PRINTED: 06/08/2022 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING HAL011373 06/01/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 95 RICHMOND HILL ROAD RICHMOND HILL REST HOME # 4 ASHEVILLE, NC 28806 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 Initial Comments D 000 The Adult Care Licensure Section and the Buncombe County Department of Social Services Admin and RLL will run conducted a follow up survey and a complaint investigation on 06/01/22. The complaint HCPR before setting up investigation was initiated by the Buncombe interviews to ensure County Department of Social Services on 05/20/22. that checks have been made prior to hire date D 137 10A NCAC 13F .0407(a)(5) Other Staff D 137 Qualifications Admin has started new 10A NCAC 13F .0407 Other Staff Qualifications filing system where our (a) Each staff person at an adult care home shall. applicants into is keep (5) have no substantiated findings listed on the 6/20/22 North Carolina Health Care Personnel Registry with a check off sheet according to G.S. 131E-256; of requirements and completed This Rule is not met as evidenced by: as items on list our done Based on record reviews and interviews, the facility failed to ensure 1 of 3 sampled staff (Staff and kept in filing system A) had no substantiated findings listed on the North Carolina Health Care Personnel Registry until Chart complete. (HCPR) upon hire. Admin and RCC reviewed The findings are: all staff charts to ensure Review of Staff A's personnel record revealed: -Staff A was hired on 04/13/22 as a personal care that all charts where aide (PCA). Complete with HCPR checks. -There was no documentation of a HCPR check completed upon hire. Admin will do checks Interview with the Co-Administrator on 06/01/22 monthly to ensure all files at 3:28pm revealed: are complete with checks. -She had taken over the responsibility of HCPR checks today (06/01/22). -She was not aware a HCPR check had not been Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 14