

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/01/2022
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NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806
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D 000	Initial Comments The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted a follow up survey and a complaint investigation on 06/01/22. The complaint investigation was initiated by the Buncombe County Department of Social Services on 05/20/22.	D 000		
D 137	<p>10A NCAC 13F .0407(a)(5) Other Staff Qualifications</p> <p>10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:</p> <p>(5) have no substantiated findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry (HCPR) upon hire.</p> <p>The findings are:</p> <p>Review of Staff A's personnel record revealed: -Staff A was hired on 04/13/22 as a personal care aide (PCA). -There was no documentation of a HCPR check completed upon hire.</p> <p>Interview with the Co-Administrator on 06/01/22 at 3:28pm revealed: -She had taken over the responsibility of HCPR checks today (06/01/22). -She was not aware a HCPR check had not been</p>	D 137		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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D 137	Continued From page 1 completed for Staff A. -The Administrator had been responsible for staff HCPR checks and auditing the personnel records. Review of a HCPR check for Staff A dated 06/01/22 revealed there were no substantiated findings.	D 137		
D 150	.0501 Personal Care Training And Competency 10A NCAC 13F .0501 Personal Care Training And Competency (a) An adult care home shall assure that staff who provide or directly supervise staff who provide personal care to residents successfully complete an 80-hour personal care training and competency evaluation program established by the Department. Directly supervise means being on duty in the facility to oversee or direct the performance of staff duties. Copies of the 80-hour training and competency evaluation program are available at the cost of printing and mailing by contacting the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. (b) The facility shall assure that training specified in Paragraph (a) of this Rule is successfully completed within six months after hiring for staff hired after September 1, 2003. Documentation of the successful completion of the 80-hour training and competency evaluation program shall be maintained in the facility and available for review.	D 150		

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D 150	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff C) who provided personal care to residents had documentation of successful completion of an 80-hour personal care training and competency evaluation program.</p> <p>The findings are:</p> <p>Review of Staff C's, personal care aide's (PCA), personnel record revealed: -The documented hire date was 05/06/21. -There was no documentation Staff C completed an 80 hour personal care and competency training.</p> <p>Interview with the Co-Administrator on 06/01/22 at 3:28pm revealed: -She was not aware the 80 hour personal care and competency training documentation was not in Staff C's personnel record. -Staff C had informed her she had completed the training. -The Administrator had been responsible for auditing personnel records for required training. -The Co-Administrator was responsible today (06/01/22) for ensuring documentation for all required training was in the personnel records.</p> <p>Telephone interview with Staff C on 06/01/22 at 3:30pm revealed: -She worked in the facility as a PCA. -She had completed the required training and would bring the documentation to the facility. -Her job duties including assisting residents with showers, toileting, and incontinence care. -She would bring the required documentation to the facility.</p>	D 150		

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D 150	Continued From page 3 Request for documentation of Staff C's 80 hour personal care and competency training was not received.	D 150		
D 358	<p>10A NCAC 13F .1004(a) Medication Administration</p> <p>10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with:</p> <p>(1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and</p> <p>(2) rules in this Section and the facility's policies and procedures.</p> <p>This Rule is not met as evidenced by: FOLLOW UP TO TYPE B VIOLATION.</p> <p>The Type B Violation was abated. Non-compliance continues.</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure medications were administered as ordered for 1 of 3 sampled residents (#1) related to medications to treat bipolar disorder and gastroesophageal reflux.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 04/26/22 revealed diagnoses included bipolar disorder.</p> <p>Review of Resident #1's Resident Register revealed there was no admission date.</p> <p>Review of a hospital discharge summary for</p>	D 358		

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D 358	<p>Continued From page 4</p> <p>Resident #1 dated 05/17/22 revealed medication orders for:</p> <p>a. Olanzapine (treats bipolar disorder) 5mg twice daily before meals.</p> <p>Review of Resident #4's electronic Medication Administration Record (eMAR) for 05/17/22 - 05/31/22 revealed:</p> <ul style="list-style-type: none"> -There was an entry for olanzapine 5mg twice daily with administration times of 7:00am and 4:00pm and documentation of administration on 05/19/22 - 05/24/22 at 4:00pm, and 05/25/22 - 05/31/22 at 7:00am and 4:00pm. -There was no documentation the 7:00am dose had been administered on 05/19/22 - 05/24/22 or reason why. <p>Telephone interview with a representative from the facility's contracted pharmacy on 06/01/22 at 11:30am revealed:</p> <ul style="list-style-type: none"> -The pharmacy had received an electronic physician's order on 05/19/22 for olanzapine 5mg twice daily before meals. -The pharmacy had delivered 60 tablets on 05/19/22. <p>Observations of Resident #4's medications on hand for administration on 06/01/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> -There was one bubble pack labeled olanzapine 5mg twice daily before meals. -Sixty tablets had been dispensed on 05/19/22. <p>Telephone interview with Resident #4's Mental Health Provider (MHP) on 06/01/22 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -The olanzapine had been prescribed to treat Resident #4's bipolar disorder. -The MHP had come to the facility to visit with 	D 358		

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D 358	<p>Continued From page 5</p> <p>Resident #4 and had reviewed the eMAR. -The MHP had informed the staff about the missed doses of olanzapine on the eMAR. -Missed doses of the olanzapine could cause Resident #4's bipolar symptoms to worsen.</p> <p>Interview with Resident #4 on 06/01/22 at 2:30pm revealed: -She knew she had not received the morning doses of olanzapine. -She did not remember if she had an increase in her bipolar symptoms or not.</p> <p>Refer to the telephone interview with a representative from the facility's contracted pharmacy on 06/01/22 at 1:33pm.</p> <p>Refer to the interview with a medication aide (MA) on 06/01/22 at 1:46pm.</p> <p>Refer to the interview with the Co-Administrator on 06/01/22 at 3:28pm.</p> <p>b. Pantoprazole (reduces stomach acid) 40mg twice daily before meals.</p> <p>Review of Resident #4's electronic Medication Administration Record (eMAR) for 05/17/22 - 05/31/22 revealed: -There was an entry for pantoprazole 40mg twice daily with administration times of 7:00am and 4:00pm and documentation of administration 05/19/22 -05/23/22, 05/26/27-05/27/22 at 7:00am and 4:00pm, and 05/24/22, 05/25/22, 05/28/22, 05/30/22, and 05/31/22 at 4:00pm. -There was no documentation the 7:00am dose had been administered on 05/24/22, 05/25/22, 05/28/22, 05/30/22 and 05/31/22 or reason why.</p> <p>Telephone interview with a representative from</p>	D 358		

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D 358	<p>Continued From page 6</p> <p>the facility's contracted pharmacy on 06/01/22 at 11:30am revealed:</p> <ul style="list-style-type: none"> -The pharmacy had received an electronic physician's order for pantoprazole 40mg twice daily before meals on 05/19/22. -The pharmacy had delivered 60 tablets on 05/19/22. <p>Observations of Resident #4's medications on hand for administration on 06/01/22 at 3:00pm revealed:</p> <ul style="list-style-type: none"> -There was one bubble pack labeled pantoprazole 40mg twice daily before meals. -Sixty tablets had been dispensed on 04/25/22. <p>Telephone interview with Resident #4's Mental Health Provider (MHP) on 06/01/22 at 2:15pm revealed:</p> <ul style="list-style-type: none"> -The pantoprazole had been prescribed to reduce stomach acid. -She was not aware Resident #4 had missed doses. -Missed doses of the pantoprazole could cause an increase in stomach acid and ulcers. <p>Interview with Resident #4 on 06/01/22 at 2:30pm revealed:</p> <ul style="list-style-type: none"> -She was not aware she had missed doses of the pantoprazole. -She was not having any symptoms of gastric distress. <p>Refer to the telephone interview with a representative from the facility's contracted pharmacy on 06/01/22 at 1:33pm.</p> <p>Refer to the interview with a medication aide (MA) on 06/01/22 at 1:46pm.</p> <p>Refer to the interview with the Co-Administrator</p>	D 358		

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D 358	<p>Continued From page 7</p> <p>on 06/01/22 at 3:28pm.</p> <p>Telephone interview with a representative from the facility's contracted pharmacy on 06/01/22 at 1:33pm revealed:</p> <ul style="list-style-type: none"> -Medications ordered before meals twice daily were entered into eMAR system to be administered at 7:00am and 4:00pm. -The staff at the facility had the capability to change the administration times. <p>Interview with a medication aide (MA) on 06/01/22 at 1:46pm revealed:</p> <ul style="list-style-type: none"> -The 7:00am medications had not "popped up" for her to administer during her morning medication administration pass. -Pharmacy entered new medication orders into to the eMAR system and the Administrator or the Co-Administrator were the only staff that approved medications in the eMAR for administration. <p>Interview with the Co-Administrator on 06/01/22 at 3:28pm revealed:</p> <ul style="list-style-type: none"> -The morning medication pass started at 7:01am in the eMAR system and medications scheduled for administration at 7:00am did not "pop up" for administration. -She had not been aware some medications were scheduled at 7:00am until today (06/01/22). -She was able to change the administration times of medications. -She or the Administrator were the only staff that reviewed newly entered orders by the pharmacy. 	D 358		
D 427	<p>10A NCAC 13F .1106 Settlement Of Cost Of Care</p> <p>10A NCAC 13F .1106 Settlement Of Cost Of</p>	D 427		

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D 427	<p>Continued From page 8</p> <p>Care</p> <p>(a) If a resident of an adult care home, after being notified by the facility of its intent to discharge the resident in accordance with Rule .0702 of this Subchapter, moves out of the facility before the period of time specified in the notice has elapsed, the facility shall refund the resident an amount equal to the cost of care for the remainder of the month minus any nights spent in the facility during the notice period. The refund shall be made within 14 days after the resident leaves the facility.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure that 3 of 3 sampled residents (#4, #5, and #6) received a refund due within 14 days of discharge from the facility.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL2 dated 07/12/21 revealed diagnoses included bipolar disorder.</p> <p>Review of the Resident Register for Resident #1 revealed: -Resident was admitted to the facility on 01/07/21. -Resident was discharged from the facility on 04/15/22.</p> <p>Review of a Resident Refund/Discharge form for Resident #1 dated 04/15/22 revealed it was signed on 04/15/22 by Resident #1's guardian and the Administrator.</p>	D 427		

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D 427	<p>Continued From page 9</p> <p>Review of the refund summary dated 05/31/22 from the facility's Co-Administrator revealed there was no record of Social Security payments or Special Assistance funds for Resident #1 paid to the facility and there was no refund check written to Resident #1.</p> <p>Telephone interview with the guardian for Resident #1 on 06/01/22 at 1:04pm revealed: -Resident #1 received income from Social Security and Special Assistance. -The facility received Special Assistance income for Resident #1. -Resident #1 had a third-party payee for Social Security only. -The payee for Resident #1's Special Assistance had not been changed to the new facility. -A 14 day notice was given to the facility prior to discharge on 4/15/22. -No refund had been received for Resident #1 for the remainder of April for Social Security or Special Assistance income.</p> <p>Review of Resident #1's Personal Money Log revealed that Resident #1 signed for personal funds received in the amount of \$66.00 from February 2021 to April 2022.</p> <p>There was no record of the facility's final invoice requested for Resident #1 at time of exit.</p> <p>Refer to the interview with the Co-Administrator on 06/01/22 at 11:35am.</p> <p>Refer to the telephone interview with the facility owner on 06/02/22 at 11:30am.</p> <p>2. Review of Resident #2's current FL2 dated 07/19/21 revealed diagnoses included schizoaffective disorder.</p>	D 427		

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D 427	<p>Continued From page 10</p> <p>Review of the Resident Register for Resident #2 revealed: -Resident #2 was admitted to the facility on 12/06/11. -Resident #2 was discharged from the facility on 04/15/22.</p> <p>Review of the Resident Refund/Discharge form for Resident #2 dated 04/15/22 revealed it was signed on 04/15/22 by Resident's #2 Guardian and the Administrator.</p> <p>Review of a refund summary dated 05/31/22 for Resident #2 revealed: -A copy of a check for \$1261.50 issued to Resident #2 dated 05/31/22 and memo for rent April 2022 and May 2022. -No Special Assistance for Resident #2.</p> <p>Telephone interview with Resident #2's guardian on 06/01/22 at 2:26pm revealed: -Resident #2 received Social Security and Special Assistance income. -A 14 day notice was given to the facility prior to discharge on 4/15/22. -No refund had been received for the remainder of April for Social Security or Special Assistance income. -There had not been any contact from the new facility related to a discharge for non-payment.</p> <p>Review of Resident #2's Personal Money Log revealed that Resident #2 signed for personal funds received in the amount of \$66.00 from February 2021 to April 2022.</p> <p>There was no record of the facility's final invoice requested for Resident #2 at time of exit.</p>	D 427		

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D 427	<p>Continued From page 11</p> <p>Refer to the interview with the Co-Administrator on 06/01/22 at 11:35am.</p> <p>Refer to the telephone interview with the facility owner on 06/02/22 at 11:30am.</p> <p>3. Review of Resident #3's current FL2 dated 07/19/21 revealed diagnoses included schizoaffective disorder.</p> <p>Review of the Resident Register for Resident #3 revealed: - Resident was admitted to the facility on 03/01/18. - Resident was discharged from the facility on 05/16/22.</p> <p>Review of a Resident Refund/ Discharge form for Resident #3 dated 05/16/22 revealed it was signed on 08/16/22 by Resident's #3's guardian and the Administrator.</p> <p>Review of a Resident #3's refund summary dated 05/31/22 revealed a copy of a check for \$515.32 issued to Resident #3 dated 05/31/22 and memo for rent for May 2022 and \$120 Personal back pay.</p> <p>Interview with Resident #3 on 06/01/22 at 1:23pm revealed: -A 14 day notice was given to the facility prior to discharge date. -Resident #3 received and signed for personal funds for May 2022 in the amount of \$66.00 but they did not receive the retroactive increased amount back to January 2022 before she discharged. -A refund had not been issued for the remainder of the month that Resident #3 did not live in the facility for Social Security or Special Assistance.</p>	D 427		

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D 427	<p>Continued From page 12</p> <p>-The facility had a forwarding address for Resident #3 to send the check to.</p> <p>Review of Resident #3's Personal Money Log revealed Resident #3 received and signed for \$66.00 each month from February 2022 to May 2022.</p> <p>There was no record of the facility's final invoice requested for Resident #3 at the time of the exit.</p> <p>Refer to the interview with the Co-Administrator on 06/01/22 at 11:35am.</p> <p>Refer to the telephone interview with the facility owner on 06/02/22 at 11:30am.</p> <hr/> <p>Interview with the Co-Administrator on 06/01/22 at 11:35 AM revealed:</p> <ul style="list-style-type: none"> -One of the owners of the facility lived out of state and handled all the facility finances and the resident funds went to to that owner. -The Co-Administrator received blank checks to send refunds back to residents that discharged from the facility. -The owner that lived out of state gave instructions to the Co-Administrator with the amount due to each resident for a refund. -The owner that lived out of state communicated only by text message to the Co-Administrator. -All residents received the retroactive personal funds due from January 2022 to May 2022 totaling \$120.00 and signed for them in the personal money log. -The owner texted the refund information to the Co-Administrator and the information was entered onto a spread sheet for writing checks to discharged residents for settlement of cost. -Another person handled the billing in another office then the Co-Administrator wrote the checks 	D 427		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011373	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/01/2022
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NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 4	STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 427	Continued From page 13 to send out and it had taken longer than 14 days. Telephone interview with the facility owner on 06/01/22 at 11:30am revealed: -The Co-Administrator handled the refunds to discharged residents. -The Co-Administrator handled the amounts of the refund that go to the residents.	D 427		