 Deck Every resident shall 4. To be free of men neglect, and exploits This Rule is not met Based on interviews facility failed to ensu from neglect related Supervision, and He Administration. The findings are:		D914	Admint ex to edicate staff on ensuing all med core given at the night to edication the important health meds. Edication in mental health pronder if medication in missed. Let to monitor more for missed or retised meds.	× 05/09/0

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING \_ HAL011372 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE RICHMOND HILL REST HOME # 5 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 (X41) ID SUMMARY STATEMENT OF DEFICIENCIES iD PROVIDER'S PLAN OF CORRECTION (MS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D914 Continued From page 37 D914 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)]. Admins RCE redone 05/09/2012 D935 D935 G.S.§ 131D-4.5B(b) ACH Medication Aides; schedule to ensure 2 mod techs were present for days mod passes Training and Competency G.S. § 131D-4.5B (b) Adult Care Home Medication Aides; Training and Competency Evaluation Requirements. every day, one med tech must be certified and (b) Beginning October 1, 2013, an adult care able to assist the other it needed. Educated MA to home is prohibited from allowing staff to perform any unsupervised medication aide duties unless that individual has previously worked as a notify management it medication aide during the previous 24 months in

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING:		(X3) DATE SURVEY COMPLETED R 04/05/2022	
	OVIDER OR SUPPLIER	#5 95 RICHN	IDRESS, CITY, STA	The second second		
			LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEPICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLET DATE
D935	of the following: (1) A five-hour tra Department that i In all of the follow a. The key princip administration. b. The federal Ce Prevention guide applicable, safe i procedures for m bleeding occurs exists. (2) A clinical skill NCAC 13F .0503 (3) Within 60 day individual must h a. An additional developed by the training and inst 1. The key prince administration. 2. The federal Ce Prevention guide applicable, safe procedures for in bleeding occurs exists. b. An examinati by the Division accordance with This Rule is no Based on inten- facility falled to A) who administ	ining program developed by the includes training and instruction ing: oles of medication enters for Disease Control and lines on infection control and, if injection practices and conitoring or testing in which or the potential for bleeding is evaluation consistent with 10A and 10A NCAC 13G .0503. It is from the date of hire, the have completed the following: 10-hour training program is Department that includes ruction in all of the following: iples of medication in enters of Disease Control and injection practices and monitoring or testing in which for the potential for bleeding on developed and administered of Health Service Regulation in in subsection (c) of this section.	D935	over alone and new coun just I min pass in all houses. Admit facility will could to ensure 2 mil are on Staff.	heds in 11	

The findings are:

TATEMENT OF DEFICIENCIES and PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011372	A BUILDING	1 (1971) (1974)		R V05/2022
AME OF PROVIDER OR SUPPL	ER STREE	T ADDRESS, CITY, STATE	, ZIP CODE		
ICHMOND HILL REST HO	WEAD	CHMOND HILL ROAD VILLE, NC 28806			
PREFIX (EACH DE	MARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL DRY OR LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(XS) COMPLETI DATE
D935 Continued Fro	m page 39	D935			
1. Review of S	Review of Staff A's medication side (MA),				
personnel file					
	-Her date of hire was 01/20/22. -Her position title was MA.				
	-She completed the 15-hour medication aide				
The second secon	training on 02/15/22She completed her medication clinical skills on				
02/15/22.					
-There was no	-There was no documentation of successfully				
passing the m	passing the medication aide test.				4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interview with a Staff A on 03/30/22 at 5:31pm revealed:				1
1350000000	-She was a day shift MA.				1
	her 15-hour medication aide				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	training on 02/15/22.				
	ake her medication aide test yet				
	vas still within 60 days of hire. nister medications in all 4 sister				18
	rself on 03/18/22 and 03/19/22.				
# PATENT TO DESCRIPTION	and 03/19/22, all medications in all				
30 50 0 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	's were administered too early or				
	s facility's policy.				
	s on vacation 03/11/22 to 03/21/22.				
	and 03/19/22, she thought she every dose of the clozaril to a				
	he did not use the scanner every				1
	time and may have thought she administered the				
	dn't but did document afterwards				
that she did.					1
The state of the s	-On 03/17/22 there was a text sent by another MA				
	ext chat, informing the MAs, we Resident #1's last clozaril.				
The state of the s	other explanation on why she				
	he administered clozaril after				
	the clozaril was not in the facility.				
					[8]

Division of Health Service Regulation  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  HALO11372		(X2) MULTIPLE CONSTRUCTION: A, BUILDING.			(X3) DATE SURVEY COMPLETED  R 04/05/2022	
	ROVIDER OR SUPPLIER	95 RICH	MODRESS, CITY, STATE MOND HILL ROAD ILLE, NC 28806	M sage-sage		resto
(X4) ID PREFIX TAG	SUMMARY S	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT  PREFIX (EACH CORRECTIVE ACTION SHOL		COMPLETE DATE
D935	training on 02/15/22 -She was aware a hadministration of me successfully passingThe Resident Care completed the sche on 03/11/22 and infit the only MA for all 4 another MA to supeShe called another up for the other MA on 03/18/22 and 03The MA scheduled show up for work or find out Staff A was mediation by herself called her and inform herself.  Refer to Tag D0358 Medication Administrations	m revealed: he 15-hour medication aide  A was to be supervised with edications until she g the medication aide test. Coordinator (RCC) dule prior to going on vacation ormed her, Staff A would be sister facility's and needed rvise Staff A. MA before 03/18/22 and set to work and supervise Staff A /19/22. to supervise Staff A did not did not call and she did not in the building administering f until 03/19/22 when Staff A med her Staff A was by  10A NCAC 13F .1004(a) tration (Type A1 Violation).	D935			

## Richmond Hill Rest Home #5 POC

Dear Ms. Scruggs,

As discussed on 05/16/22, below is the amended version of the POC dated 05/09/22. Please review the information for accuracy, If the information is accurate, please sign and date at the bottom of this page.

## 1. Tag D 271

10A NCAC 13F .0907(c) Personal Care and Supervision

The Administrator/RCC will be responsible for training the staff on Emergency Responses

The RCC/Designee will be responsible for resident records and incident Report audits on a monthly basis for compliance.

The Administrator will be responsible for resident records and Incident Report audits on a monthly basis for compliance.

Completed on 05/09/22.

## 2. Tag D 273

10A NCAC 13F .0902(b) Health Care

The Administrator/RCC will be responsible for training the MA's on procedure for Notification to Providers related to resident concerns.

The RCC/Designee will be responsible for resident records and incident Report audits on a monthly basis for compliance.

The Administrator will be responsible for resident records and incident Report audits on a monthly basis for compliance.

Completed on 05/09/22.

## 3. Tag D 358

10A NCAC 13F .1004(a) Medication Administration

The Administrator/RCC will be responsible for training the MA's on procedure Medication Administration with specific attention to the procedure for re-ordering medications.

The RCC/Designee will be responsible for resident orders, eMARs, and Medication cart audits on a weekly basis for compliance.

The Administrator will be responsible for resident orders, eMARs, and Medication cart audits on a monthly basis for compliance.

Completed on 05/09/22.

4. Tag D 364

10A NCAC 13F .1004(g) Medication Administration

The Administrator/RCC will be responsible for training the MA's on procedure Medication Administration with specific attention to the procedure of administering medications one hour prior to and one hour after scheduled times.

The RCC/Designee will be responsible for resident eMARs on a weekly basis for compliance.

The Administrator will be responsible for resident eMARs on a monthly basis for compliance.

Completed on 05/09/22.

4. Tag D 935

G.S. 131D-4.5B(b) ACH Medication Aides; Training and Competency Evaluation Requirements.

The Administrator/RCC will be responsible for ensuring all MAs completed the 5, 10- or 15-hour Medication Aide training, clinical skills check list and the Medication Aide Exam prior to administering medications unsupervised.

The RCC/Designee will be responsible for completing and auditing the MA schedule every 2 weeks for compliance.

The Administrator will be responsible for auditing the MA schedule on a monthly basis for compliance.

Completed on 05/09/22.

Administrator

Melanie Scruggo

Date

05/16/2022