Division of Health Service Regi	ulation			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011372	B WING		R-C 06/14/2022
NAME OF PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, ST	ATE, ZIP CODE	
RICHMOND HILL REST HOME # 5		MOND HILL RO	AD	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
(D 000) Initial Comments		{D 000}		
Buncombe County D	Asure Section and the Department of Social Services p survey on 06/13/22 to	{D 358}		
Administration 10A NCAC 13F .100 (a) An adult care ho preparation and adm prescription and non by staff are in accord (1) orders by a licen which are maintained (2) rules in this Sect and procedures. This Rule is not met FOLLOW-UP TO TY Based on these findi Violation was abated continues. THIS IS A TYPE B V Based on observatio reviews, the facility fa were administered as residents (Residents	4 Medication Administration me shall assure that the inistration of medications, -prescription, and treatments fance with: sed prescribing practitioner d in the resident's record; and ion and the facility's policies as evidenced by: PE A1 VIOLATION ngs, the previous Type A1 . Non-compliance IOLATION ns, interviews, and record ailed to ensure medications s ordered for 2 of 3 sampled #2 and #3) related to treat schizophrenia and	10.0001	Admin and RCC Completed Cart and on facility of all re to ensure that all medication was ave to administer to m as ordered. RCC will daily missed med n x uneeks then we to ensure that all ane administered. RC Admin will complete Carts and it weeks then monthly and issues. RCC will co PCP if missed eve	esidents run eport 7/25/2 ekly 6/16/2 meds c and y x & weeks downent any

available and document findings. Ru and Admin

will review an delivery

X61 DATE 7/13/22

If continuation sheet 1 of 12

TITLE

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STATE FORM

Division of Health Service Regulation

Reviewed and Acknowledged Date: 07/13/22 CS

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1. Review of Resident #3's current FL2 dated 05/09/22 revealed diagnoses included paranoid

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

and

The findings are:

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING R-C HAL011372 B WING 06/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 95 RICHMOND HILL ROAD RICHMOND HILL REST HOME # 5 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (D 358) Continued From page 1 Continued (D 358) schizophrenia. sheets to see whent meds have been delivered. Ric a. Review of Resident #3's current FL2 dated started new reurden process 05/09/22 revealed there was an order for paliperidone ER (used to treat schizophrenia) in order to follow up on 3mg one tablet daily. to ensure meds refilled came Observation of Resident #3's medications on in timely. Rue and Admin 06/13/22 at 12:10pm revealed there was no spoke with pharamey requesting paliperidone available. that facility gets a copy of Review of Resident #3's May 2022 electronic Medication Administration Record (eMAR) a prive Authis sent to revealed PLD inorder for facility to -There was an entry for paliperidone ER 3mg one tablet daily scheduled at 8:00am. follow up on . Rec and Admin -The paliperidone was documented administered as ordered from 05/01/22 to 05/31/22. will interview residents in home weekly to ensure they have gotten all meds as ordered and will notify Review of Resident #3's June 2022 eMAR revealed -There was an entry for paliperidone ER 3mg one tablet daily scheduled at 8:00am. -The paliperidone was documented as administered as ordered from 06/01/22 to 06/13/22. PLP of any issues. Interview with Resident #3 on 06/13/22 at 2:10pm revealed -He did not know he was out of paliperidone. -He last received paliperidone on the morning of 06/13/22. -As far as he knew, he had received the paliperidone every day. -He thought the paliperidone was an orange, oblong shaped tablet. Telephone interview with the facility's contracted pharmacy representative on 06/13/22 at 12:25pm revealed:

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES

1800

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If continuation sheet 2 of 12

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CO A BUILDING		(X3) DATE SURVEY COMPLETED	
NU PLAN OF	CORRECTION		A BOLDATO		R-C	
HAL011372		B. WING		06/14/2022		
	OVIDER OR SUPPLIER	STREETAL	DDRESS, CITY, STATE	ZIP CODE		
		95 RICHM	MOND HILL ROAD			
RICHMOND	HILL REST HOME # 5	ASHEVIL	LE, NC 28806			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLET	
PREFIX	LEACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS PEFERENCED TO THE APPROPR DEFICIENCY)	IATE DATE	
(D 358)	Continued From pag	je 2	{D 358}		I	
i	-There were 30 table	ets of paliperidone last				
	dispensed on 05/06					
	-The pharmacy rece	ived refill requests from the				
	facility on 06/03/22	and 06/12/22.				
		ded a prior authorization to				
	refill the medication				L.	
	-The pharmacy left	voicemail messages on the				
	facility's office voice	mail on 06/03/22 and again e the facility staff aware they				
	on 06/12/22 to mak	fill Resident #3's paliperidone.				
	nad been unable to	In Resident #0.5 paiponeener				
	Telephone interviev	v with a medication aide (MA)				
	on 06/13/22 at 2:42	pm revealed:			1	
	-She administered	Resident #3's daytime				
	medications for the	last 4 days.				
		red paliperidone to Resident			1	
	#3 on 06/12/22.	administered on 06/12/22 was			1	
	the last tablet in the					
	-She did not admin	ister paliperidone to Resident			1	
	#3 at 8:00am on 06	6/13/22.			ï	
	-She had mistaken	ly documented administering			1	
	the paliperidone to	Resident #3 on 06/13/22 on			1	
	the eMAR.				1	
	The base islands	w with the certified medical				
	Telephone Intervie	ho worked with Resident #3's				
	nsychiatric provide	er on 06/13/22 at 3:48pm				
	revealed					
	-Their office had n	ot received a refill request or				
		request for paliperidone for			3	
	Resident #3.	wed eral policeridance to help				
	-Resident #3 rece	ived oral paliperidone to help stoms the paliperidone injection				
	the resident receiv	ved every 4 weeks did not			1	
	cover.				}	
1	-Resident #3 could	d experience hallucinations			4	
	when the paliperio	tone was not administered as				
1	ordered.					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER. COMPLETED A BUILDING R-C B WING HAL011372 06/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE, ZIP CODE 95 RICHMOND HILL ROAD **RICHMOND HILL REST HOME # 5** ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 1851 1D PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {D 358} {D 358} Continued From page 3 Interview with the Administrator on 06/14/22 at 9:00am revealed: -She was not aware Resident #3's paliperidone tablets were not available until 06/13/22. -She did not receive a faxed request for prior authorization from the pharmacy for Resident #3's paliperidone tablets. -She did not receive a voicemail from the pharmacy concerning inability to refill Resident #3's paliperidone tablets. -She was responsible for performing medication cart audits. -She last audited the medication cart at the facility first of May, but she could not recall the exact date. -The medication aides and the resident care coordinator (RCC) had received training on how to reorder medications. -The MAs, the RCC, and the Administrator were all responsible for reordering medications and ensuring medications were available for administration. b. Review of Resident #3's current FL2 dated 05/09/22 revealed there was an order for Janumet (used to treat diabetes mellitus type 2) 50/1000mg one tablet twice a day with meals. Interview with Resident #3 on 06/13/22 at 8:43am revealed -He was out of his Janumet and did not receive his 8:00am dose on 06/13/22. -He received two doses of Janumet yesterday (06/12/22) at 8:00am and 5:00pm. -He was told by facility staff the Janumet had been reordered and would arrive from the pharmacy on 06/13/22. Observation of Resident #3's medications on

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06/13/22 at 12:10pm revealed there was no

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If continuation sheet 4 of 12

Division c	of Health Service Regu	Ilation			FUR	M APPROVEI
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY
		HAL011372	B. WING			R-C 14/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
RICHMON	D HILL REST HOME # 5	95 RICH	MOND HILL ROAD			
Rominen		ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page	e 4	{D 358}			
	Janumet available.					
	Medication Administr revealed: -There was an entry tablet twice daily with and 5:00pm. -The Janumet was do ordered from 05/01/2 Review of Resident # revealed: -There was an entry tablet twice daily with and 5:00pm. -The Janumet was do ordered from 06/01/2 Review of Resident # that measures your a	#3's June 2022 eMAR for Janumet 50/1000mg one in meals scheduled at 8:00am ocumented administered as 22 to 06/13/22 at 8:00am. #3's HBA1C (a blood test inverage blood sugar levels				
	over the past three m revealed:	nonths) result dated 06/07/22				
	-The HBA1C was 5.6 limits (reference rang	% which was within normal				
	-The estimated avera					
	revealed:	:C on 06/13/22 at 12:11pm				
	delivery of the day.	not yet delivered the first				
	-The Janumet was or	dered yesterday (06/12/22).	~			
		with the facility's contracted tive on 06/13/22 at 12:25pm				
	-There were 60 tablet 04/11/22 a 30-day su	ts of Janumet dispensed on pply. ts of Janumet dispensed on				
	05/03/22 a 30-day su	pply.				

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If continuation sheet 5 of 12

ND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C			E SURVEY
		HAL011372	B. WING		0	R-C 6/ 14/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY. STATE	ZIP CODE		
	D HILL REST HOME # 5	95 RICH	MOND HILL ROAD			
			LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
{D 358}	Continued From page	5	{D 358}			
	-There had been no a Janumet since 05/03, -The pharmacy need completed by the pre- Janumet. -The pharmacy faxed paperwork to the pre- -The pharmacy staff I facility's voicemail on 06/13/22 to inform the unable to fill the Janu authorization. Telephone interview v on 06/13/22 at 2:42pr -She administered Re- medications for the la -She had ordered a re- the Janumet 06/12/22 -She did not administ 8:00am, because the available.	additional dispenses of the //22. ed a prior authorization scriber prior to filling the l the prior authorization scriber on 06/04/22. had left a voicemail on the 06/03/22 and again on e facility staff they were imet without prior with a medication aide (MA) m revealed: esident #3's daytime ist 4 days. efill from the pharmacy of 2. er Janumet on 06/13/22 at re was no medication documented administering	(0.338)			
	care provider (PCP) of revealed: -The Janumet was pro- Resident #3's blood s -Resident #3's blood s -Resident #3's blood s -Resident #3's blood s -Resident #3's blood s when the resident did ordered.	escribed to help manage ugar. sugar was well controlled. sperience symptoms of cessive thirst and urination not receive the Janumet as				
	Interview with the Adm 9:00am revealed: -She was not aware R tablets were not availa					

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If continuation sheet 6 of 12

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C			E SURVEY PLETED
		A. BUILDING		R-C		
		HAL011372	B WING		06	/14/2022
AME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE		
RICHMON	D HILL REST HOME # 5		MOND HILL ROAD LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE	(X5) COMPLET DATE
{D 358}	-She did not receive a authorization from the #3's Janumet tablets. -She did not receive pharmacy concerning #3's Janumet tablets. -She was responsible cart audits. -She last audited the first of May, but she of date. -The medication aide training on how to rec -The MAs, the RCC,	a faxed request for prior e pharmacy for Resident a voicemail from the g inability to refill Resident e for performing medication medication cart at the facility could not recall the exact as and the RCC had received order medications. and the Administrator were ordering medications and	{D 358}			
	01/25/22 revealed dia disorder episode dep ideation and depende a. Review of Resider 05/13/22 revealed flu	nt #2's current FL2 dated agnoses included bipolar ressed severe, suicidal ent personality features. Int #2's physician order dated oxetine (used to treat bipolar depression) 20mg one ng.				
	revealed: -He received the last medications yesterda -He thought the medic olanzapine (used to t -The medication aider reordered the medication today (06/13/22).					

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If continuation sheet 7 of 12

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DAT	TE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			MPLETED
						R-C
		HAL011372	B. WING		0	6/14/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
RICHMON	D HILL REST HOME # 5	95 RICH	MOND HILL ROAD			
The function	THE REST HOME # 5	ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATF
{D 358}	Continued From page	7	{D 358}			
	Observation of Reside	ent #2's medications on				
	hand on 06/13/22 at 1	2:00pm revealed there was				
	no fluoxetine available					
		2's June 2022 electronic				
	Medication Administra revealed:	ation Record (eMAR)				
		or fluoxetine 20mg one				
	capsule daily schedule	ed at 8.00am.				
		ocumented as administered				1
	as ordered 06/01/22 t	hrough 06/13/22.				
	Telephone interview w	vith the contracted facility				
		ive on 06/13/22 at 12:36pm				
1	revealed:					
	 The fluoxetine was la with a 30-day supply e 	st dispensed on 05/12/22				
		ed a refill request for the				
	fluoxetine on 06/13/22					
	Telephone interview w	ith a medication aide (MA)				ł
	on 06/13/22 at 2:40pm					
		sident #2's medications on				
	06/12/22 and 06/13/22					
		last fluoxetine tablet on				
	06/13/22 at 8:00am.	the fluoxetine from the				¥.
	pharmacy on 06/13/22					
	Telephone interview wi	ith Resident #2's mental				
	health provider represe	ith Resident #2's mental				
		ng more than 2 doses of				
		ad to the resident feeling				
	like they were having "	an out of body experience",				
	agitation, dizziness and	d depression.				
	Interview with the Adm	inistrator on 06/14/22 at				1
	9:00am revealed:	inistrator on 00/14/22 at				
	o.oodin rovooloo.		1			

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-She did not know Resident #2's fluoxetine capsules were not available on the medication

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If continuation sheet 8 of 12

	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED R-C
		HAL011372	B WING		06/14/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY STATE	ZIP CODE	
RICHMON	D HILL REST HOME # 5	95 RICH	MOND HILL ROAD		
		ASHEVI	LLE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE
(D 358)	Continued From pag	e 8	(D 358)		1
	cart on 06/13/22.				
		refill of the fluoxetine on			1
	06/13/22.				
1		and the Administrator were			
		ordering medications and			1
	ensuring medications were available for administration. Telephone interview with Resident #2's primary				
	care provider (PCP) on 6/15/22 at 1:50pm				
	revealed:				
1	-The fluoxetine was prescribed to treat bipolar				
	disorder.		0		
		of fluoxetine can cause			
	anxiety, depression a	and agitation.			
1	b. Review of Resider	nt #2's physician order dated			
	05/13/22 revealed se	ertraline (used to treat bipolar			
1	성전성전적인 - 성전적 - March	depression) 25mg take two			ł
ļ	tablets (50mg) daily.				
	Interview with Reside revealed:	ent #2 on 6/13/22 at 9:00am			
	-He received the last	dose of one of his			
	medications yesterda				
	2	ication he was out of was			
1	olanzapine.	(MA) told him also had			
		(MA) told him she had ation and it would arrive			
	today (06/13/22).				-
		icing any new symptoms or			
-	discomfort.				
1	Observation of Resid	ent #2's medications on			
Į.	hand on 06/13/22 at				
). E	-There was an unope				
r L		ts in the overflow drawer for			
	Resident #2 dispense				
I	-There was no sertral				
	medication cart where	e Resident #2's other			

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If continuation sheet .9 of 12

ivision o	Health	Service	Regulation	1
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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. HAL011372	(X2) MULTIPLE CONSTRUCTION A. BUILDING B WING		(X3) DATE SURVEY COMPLETED R-C 06/14/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE		
RICHMON	ID HILL REST HOME #	5	MOND HILL ROAD LLE, NC 28806			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLET DATE
{D 358}	Continued From page	ge 9	{D 358}			
	scheduled medication	ons were stored.				
	Review of Resident	#2's June 2022 eMAR				
	revealed:					
	 There was an entry tablets daily schedu 	for sertraline 25mg two				
		documented as administered				
	as ordered 06/01/22					
	Telephone interview	with the contracted facility				
		ative on 06/13/22 at 12:36pm				
		ne was filled for the first time				
	for Resident #2 on 0	5/12/22 with a 30-day supply.				
		with a medication aide (MA)				
	on 06/13/22 at 2:40p					
	-She administered R 06/12/22 and 06/13/	Resident #2's medications on 22.				
	-She thought she rea	membered there were "a				
		remaining in the bubble				
	pack, but she was no	ot completely sure.				
	Interview with the Ac	Iministrator on 06/14/22 at				
		MAs, the RCC, and the				
		all responsible for reordering				1
	available for adminis	suring medications were				
	available for adminis					
	Telephone interview	with Resident #2's primary				
	Townships and a state and a second state of the second second	on 6/15/22 at 1:50pm				
	revealed:					
	-The sertraline was p disorder.	prescribed to treat bipolar				
		of sertraline can cause				
	anxiety, depression a					
	The facility failed to e	ensure medications used to				
		s and manage blood sugar				
		and medications used to				
	treat anxiety and dep	pression (Resident #2) were				

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AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	ACC 223 CONSTRAINTS	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011372	B WING		R-C
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY S	TATE 20 cobs	06/14/2022
RICHMO	ND HILL REST HOME # 5		MOND HILL RC		
			ILLE, NC 28806		
(X4) ID PREFIX TAG	REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
	and risk of anxiety and (#2). These failures w health, safety, and we constitutes a Type B V The facility provided a	r increasing the risk of or blood sugar control (#3) d depression symptoms vere detrimental to the lfare of the residents and fiolation.	{D 358}		
	G.S. 131D-21 Declara Every resident shall ha 2. To receive care and	services which are and in compliance with	D912	Admin and RCC tompleted cart audit on all residents in h to ensure that reside Care needs with med is met by ensuring m	nts icution erro
E re a fe re Th Ba re we res me dia dis	ppropriate and in comp ederal and state laws an elated to medication ad he findings are: ased on observations, i views, the facility failed	interviews and record d to ensure residents ses which were adequate, liance with relevant nd rules and regulations ministration. Interviews, and record to ensure medications lered for 2 of 3 sampled and #3) related to schizophrenia and #3), and bipolar pression (#2).[Refer to		are available to adm Ric to run missed med report daily × 4 weeks than weekly to ensur- meds are available. Ad and Ric to complete co audits weekly × 6 weekly than monthly to ensure ane available and will n PCP and pharamey of n TSSVes.	e umin r-1 eks -meds notify

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		HAL011372	B. WING			R-C 5/14/2022
	ROVIDER OR SUPPLIER	95 RICI	ADDRESS, CITY, STATE IMOND HILL ROAD ILLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
D912	Continued From pag		D912			

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