Division of Health Service Regulation

			(X3) DATE SU			
ANDIEAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			
		HAL011376	B. WING		R-C 09/15	5/ 2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	G#1	ND HILL ROA	D		
			E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	conducted an annual complaint investigation. The complaint investigation Buncombe County Do on 09/07/23.	epartment of Social Services and follow-up survey and on on 09/13/23-09/15/23. gation was initiated by the epartment of Social Services				
D 156	10A NCAC 13F .0503 Competency	3 Medication Administration	D 156			
	(a) The competency administration require Subchapter shall comand a clinical skills excompetency in the fol (1) medical abbrevia (2) transcription of m (3) obtaining and do (4) procedures and preparation and admiliquid, sublingual and transdermal), ophthal medications; (5) infection control (6) documentation o (7) monitoring for reprocedures to follow change in the resident based on those react (8) medication stora (9) regulations pertain administration in adul (10) the facility's medicand procedures (b) An individual sha	ations and terminology; medication orders; cumenting vital signs; tasks involved with the nistration of oral (including inhaler), topical (including mic, otic, and nasal procedures; f medication administration; actions to medications and when there appears to be a tt's condition or health status ions; ge and disposition; ining to medication				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R-	С
		HAL011376	B. WING		09/1	5/2023
NAME OF PROVIDER OR SUPPLIE	R	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL ASSISTED	LIVING	# 4 95 RICHM	OND HILL ROA	.D		
RICHMOND HILL ASSISTED	LIVING	# ASHEVILL	E, NC 28806			
PREFIX (EACH DEF	CIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 156 Continued From	page 1	1	D 156			
examination est (c) Verification the written exar obtained at no of Care Medication https://mats.nco (d) The clinical competency everegistered nurse has a current un Carolina. The re pharmacist sha validation for ea or skill that will in Competency varequired for unli the personal can administration in (7), (a)(11), (a)(Rule .0903 of th (e) The Medica Validation Form successful com validation portion for those medica performed in the aide. The form (1) name of the (2) satisfactory competency of initials or signat (3) if staff need it should be not and (4) staff and in completion of ta Copies of this for	ablishe of an in ination harge of Aide Thus go skills valuation or a lide encum gistere conducts a conduct the station of the station of the ation action ac	d by the Department. dividual's completion of and results can be on the North Carolina Adult Testing website at v/test-result. alidation portion of the shall be conducted by a censed pharmacist who bered license in North d nurse or licensed ct a clinical skills dication administration task formed in the facility. by a registered nurse is staff who perform any of a related to medication Subparagraphs (a)(4), (a) did (a)(15) as specified in chapter. ministration Skills e used to document of the clinical skills a competency evaluation diministration tasks to be a remploying the medication				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 2 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT		
RICHMON	D HILL ASSISTED LIVIN	G#1	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 156	Continued From page	2	D 156		
	https://info.ncdhhs.go df. The completed for	v/dhsr/acls/pdf/medchklst.p m shall be maintained and the facility and is not			
	This Rule is not met TYPE B VIOLATION				
	facility failed to ensur- administered medicat passed the written sta administration examin completed the 5, 10,	ate medication nation (Staff A) and or 15-hour medication aide B) before administering			
	The findings are:				
	personnel record reversely as a certification of the state medication of the state was a certification of the state medication of the state was a certification of the state management of the state of	30/23. nentation Staff A had passed administration exam. te dated 06/09/23 for			
		June 2023-September 2023 administration records			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 3 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
BIGUMON	D IIII I ACCIOTED I IVIN	95 RICHM	OND HILL ROA	ND.	
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 156	Continued From page	e 3	D 156		
	-There was documen medications on 3 day -There was documen	tation Staff A administered s from 08/09/23-08/31/23. tation Staff A administered s from 09/01/23-09/07/23.			
	Interview with Staff A revealed she had not medication administra	-			
	4:10pm revealed she medication cart on 09	0/07/23 when she found out I but did not pass the state			
	personnel record reversity -Staff B was hired 08/2-There was no docume completed the 5, 10, of training. -There was documen state medication adm 04/01/19. -There was documen	/02/23. nentation Staff B had or 15-hour medication aide tation Staff B passed the			
	2023 eMARs revealed - There was documen medications on 4 day - There was documen medications on 4 day Interview with Staff B revealed: - She started administ	tation Staff B administered is from 08/07/23-08/24/23. tation Staff B administered is from 09/01/23-09/13/23. on 09/15/23 at 2:55pm sering medications at the ecompleted the medication			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 4 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R- 09/1	C 5/2023
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 156	4:55pm revealed: -The Resident Care Cresponsible for ensuring had received the 5, 10 training prior to admires a Saw Staff B hand to their registered nures a Staff B identified the medication aide trainitors. She did not know where B's certificate of comparts and the second of the facility's failure to worked as medication medications to reside medication aide exampling (Staff A) and commedication aide trainities administering medication ewas detrimental to the of the residents and conformation. The facility provided a accordance with G.S. this violation.	ng class prior to tions at the facility. ministrator on 09/15/23 at Coordinator (RCC) was ing medication aide staff 0, 15-hour medication aide nistering medications. d a certificate of completion se (RN) trainer. certificate as the 15-hour ng. at had happened to Staff bletion. Densure two staff who aides and administered into completed the nination within 60 days from appleted at least the 5-hour ng course before tions (Staff B) resulted in errors. The facility's failure is health, safety, and welfare constitutes a Type B Taplan of protection in 131D-34 on 09/14/23 for	D 156			
D 164	10A NCAC 13F .0505 Diabetic Resident	Training On Care Of	D 164			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 5 of 80

Division of Health Service Regulation

STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				_	F	R-C
		HAL011376	B. WING		09/	15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	G # 1	MOND HILL ROA .LE, NC 28806	AD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
D 164	Continued From page	e 5	D 164			
	10A NCAC 13F .0508 Diabetic Residents An adult care home s the care of residents unlicensed staff prior insulin as follows: (1) Training shall be nurse, registered pha practitioner. (2) Training shall incl (a) basic facts about in the management o (b) insulin action; (c) insulin storage; (d) mixing, measurin for insulin administrat	chall assure that training on with diabetes is provided to to the administration of provided by a registered armacist or prescribing lude at least the following: diabetes and care involved if diabetes; g and injection techniques tion; evention of hypoglycemia including signs and initoring; universal tions; inistration times; and				
	facility failed to ensur aides (Staff A and B)	and record reviews, the e 2 of 3 sampled medication had completed training on esidents prior to obtaining ars (FSBS) and				
	The findings are:					
	1. Review of Staff A's	, medication aide (MA),				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 6 of 80

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE S COMPLE	
			A. BOILDING			_
		HAL011376	B. WING		R- 09/1	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA	AD.		
	OLIMANA DV. OT		.E, NC 28806	DDO//DEDIG DLAN OF GODDEGTO		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 164	Continued From page	e 6	D 164			
	personnel record reve -Staff A was hired on	ealed:				
	Review of a resident's medication administrative revealed there was do checked a resident's administered insulin 3 through 06/30/23.	ocumentation Staff A FSBS 3 times and				
	there was documenta	July 2023 eMAR revealed tion Staff A checked a les and administered insulin through 07/31/23.				
	there was documenta	August 2023 eMAR revealed tion Staff A checked a les and administered insulin 3 to 08/31/23.				
	revealed there was do checked a resident's					
	revealed: -An online diabetic trafacility's contracted plavailable to her in Jul-She started the onlin July 2023She had only completraining course.	e diabetic training course in eted 25% of the diabetic				
	Interview with the Adr 4:55pm revealed:	ministrator on 09/15/23 at				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 7 of 80

Division of Health Service Regulation

	ND DI AN OF CORRECTION IN INCIDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3)		
		HAL011376	B. WING		1	R-C 0/ 15/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E. ZIP CODE		
		95 RICHN	MOND HILL ROAD			
RICHMON	ID HILL ASSISTED LIVIN	G # 1 ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 164	-She did not know Statraining on the care of		D 164			
	-The Resident Care C responsible for ensuring	l administering insulin. Coordinator (RCC) was ing the MAs received to checking a FSBS and				
	personnel record reversely -Staff B was hired on					
	Medication Administra revealed there was do checked a resident's	ocumentation Staff B				
	revealed there was do					
	revealed: -She did not complete diabetic residentsShe did not know she training on the care of checking FSBSs and -She had no prior training insulin administration.	ning on FSBS testing and to perform FSBS testing,				
	administer insulin by	pen by the Resident Care				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 8 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 201221110.		R-C	
		HAL011376	B. WING		09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	ND HILL ROA	D		
			E, NC 28806			\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	Έ
D 164	Continued From page	8	D 164			
	check FSBS and admassistance.	ninister insulin without				
	4:55pm revealed: -She did not know Statraining on the care of checking a FSBS and -The Resident Care Coresponsible for ensura	f diabetic residents prior to I administering insulin. Coordinator (RCC) was				
D 186	Other Staffing	(a-b-c) Personal Care And Personal Care And Other	D 186			
	capacity of the home When a home is staff daily census log shall current residents by r date of admission and review by the Division county departments of (b) Homes with capacitesidents shall comply (1) At all times there administrator-in-charget of the home with telecommunication. (2) When the administrator-in-charget home, there shall be on duty on the first arms.	city or census of 12 or fewer by with the following. Shall be an administrator or ge in the home or within 500 a means of two-way strator or ge is not on duty within the at least one staff member and second shifts and at least call within the building on				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 9 of 80 HRYD11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BOILDING		
	HAL011376	B. WING		R-C 09/15/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	95 RICHN	IOND HILL ROA	.D	
RICHMOND HILL ASSISTED LIVIN	G # 1 ASHEVIL	LE, NC 28806		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 186 Continued From page	9	D 186		
connecting the bedrowho may be asleep oresident's bedroom. (3) When the administrator-in-charge home on the first and within the home on the member (i.e., co-admadministrator-in-charge building or within 500 means of two-way tel (4) The administrator operation for the home specifying the staff in assigned duties and the estimated to be spendible a current plan of ore available for review be services and the courservices. (5) At least 12 hourse providing for the perservices, drug manage and other direct services duties and the first and second services. (6) Between the hourse services. (7) The dutier services. (8) Between the hourse services. (9) Between the hourse services. (10) Between the hourse services. (11) The service services services. (12) The service services services. (13) The service services services. (14) The administrator services services. (15) At least 12 hourse services.	om of the staff member, in the third shift, with each strator or ge is on duty within the second shifts and on call e third shift, another staff inistrator, ge or aide) shall be in the feet of the home with a ecommunication at all times. It is shall prepare a plan of the (each home in a cluster) wolved, their regularly he amount of time it for each duty. There shall peration on file in the home, by the Division of Facility inty department of social in shall be spent daily onal services, health thement, planned activities, does needed by the			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 10 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 50.25		R-C
		HAL011376	B. WING		09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA .E, NC 28806	ND.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 186	housekeeping and for (c) A cluster of homes 12 or fewer residents following staffing: (1) When there is a chomes located adjace one administrator or a lives within 500 feet of means of two-way tel and who is directly reall required duties are and (2) In each of the homember shall be on coshifts and at least one call within the building There shall be a call shedroom of the staff residents.	idents are. aff available daily to assure	D 186		
		ns, interviews and record			
	staff member on duty based on daily censu	uiled to ensure there was one within the home on all shifts s for 5 out of 14 sampled onal care and supervision of			
	The findings are:				
	Interview with a medi 09/13/23 at 8:45am re				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 11 of 80

Division of Health Service Regulation

DIVISION	n nealth Service Negu	lialion				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						0
			P WING		R-	
		HAL011376	B. WING		09/1	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE		
			, ,	,		
RICHMON	ID HILL ASSISTED LIVIN	G # 1	MOND HILL ROA	ND		
		ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	DATE.
				,		
D 186	Continued From page	e 11	D 186			
	T. 6 33	40				
	-The facility census w					
	-She was responsible					
		0am to 8:00pm at the facility				
	and to residents at a	sister facility on the property.				
	_	the initial tour on 09/13/23				
	from 8:50am to 10:00					
	-	al care aide (PCA) who was				
	present in the facility.					
		reakfast to residents as they				
	awakened and came	to the dining room.				
		sident on 09/13/23 at 8:55am				
	revealed:					
	-The facility was unde					
		ne PCA in the building.				
	-The MA for the facilit	ty was responsible to also				
	administer medication	ns to residents in a sister				
	facility on the property					
	-She felt there were ti	imes when there was no				
	staff available in the f	acility.				
	Review of the facility	midnight census from				
	07/23/23 to 07/29/23	revealed:				
	-On 07/23/23, the cer	nsus was 11 residents.				
	-On 07/24/23 to 07/29	9/23, the census was 12				
	residents.					
	Review of the facility's	s July 2023 staffing schedule				
	from 07/23/23 to 07/2	29/23 revealed:				
	-The staffing schedule	e was written to cover four				
	facilities located on p					
		heduled 8:00am to 8:00pm.				
	-The night shift was s					
	8:00am.					
		on 07/23/23, there was one				
	MA scheduled in the					
		t on 07/23/23, there was one				
	PCA scheduled in the					
		on 07/24/23, there was one				
	ן -שטיוווע נוו כ uay Stillt נ	UI U <i>I I 2412</i> U, HICIE WAS UNE	- 1			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 12 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING			
		HAL011376	B. WING		R-C 09/15	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DICUMON	ID LIII I ACCICTED I IVIN	95 RICHM	OND HILL ROA	D		
RICHIVION	ID HILL ASSISTED LIVIN	ASHEVILI	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 186	Continued From page	e 12	D 186			
D 186	MA and one PCA sch-During the night shift PCA scheduled in the During the day shift MA and two PCAs sch-During the night shift MA and one PCA sch-During the night shift MA and two PCAs sch-During the night shift MA and one PCA sch-During the day shift MA and one PCA sch-During the night shift MA and one PCA sch-During the	teduled. It on 07/24/23, there was one expectation for the shift. It on 07/25/23, there was one heduled. It on 07/25/23, there was one heduled. It on 07/26/23, there was one heduled. It on 07/26/23, there was one heduled. It on 07/26/23, there was one heduled. It on 07/27/23, there was one heduled. It on 07/27/23, there was one heduled. It on 07/28/23, there was one heduled. It on 07/28/23 there was one heduled. It on 07/28/23, there was one heduled.	D 186			
		cy staff who worked the				
		midnight census from				

Division of Health Service Regulation

residents.

STATE FORM 6899 HRYD11 If continuation sheet 13 of 80

Division of Health Service Regulation

Division o	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	MPLETED
						D 0
			B. WING		l l	R-C
		HAL011376	B. Wiito		0	9/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		95 RICHI	MOND HILL ROA	AD.		
RICHMON	D HILL ASSISTED LIVIN	G#1	LE, NC 28806	.5		
				T ====================================		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T		DATE
				DEFICIENC	Y)	
D 106	0	- 40	D 196			
D 186	Continued From page	e 13	D 186			
	Review of the facility's	s August 2023 staffing				
		23 to 08/31/23 revealed:				
		e was written to cover four				
	facilities located on p					
	-The day shift was 8:0					
	-The night shift was 8					
	-The day schedule di	•				
		nedication aides (MAs).				
	-The day schedule di	` ,				
		personal care aides (PCAs).				
		did not specify building				
	assignments.	, , ,				
	•	on 08/25/23, there were two				
	MAs and three PCAs					
		t on 08/25/23, there were				
	two PCAs scheduled.					
	 -During the day shift of MAs and three PCAs 	on 08/26/23, there were two scheduled				
		t on 08/26/23, there were				
	two PCAs scheduled.					
	•	on 08/27/23, there were				
	three MAs and one P					
	• •	t on 08/27/23, there were				
	two PCAs scheduled.					
		on 08/28/23, there were				
	three MAs and two P					
		t on 08/28/23, there were				
	details).	plus agency staffing (no				
	,	on 08/29/23, there were two				
	MAs and four PCAs s					
		t on 08/29/23, there were				
		d plus agency staffing (no				
	details).	a plas agonoy staining (110				
	,	on 08/30/23, there were two				
	MAs and four PCAs s					
		t on 08/30/23, there were				
	two PCAs scheduled.					

Division of Health Service Regulation

-During the day shift on 08/31/23, there were two

STATE FORM 6899 HRYD11 If continuation sheet 14 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		HAL011376	B. WING		R-C 09/15/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL ASSISTED LIVIN	95 RICHN	IOND HILL ROA	ND.	
KICIIWIOI	D THEE ASSISTED EIVIN	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 186	Continued From page	e 14	D 186		
	two PCAs scheduled.	on 08/31/23, there were			
	agency paid invoices revealed:	for 08/25/23 to 08/31/23			
	-The time records and staffing agency paid invoices were for all of the staff who worked in all four facilities on the same propertyOn 08/26/23 8:00pm to 8:00am, there were two PCAs and one agency staff who worked the entire shift.				
	PCA the entire shift, of	to 8:00am, there was one one PCA who worked until ency staff for the entire shift.			
	MAs and one PCA wh -On 08/31/23 8:00pm	to 8:00pm, there were two no worked the entire shift. to 8:00am, there were two			
	worked 6:00pm to 8:0	nd one agency staff who 00am.			
	2:00pm revealed:	ministrator on 09/14/23 at			
	support to staff from S				
	-She would go home on Friday evenings and then return to campus on Sunday.-She made sure there was always a MA on duty				
	on the weekendsShe made sure there staff in each building	e was always at least one for all shifts.			
	-She provided 24 hou support to staff for an	ır/7 day a week telephone			
	completed by the Res (RCC).	sident Care Coordinator			
		ere was no way to tell which hich buildings and no way to			

Division of Health Service Regulation

tell when agency staff had worked to cover shifts.

STATE FORM 6899 HRYD11 If continuation sheet 15 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R-C	
		HAL011376	B. WING		09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA	D		
			_E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 186	Continued From page	: 15	D 186			
	so the schedules refle	er scheduling on 09/01/23 ected clearer staff uded agency staffing hours.				
	Interview with a MA o revealed:	n 09/14/23 at 2:50pm				
	-She routinely worked					
		y two MAs on a shift, the o administer medications in				
		least one PCA assigned to				
	-	ve at least one staff in each				
		ould swap buildings and stay allow an MA to administer				
	medications in another	•				
	 The Administrator free staffing to cover shifts 					
	-The agency staff wer					
	showing up on short r					
	Interview with a second 3:30pm revealed:					
	-She routinely worked	•				
	where there was not a	rienced having to work at least one staff in each				
facility on property. -The Administrator used agency staffing to cover shifts.						
	Interview with a MA on 09/15/23 at 8:15am revealed:					
		erty were covered with at				
		rovide care to the residents. ave gotten up at night and				
		ot staff available, because				
	they did not look on the					

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 16 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL ASSISTED LIVIN	G # 1	OND HILL ROA LE, NC 28806	.D	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE
D 186	at nightTheir management us to cover shifts. The facility failed to estaff in the facility at a 07/23/23 to 07/29/23 to 08/31/23 to care for detrimental to the saft constitutes a Type B. The facility provided a accordance with G.S. this violation. THE CORRECTION	nsure there was at least one all times for 3 shifts during and 4 shifts during 08/25/23 or residents. This failure was lety of all the residents and Violation.	D 186		
D 273	10A NCAC 13F .0902 (b) The facility shall a to meet the routine at of residents. This Rule is not met TYPE B VIOLATION Based on interviews a facility failed to ensur meet the acute health sampled residents (R notifying the prescribe	2 Health Care assure referral and follow-up and acute health care needs as evidenced by: and record reviews, the e referral and follow-up to a care needs of 1 of 4 desident #1) related to er of incorrect, missed, and sulin and blood sugars	D 273		

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 17 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011376	B. WING			R-C 9 /15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
		95 RICH	MOND HILL ROAD			
RICHMON	ID HILL ASSISTED LIVIN	IG # 1	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From pag	e 17 #1's FL2 dated 02/20/23	D 273			
	revealed diagnoses i dementia mild stage, uncontrolled, hyperte disc disease, history	ncluded Alzheimer's diabetes mellitus type 2 ension, cervical degenerative of right hip fracture, history tory of knee surgery due to				
	revealed: -There was an order blood sugar) 100 uni each meal daily at 6: 4:30pmThere was an order (FSBS) before each units/ml per sliding s 0-150=0 unit, 150-19 250-299=6 units, 300	for fingerstick blood sugar meal and inject Lispro 100 cale insulin (SSI) FSBS: 19=2 units, 200-249=4 units, 10-350=8 units, 350 or more=0 er scheduled at 6:30am,				
	dated 05/03/23 reveal-There was an order 7 units before breakfuller and order low FSBS, delay injet the meal, and reduce handwritten beside the only." There was an order eat, take injection justinsulin by 4 units, has "give patient 3 units of There was an order prescribed dose of in order "give 7 units." There was an order	for Lispro 100 units/ml inject ast, lunch, and supper. for FSBS less than 50, treat ction until immediately after insulin by 6 units, ne order "give patient 1 unit for FSBS 51-70, immediately at before eating, reduce ndwritten beside the order				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 18 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	
		95 RICHMO	ND HILL ROA	•	
RICHMON	D HILL ASSISTED LIVING	3 # 1 ASHEVILLI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	units, 301-350=8 units provider if FSBS grea -There was an order f and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 units provider if FSBS grea Review of Resident # dated 05/08/23 reveal -There was an order t units/ml inject 7 units before lunch, and 9 units -There was an order the dated 06/19/23 reveal -There was an order the dated 06/19/23 reveal -There was an order funits at lunch plus Sinchere was an order funits at supper plus -Check FSBS four time -Check FSBS four time -Check FSBS anytime hypoglycemia. Review of Resident # (PCP) orders dated 06/19/25 and order funits at supper plus -Check FSBS anytime hypoglycemia.	e.250=4 units, 251-300=6 s, 351-400=10 units and call ter than 400. or FSBS before bedtime units/ml per SSI FSBS: 250=2 units, 251-300=4 s, 351-400=8 units and call ter than 400. 1's Endocrinologist's order ed: o change Lispro 100 before breakfast, 9 units nits before supper. o continue SSI. 1's Endocrinologist's order ed: for Lispro 100 units/ml inject re meals. or Lispro 100 units/ml inject sSI. or Lispro 100 units/ml inject sSI. er sdaily. er resident symptomatic of 1's primary care physician 3/18/23 revealed: or Lispro 100 units/1ml unch and supper. o check FSBS before each o 100 units/ml inject 15 per SSI: FSBS less than uits, 71-150=7 units, -250=4 units, 251-300=6	D 273	DELINITY (
	units, 301-350=8 units greater than 400 call I	s, 351-400=10 units, if MD.			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 19 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	A. BOLDING.			D 0	
	HAL011376	B. WING		R-C 09/15/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL ASSISTED LIVING	95 RICHMO	OND HILL ROA	D		
RIGHMOND THEE AGGISTED EIVING	" ASHEVILL	E, NC 28806			
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273 Continued From page 1	19	D 273			
Review of Resident #1's Medication Administration revealed: -There was an entry for 15 minutes before mea 50=1 unit, 51-70=3 unit 151-200=2 units, 201-2 units, 301-350=8 units, greater than 400 call M 11:30am, and 4:30pm. -There was an entry for 4 units before lunch and 11:30am and 4:30pm. -There was an entry for FSBS at bedtime and in 151-200=0 units, 201-2 units, 301-350=6 units, scheduled at 8:00pm. -On 07/07/23 at 11:30a Lispro 100 units/1ml 10 documented as administ was ordered. -On 07/10/23 at 7:30am Lispro 100 units/1ml 4 us administered, when -On 07/10/23 at 4:30pm documentation of FSBS administered, and the radministered. -On 07/13/23 at 8:00pm Lispro 100 units/1ml 6 us administered, when ordered. -On 07/24/23 at 4:30pm documented.	r Lispro 100 unit/1ml inject als per SSI: FSBS less than as, 71-150=7 units, 250=4 units, 251-300=6 as51-400=10 units, if also scheduled at 7:30am, ar Lispro 100 unit/1ml inject d supper scheduled at a supper scheduled at a supper scheduled at a supper scheduled at a straight and supper scheduled at a straight as a supper scheduled at a supper scheduled a scheduled a supper scheduled a	D 2/3			

Division of Health Service Regulation

administered, and the reason it was not

STATE FORM 6899 HRYD11 If continuation sheet 20 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON		CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED
				R-C
	HAL011376	B. WING		09/15/2023
NAME OF PROVIDER OR OURRUER		ODEOO OITY OTA	TE 7/D 00DE	1 00/10/2020
NAME OF PROVIDER OR SUPPLIER		ORESS, CITY, STA	•	
RICHMOND HILL ASSISTED LIVING	G#1	OND HILL ROA	ט	
	ASHEVILL	.E, NC 28806		
PREFIX (EACH DEFICIENCY	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273 Continued From page	20	D 273		
administeredOn 07/25/23 at 4:30p documentation of FSE administered, and the administeredOn 07/29/23 at 4:30p Lispro 100 units/1ml 1 documented as admin was orderedOn 07/31/23 at 11:30 Lispro 100 units/1ml 6 as administered, where -On 07/31/23 at 4:30p Lispro 100 units/1ml 6 as administered, where revealed: -There was an entry for 15 minutes before me 50=1 unit, 51-70=3 units, 201-units, 301-350=8 units greater than 400 call for 11:30am, and 4:30pm 11:30am, and 4:30pm 11:30am	om, there was no as, Lispro 100 unit/1ml was reason it was not om, the FSBS was 270, 10 units SSI was nistered, when 6 units SSI wam, the FSBS was 178, 6 units SSI was documented on 2 units SSI was ordered. Om, the FSBS was 198, 6 units SSI was documented on 2 units SSI was ordered. Om, the FSBS was 198, 6 units SSI was ordered. On 2 units, 1000 unit/1ml inject on 100 unit/1ml check on 100 units, 251-300=4 units, 251-300=4 units, 251-300=8 units	D 2/3		

Division of Health Service Regulation

-On 08/02/23 at 11:30am, the FSBS was 237,

STATE FORM 6899 HRYD11 If continuation sheet 21 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		HAL011376	B. WING		R-C 09/15/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
5101111011	D	95 RICHM	OND HILL ROA	ND	
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 273	Continued From page	e 21 3 units SSI was documented	D 273		
	•	n 4 units SSI was ordered.			
	-On 08/02/23 at 8:00p				
	-	BS, Lispro 100 unit/1ml was			
	administered, and the	e reason it was not			
	administered.	W 5050 400			
		om, the FSBS was 198, 6 units SSI was documented			
	•	n 2 units SSI was ordered.			
	-On 08/22/23 at 8:00p				
	· · · · · · · · · · · · · · · · · · ·	BS, Lispro 100 unit/1ml was			
	administered, and the	•			
	administered.				
	-On 08/23/23 at 11:30				
		BS and Lispro 100 unit/1ml			
	not administered was	e documented reason it was "resident refused."			
	Review of Resident # from 09/01/23 to 09/1	1's September 2023 eMAR 3/23 revealed:			
	-There was an entry f	or Lispro 100 unit/1ml inject			
	15 minutes before me	eals per SSI: FSBS less than			
	50=1 unit, 51-70=3 ur				
		-250=4 units, 251-300=6			
		s, 351-400=10 units, if			
	11:30am, and 4:30pm	MD scheduled at 7:30am,			
	Telephone in the contract of t	or Lispro 100 unit/1ml inject			
		and supper scheduled at			
	11:30am and 4:30pm				
	-There was an entry f	or Lispro 100 unit/1ml check			
	FSBS at bedtime and	-			
		-250=2 units, 251-300=4			
	units, 301-350=6 unit				
	scheduled at 8:00pm.				
	-On 09/02/23 at 4:30p Lispro 100 units/1ml	om, the FSBS was 400,			
	=	nistered, when 10 units SSI			
	was ordered.	motorea, when to units out			

Division of Health Service Regulation

-On 09/04/23 at 11:30am, the FSBS was 245,

STATE FORM 6899 HRYD11 If continuation sheet 22 of 80

Division of Health Service Regulation

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION INJURY OF CORRECTION AUDIENT HALO11376 STREET ADDRESS, CITY, STATE, 2IP CODE STRICHMOND HILL ASSISTED LIVING #1 SUMMARY STRIEMENT OF DEPICIENCIES SUMMARY STRIEMENT OF DEPICIENCIES AND STRIEMENT OF DEPICIENCIES ASSISTED LIVING #1 SUMMARY STRIEMENT OF DEPICIENCIES AND STRIEMENT OF DEPICIENCIES ASSISTED ASSISTED LIVING #1 SUMMARY STRIEMENT OF DEPICIENCIES AND STRIEMENT OF DEPICIENCIES ASSISTED AS	DIVISION	n nealth Service Regu	iation			
NAME OF PROVIDER OR BUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMANY STATEMENT OF DESTICIENCES TAG OPITION SUMMANY STATEMENT OF DESTICIENCES TAG DESTICATION SHALL ASSISTED LIVING #1 SUMMANY STATEMENT OF DESTICIENCES TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHALL DESTICATION SHALL DESTICATIO	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			
MAIL OF PROVIDER OR SUPPLIER SIRRET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ASSISTED LIVING #1 SUMMARY STATEMENT OF DEFICIENCIES (FACH) DEFICIENCY MUST are PRECEDED BY PLLI, PRETIX 1AG CONTINUED FROM BY A LIVING #1 D 273 Continued From page 22 Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 4-30pm, the FSBS was 368, Lispro 100 units/fml 8 units SSI was documented as administered when 4 units SSI was orderedOn 09/06/23 at 1-30am, the FSBS was 355, Lispro 100 units/fml 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 1-30am, the FSBS was 358, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 1-30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 389, Lispro 100 units/fml 14 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS was 389, Lispro 100 units/fml 12 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS was 389, Lispro 100 units/fml 12 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS was 389, Lispro 100 units/fml 12 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS was 165, Lispro 100 units/fml 12 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 9 SRICHMOND HILL ASSISTED LIVING #1 SUMMAY STATEMENT OF DEPICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION SHOULD BE DEPICIENCIES (EACH OLD STREET ADDRESS) D 273 Continued From page 22 Lispro 100 units/mil 8 units SSI was documented as administered, when 4 units SSI was ordered. -On 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/mil 4 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/mil 4 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 358, Lispro 100 units/mil 4 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 358, Lispro 100 units/mil 4 units SSI was documented as administered, when 10 units SSI was documented as administered, when 8 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 398, Lispro 100 units/mil 14 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 166, Lispro 100 units/mil 6 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 09/22/23 at 09/23/23, she did not receive her premeal lunch insulin units 12:00pm.				1		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE STRICHMOND HILL RADD ASHEVILLE, NC 28808 CAMPAIN STATE CAMPAIN OF CORRECTION CAMPAIN OF CAMPAIN OF CORRECTION CAMPAIN OF CAMP				5		R-C
RICHMOND HILL ASSISTED LIVING # 1 SUMMARY STATEMENT OF DEFICIENCIES NO 28806 PREFIX TAG			HAL011376	B. WING		09/15/2023
RICHMOND HILL ASSISTED LIVING # 1 SUMMARY STATEMENT OF DEFICIENCIES NO 28806 PREFIX TAG	NAME OF D	DOVIDED OD SLIDDI IED	STDEET VUI	DECC CITY CTA	TE ZID CODE	
CAST Description Descrip	NAME OF T	NOVIDEN ON 301 1 EIEN		, ,	,	
PALID SUMMARY STATEMENT OF DEFICIENCES PROVIDERS NAME OF CORRECTION PROVIDERS NAME OF COMPANY	RICHMON	D HILL ASSISTED LIVING	G#1		AD .	
D 273 Continued From page 22 Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 4:30pm, the FSBS was 388, Lispro 100 units/1ml 8 units SSI was documented as administered, when 10 units SSI was orderedOn 09/06/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 8 units SSI was documented as administered, when 10 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 1:30am, the FSBS was 165, Lispro 100 units/1ml 10 units SSI was documented as administered, when 2 units SSI was ordered. -On 09/12/22 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 10 units SSI was ordered. -On 09/12/22 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 10 units SSI was ordered. -On 09/12/22 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 10 units SSI was ordered. -On 09/12/22 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 10 units SSI was ordered. -On			ASHEVILL	E, NC 28806		
PREFIX TAG D273 Continued From page 22 Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/fml 8 units SSI was corderedOn 09/04/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 8 units SSI was documented as administered, when 8 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/fml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 6 units SSI was documented as administered, when 2 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 6 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/223 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
D 273 Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 14:30pm, the FSBS was 368, Lispro 100 units/fml 14 units SSI was orderedOn 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/fml 18 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 233, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/fml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/fml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 165, Lispro 100 units/fml 10 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She had not yet received her insulin one half hour before she ateShe had not yet received her insulin one half hour before she ateShe had not yet received her insulin one half hour pere-meal lunch insulin until 2:00pm.		,		PREFIX	,	
Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was ordered. -On 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was administered, when 4 units SSI was documented as administered, when 4 units SSI was ordered. -On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was documented as administered, when 8 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 1:30am, the FSBS was 165, Lispro 100 units/fml 10 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 10 units SSI was documented as administered, when 8 units SSI was ordered. -Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin one half hour before she ate. -She had not yet received her insulin one half hour before she ate. -She had not yet received her insulin one half hour perfore she ate. -She had not yet received her insulin one teceive her pre-meal lunch insulin unit 12:00pm.	TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		.IATE DATE
Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was orderedOn 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 16 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin unitil 2:00pm.				1	DEFICIENCY)	
Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/10/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 14 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 17 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morning, -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin unitl 2:00pm.	D 273	Continued From page	22	D 273		
as administered, when 4 units SSI was 368, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/fml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 235, Lispro 100 units/fml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/fml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 6 units SSI was documented as administered, when 2 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin in that morning, -On 09/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		. •				
-On 09/04/23 at 4:30pm, the FSBS was 368, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 16 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was occumented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morning, -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		-				
Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered when 2 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		as administered, whe	n 4 units SSI was ordered.			
Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered when 2 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		-On 09/04/23 at 4:30p	om, the FSBS was 368,			
documented as administered, when 10 units SSI was ordered. -On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was offered. -On 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		Lispro 100 units/1ml 1	14 units SSI was			
was orderedOn 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was orderedInterview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		•				
-On 09/06/23 at 11:30am, the FSBS was 233, Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			,			
Lispro 100 units/1ml 8 units SSI was documented as administered, when 4 units SSI was ordered. -On 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal funch insulin until 2:00pm.			am the FSBS was 233			
as administered, when 4 units SSI was orderedOn 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/fml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/fml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 1:30am, the FSBS was 306, Lispro 100 units/fml 6 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/fml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal funch insulin until 2:00pm.						
-On 09/07/23 at 11:30am, the FSBS was 355, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		•				
Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was occumented as administered, when 10 units SSI was occumented as administered, when 8 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 8 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		·				
documented as administered, when 10 units SSI was ordered. -On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
was orderedOn 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		•				
-On 09/07/23 at 4:30pm, the FSBS was 358, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			nistered, when 10 units SSI			
Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
documented as administered, when 10 units SSI was ordered. -On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
was orderedOn 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		Lispro 100 units/1ml 1	14 units SSI was			
-On 09/08/23 at 11:30am, the FSBS was 388, Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		documented as admir	nistered, when 10 units SSI			
Lispro 100 units/1ml 14 units SSI was documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ate. -She had not yet received her insulin that morning. -On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		was ordered.				
documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		-On 09/08/23 at 11:30	am, the FSBS was 388,			
documented as administered, when 10 units SSI was ordered. -On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		Lispro 100 units/1ml 1	14 units SSI was			
was orderedOn 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		•				
-On 09/12/23 at 11:30am, the FSBS was 306, Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			,			
Lispro 100 units/1ml 12 units SSI was documented as administered, when 8 units SSI was ordered. -On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			am the ESBS was 306			
documented as administered, when 8 units SSI was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			•			
was orderedOn 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		•				
-On 09/12/23 at 4:30pm, the FSBS was 165, Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			listered, when o drills 551			
Lispro 100 units/1ml 6 units SSI was documented as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			the FORC 105			
as administered, when 2 units SSI was ordered. Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
Interview with Resident #1 on 09/13/23 at 8:55am revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		-				
revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		as administered, whe	n 2 units SSI was ordered.			
revealed: -She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		Indominate with David	mt #4			
-She was supposed to receive her insulin one half hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			πι # ι οπ υθ/ ι 3/23 at δ:55am			
hour before she ateShe had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
-She had not yet received her insulin that morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.			o receive her insulin one half			
morningOn 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.						
-On 08/22/23 and 08/23/23, she did not receive her pre-meal lunch insulin until 2:00pm.		-She had not yet rece	ived her insulin that			
her pre-meal lunch insulin until 2:00pm.		morning.				
her pre-meal lunch insulin until 2:00pm.		-On 08/22/23 and 08/	23/23, she did not receive			
-She had to go to the hospital "last week"						

Division of Health Service Regulation

because her FSBS was 555.

STATE FORM 6899 HRYD11 If continuation sheet 23 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTR		CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					
		HAL011376	B. WING		R-C
		HALUTI376			09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DIOLIMON	ID ACCIOTED . IV/IV	95 RICHM	OND HILL ROA	ND.	
RICHMON	ID HILL ASSISTED LIVIN	G # 1 ASHEVILI	E, NC 28806		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
D 273	Continued From page	23	D 273		
		en hospitalized at least 3			
	times due to high bloo	od sugar levels.			
		n 09/14/23 at 2:50pm			
	revealed:				
		umentation on Resident			
	· ·	nistered 6 units of Lispro			
		nits of Lispro insulin on			
	07/13/23 at 8:00pm fo				
	-She probably had be				
	· · · · · · · · · · · · · · · · · · ·	had misread 6 units from			
	the eMAR.				
	-She did not know wh	• •			
	missed FSBS's and n				
	administrations for Re				
	-She was trained to o				
	_	n the resident refused to			
	take a medication.	la de a como dos dos de a			
	-After the third refusa				
	document the refusal	on the eiviar.			
	Interview with a seco	nd MA on 00/14/22 of			
	3:30pm revealed:	110 IVIA 011 09/14/23 at			
		y Resident #1 insulin was			
		several occurrences during			
		•			
	July 2023 and August	to take a medication, she			
		nes to get the resident to			
	take the medication.	nes to get the resident to			
	-If the resident still ref	fused to take the			
		d document resident refused			
	in the eMAR.	a accument resident relused			
	Telephone interview v	with the Clinical Director at			
	I	inology office on 09/15/23 at			
	1:00pm revealed:				
		ed any communication from			
	_	2023 concerning Resident			
		t. and refused doses of			

insulin.

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 24 of 80

Division of Health Service Regulation

	or realth Service Negu		0/0\	achier Buerley	Ta(a) p :== =:=	· /=> /
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LEAN (J. JOHNLOHON	IDENTIFICATION NOWIDER.	A. BUILDING: _			
					R-C	
		HAL011376	B. WING		09/15/2	2023
					,	-
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
RICHMON	ID HILL ASSISTED LIVIN	G # 1	MOND HILL ROA	D		
		ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		COMPLETE DATE
TAG	REGULATORY ORY	EGG IDENTIF TING INFORMATION)	TAG	DEFICIENCY)	VALL	57.11.2
D 273	Continued From page	e 24	D 273			
	-Missed doses of insu	ulin would cause Resident				
	#1 to experience real					
		g incorrect insulin doses				
		lent to also experience really				
	high blood sugars an	•				
		ad negative effects on the				
	kidneys, eyesight, an					
		ould cause the resident to go				
	_	(a life-threatening disorder				
	that causes unconsci					
	that causes unconsor	ousness).				
	Interview with the Adı	ministrator on 09/15/23 at				
	4:55pm revealed:	1111110110101 011 00/10/20 dt				
		o notify Resident #1's				
	T	ons on how to manage even				
	1 missed dose of inst	_				
		Coordinator (RCC) was				
		oring medication variance				
		ed doses of medications.				
	-The MAs were traine					
	immediately about mi					
		rily responsible for notifying				
		nissed doses of insulin,				
	incorrect doses of ins medications.	suiiri, and reiused				
		trained to report issues with				
		trained to report issues with				
		and refused medications to				
	physicians.					
	h Review of Residen	it #1's Endocrinologist's				
	order dated 05/03/23	-				
		for fingerstick blood sugar				
		meal and inject Lispro 100				
	units/ml per SSI FSB					
		-300=6 units, 301-350=8				
		its and call provider if FSBS				
	greater than 400.	f-				
		for FSBS before bedtime				
		units/ml per SSI FSBS:				
	151-200=None, 201-2	250=2 units, 251-300=4				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 25 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011376	B. WING			R-C 9/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICHMON	ID UII I ACCICTED I IVIA	95 RICH	MOND HILL ROAD			
RICHINON	ID HILL ASSISTED LIVIN	ASHEVII	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Review of Resident # dated 05/08/23 reveal continue SSI. Review of Resident # dated 06/19/23 reveal continue SSI. Review of Resident # dated 06/19/23 reveal continue SSI. Review of Resident # check FSBS four tires and order per insulin scale before. Check FSBS anytimes hypoglycemia. Review of Resident # (PCP) orders dated 0 continues and inject Lisp minutes before meal solutions and inject Lisp minutes before meal solutions solutions and solutions and solutions. Solutions and solutions are than 400 call Review Resident #1's Medication Administrations are the solutions. There was an entry solutions are the solutions.	ts, 351-400=8 units and call ater than 400. this Endocrinologist's order aled there was an order to this Endocrinologist's order aled: for Lispro 100 units/ml inject ore meals. for Endocrinologist's order aled: for Lispro 100 units/ml inject ore meals. for Endocrinologist's order aled: for Lispro 100 units/ml inject ore meals. for Endocrinologist's order aled: for Lispro 100 units/ml inject 15 for Endocrinologist's order aled: for Endocrinologist's order aled: for Lispro 100 units/ml inject eals per SSI: FSBS less than for Lispro 100 unit/1ml inject eals per SSI: FSBS less than	D 273			
	units, 301-350=8 unit greater than 400 call 11:30am, and 4:30pr -There was an entry FSBS at bedtime and	for Lispro 100 unit/1ml check d inject per SSI FSBS: I-250=2 units, 251-300=4 ts, 351-400=8 units				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 26 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		R-C	
		HAL011376	B. WING		09	/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	IG # 1	MOND HILL ROAD			
TOT INIO	ID THEE ACCIONED EIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 26	D 273			
	and there was no doo was notified. -On 07/14/23 at 11:30 and there was no doo was notified. -On 07/27/23 at 4:30	Oam, the FSBS was 403, cumentation the physician Oam, the FSBS was 431, cumentation the physician pm, the FSBS was 450, and entation the physician was				
	revealed: -There was an entry: 15 minutes before meters: 50=1 unit, 51-70=3 uters: 151-200=2 units, 201 units, 301-350=8 unitity: greater than 400 call: 11:30am, and 4:30pm: -There was an entry: FSBS at bedtime and 151-200=0 units, 201 units, 301-350=6 units scheduled at 8:00pm: -On 08/22/23 at 11:30 and there was no document of the was no do	-250=4 units, 251-300=6 ts, 351-400=10 units, if MD scheduled at 7:30am, n. for Lispro 100 unit/1ml check d inject per SSI FSBS: -250=2 units, 251-300=4 ts, 351-400=8 units				
	09/01/23 to 09/13/23 -There was an entry 15 minutes before me 50=1 unit, 51-70=3 u	for Lispro 100 unit/1ml inject eals per SSI: FSBS less than				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 27 of 80

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DICUMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	.D		
RICHWON	D HILL ASSISTED LIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273	greater than 400 call 11:30am, and 4:30pm -There was an entry f FSBS at bedtime and 151-200=0 units, 201 units, 301-350=6 unit scheduled at 8:00pm -On 09/08/23 at 4:30pt there was no docume notifiedOn 09/08/23 at 8:00pt there was no docume notifiedOn 09/09/23 at 4:30pt there was no docume notifiedOn 09/09/23 at 4:30pt there was no docume notifiedInterview with Reside revealed: -Her blood sugars we -She had to go to the because her FSBS w -She had recently bed	s, 351-400=10 units, if MD scheduled at 7:30am, n. for Lispro 100 unit/1ml check inject per SSI FSBS: -250=2 units, 251-300=4 s, 351-400=8 units form, the FSBS was 407, and entation the physician was form, the FSBS was 415, and entation the physician was form, the FSBS was 412, and entation the physician was form, the FSBS was 412, and entation the physician was form, the FSBS was 412, and entation the physician was form, the physician was form, the FSBS was 412, and entation the physician was form, the p	D 273			
	times due to high blood sugar levelsShe did not think her Endocrinologist was aware of the frequency of her FSBS being greater than 400The facility staff were supposed to notify the					
	than 400, however th	me her FSBS was greater e staff tell her most of the th the Endocrinologist to				
		evealed: Resident Care Coordinator S greater than 400 to the				

Division of Health Service Regulation

-If the resident used their primary care provider

STATE FORM 6899 HRYD11 If continuation sheet 28 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL ASSISTED LIVIN	G # 1	OND HILL ROA	D	
			.E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 273	273 Continued From page 28		D 273		
	(PCP) then she used a software application on her phone to leave messages for the facility PCPResident #1 did not use the facility PCP, so any FSBS greater than 400 would need to be called to Resident #1's physician.				
	Interview with a second MA on 09/14/23 at 3:30pm revealed: -She was trained to contact Resident #1's physician when the residents FSBS was greater than 400Once the physician was notified, she would expect the physician to call back to advise what needed to be done next for the resident when the FSBS was over 400If Resident #1's FSBS was over 400 and she was unable to reach a physician, she would call 911 and send Resident #1 out for evaluation at the local hospital.				
	Telephone interview with Resident #1's primary care physician (PCP) on 09/15/23 at 9:32am revealed: -High blood sugars could put Resident #1 in the hospitalHigh blood sugars made Resident #1 confused, could increase her risk of infections, and caused damage to the resident's kidneysResident #1 had not been coming in for her appointments, so she had not been aware of the high blood sugarsShe had recently received a call from the facility to ask if they could have an order to discontinue Resident #1's blood sugar checks which was totally inappropriate.				
	Resident #1's Endocr 1:00pm revealed:	with the Clinical Director at inclogy office on 09/15/23 at wanted to be notified of all			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 29 of 80

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
74451 2744 0	T GOTTLESTION	IDENTIFICATION NO MIDEN.	A. BUILDING: _		
		HAL011376	B. WING		R-C 09/15/2023
NAME OF PR	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMONI	D HILL ASSISTED LIVIN	G#1	OND HILL ROA	ND.	
		ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 273	273 Continued From page 29		D 273		
	FSBS that were great -The Endocrinologist Resident #1's blood s 400, so adjustments of medicationsThere had not been a facility staff since April Resident #1 had expergreater than 400. Interview with the Adr 4:55pm revealed: -If Resident #1's FSB expected staff to contendocrinologist immelif staff could not read she expected staff to to report the high blood. The facility's failure to physicians regarding refused doses of insurisk of high blood sug effects on the resident mental state and low cause the resident to This failure was detrir and welfare of Reside Type B Violation. The facility provided a accordance with G.S. this violation.	ter than 400. expected to know when sugars were greater than could be made to her any communication from all 2023 about the frequency erienced blood sugars ministrator on 09/15/23 at S was greater than 400, she tact Resident #1's ediately. She the Endocrinologist, then contact Resident #1's PCP and sugar. o notify Resident #1's missed, incorrect, and lin increased Resident #1's ars which had negative it's kidneys, eyesight, and blood sugars which could go into a diabetic coma. The mental to the health, safety, and which and constitutes a	D 273		

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 30 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BUILDING:			
		HAL011376	B. WING		I	R-C 9/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICUMON	ID HILL ASSISTED LIVIN	95 RICHI	MOND HILL ROAD			
KICHWION	ID HILL ASSISTED LIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 30	D 344			
D 344	10A NCAC 13F .1002	2(a) Medication Orders	D 344			
	the resident's physicial for verification or clar medications and treat (1) if orders for admission and treat of admission or readmission are not the san The facility shall ensuiclarification is documerecord. This Rule is not met TYPE B VIOLATION Based on observation reviews, the facility fa	me shall ensure contact with an or prescribing practitioner ification of orders for tments: sision or readmission of the d and signed within 24 hours mission to the facility; lear or complete; or on forms are received upon sision and orders on the ne. ure that this verification or eented in the resident's				
	The findings are:					
	revealed diagnoses in dementia mild stage, uncontrolled, hyperte disc disease, history	diabetes mellitus type 2 nsion, cervical degenerative of right hip fracture, history cory of knee surgery due to				
	order dated 05/03/23	t #1's Endocrinologist's revealed: for Lispro (used to manage				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 31 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
DICUMON	D IIII I ACCIOTED I IVIN	95 RICHMO	OND HILL ROA	ND.		
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	
D 344	Continued From page	e 31	D 344			
	blood glucose) 100 unbreakfast, lunch, and -There was an order of (FSBS) less than 50, injection until immedia reduce insulin by 6 unorder "give patient 1 under the was an order of eat, take injection just insulin by 4 units, har "give patient 3 units on the was an order of prescribed dose of insurable of the was an order of the was an order of and inject Lispro 100 insulin (SSI): 150-200 (251-300=6 units, 301 units and call provide the rewas an order of and inject Lispro 100 (151-200=None, 201-201)	nits/ml inject 7 units before supper. for fingerstick blood sugar treat low FSBS, delay ately after the meal, and nits, handwritten beside the unit only." for FSBS 51-70, immediately to before eating, reduce adwritten beside the order only." for FSBS 71-150, take sulin, handwritten beside the sulin, handwritten beside the for FSBS before each meal units/ml per sliding scale 0=2 units, 201-250=4 units, -350=8 units, 351-400=10 or if FSBS greater than 400. for FSBS before bedtime units/ml per SSI: 250=2 units, 251-300=4 s, 351-400=8 units and call				
	dated 05/08/23 revea -There was an order t	to change Lispro 100 before breakfast, 9 units nits before supper.				
	dated 06/14/23 revea -A facility medication stating Resident #1 w blood glucose values -They took Resident # of the low blood glucose	aide (MA) called their office vas having issues with low #1 to the hospital as a result				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 32 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING	B. WING		R-C
		HAL011376	B. WING		09	0/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	95 RICHI	MOND HILL ROAD			
KICHWICK	ID THEE ASSISTED EIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From page	e 32	D 344			
	discharged to call our appointment sooner s	office and move follow-up to that they could assess I needed adjustments to				
	dated 06/19/23 reveals. There was an order per SSI before meals. There was an order 4 units at lunch plus 3. There was an order 4 units at supper plus. Check FSBS four tin. Check FSBS anytim hypoglycemia.	for Lispro 100 units/ml inject for Lispro 100 units/ml inject SSI. for Lispro 100 units/ml inject SSI. nes daily. e resident symptomatic of				
	4 units before lunch a -There was an order meal and inject Lisp minutes before meals 50=1 unit, 51-70=3 u 151-200=2 units, 201	to check FSBS before each to 100 units/ml inject 15 s per SSI, FSBS less than nits, 71-150=7 units, -250=4 units, 251-300=6 s, 351-400=10 units, if				
	Medication Administrative revealed: -There was an entry of 100 unit/1ml inject 15 SSI: FSBS less than 71-150=7 units, 151-2 units, 251-300=6 unit 351-400=10 units, if g scheduled at 7:30am	dated 06/20/23 for Lispro minutes before meals per 50=1 unit, 51-70=3 units, 200=2 units, 201-250=4				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 33 of 80

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		HAL011376	B. WING		I	R-C 0/ 15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E. ZIP CODE		
			MOND HILL ROAD			
RICHMON	ID HILL ASSISTED LIVIN	G#1	LE, NC 28806			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE
D 344	Continued From page	e 33	D 344			
	unite of Lienzo 100 un	nits/1ml were documented as				
	administered when no					
		Dam, the FSBS was 95, 11				
		nits/1ml were documented as				
	administered when no					
		om, the FSBS was 119, 4				
		nits/1ml were documented as				
	administered when no	o SSI was ordered.				
	Review of Resident #	1's August 2023 eMAR				
	revealed:	13 August 2020 CWAR				
		or Lispro 100 unit/1ml inject				
		eals per SSI: FSBS less than				
	50=1 unit, 51-70=3 u	•				
	i i	-250=4 units, 251-300=6				
	units, 301-350=8 unit	s, 351-400=10 units, if				
	greater than 400 call	MD scheduled at 7:30am,				
	11:30am, and 4:30pm					
		am, the FSBS was 88, 7				
	•	nits/1ml were documented as				
	administered when no					
		Dam, the FSBS was 102, 7 hits/1ml were documented as				
	administered when no					
		1's September 2023 eMAR				
	from 09/01/23 to 09/1					
	,	for Lispro 100 unit/1ml inject				
		eals per SSI: FSBS less than				
	50=1 unit, 51-70=3 u					
		-250=4 units, 251-300=6 s, 351-400=10 units, if				
	1	MD scheduled at 7:30am,				
	11:30am, and 4:30pm					
		am, the FSBS was 100, 7				
		nits/1ml were documented as				
	administered when no					
		am, the FSBS was 105, 7				
		nits/1ml were documented as				
	administered when no	o SSI was ordered.				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 34 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	AD.	
RICHIVION	D HILL ASSISTED LIVIN	ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE
D 344	Continued From page 34		D 344		
	facility's contracted pl 9:25am revealed: -A pharmacist with the transcribed Resident 05/03/23 into the eM/ -The sliding scale did the 05/03/23 order the systemThe way he read the less than 50, the prer be reduced by 6 units neededIf the blood sugar wadosage should be red would be neededIf the blood sugar wadosage should be reduced by 6 units neededIf the blood sugar wadosage should be reduced by 6 units neededIf the blood sugar wadosage should be reduced by 6 units neededIf the blood sugar wadosage should be reduced by 6 units neededIf the blood sugar wadosage should be reduced by 6 units needed.	#1's insulin orders dated AR system. not look correct based on at was available in their order if the blood sugar was neal insulin dosage should and no SSI would be as 51-70, the premeal insulin duced by 4 units and no SSI as 71-150, the full amount of insulin should be SSI would be needed.			
	Interview with a medi 09/14/23 at 8:45am re- Resident #1's FSBS 09/14/23.	, ,			
	-She administered 7 insulin to Resident #1 -She followed the slid	units of sliding scale Lispro ling scale in the eMAR			
	systemShe did not question eMAR system.	the order as it was in the			
	Resident #1's Endocr 1:00pm revealed: -When additional insu Resident #1 when the	with the Clinical Director at rinology office on 09/15/23 at allin was administered to blood sugar was less than esident #1's blood sugar to			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 35 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE A. BUILDING: COMPLETED			
					R-C
		HAL011376	B. WING		09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL ASSISTED LIVIN	G#1	MOND HILL ROA .LE, NC 28806	D	
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON (V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 344	Continued From page	e 35	D 344		
	drop very low which of (a life-threatening dis unconsciousness).	could lead to a diabetic coma order causing			
	insulin orders resultin insulin when the residual scale insulin, increasilow blood sugar whice coma. This was detriand welfare and consultations.	larify unclear sliding scale g in Resident #1 receiving dent did not require sliding ing the resident's risk of very h could lead to diabetic imental to the health, safety, stitutes a Type B Violation.			
	The facility provided accordance with G.S this violation.	a plan of protection in . 131D-34 on 09/20/23 for			
	CORRECTION DATE VIOLATION SHALL N 30, 2023.	FOR THE TYPE B NOT EXCEED OCTOBER			
D 358	10A NCAC 13F .1004 Administration	l(a) Medication	D 358		
	(a) An adult care hor preparation and admi prescription and non-by staff are in accord (1) orders by a licens which are maintained (2) rules in this Secti and procedures.	sed prescribing practitioner in the resident's record; and on and the facility's policies			
	This Rule is not met TYPE A1 VIOLATION				
	reviews, the facility fa	ns, interviews, and record illed to administer ribed for 4 of 4 sampled			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 36 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
741012741	or contraction	IDENTIFICATION NO.	A. BUILDING: _			
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	ND.		
KICHWICK	D THEE ASSISTED EIVIN	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLET	
D 358	Continued From page 36		D 358			
	residents (#1, #2, #3, and #4) related to medications used to treat diabetes and pain (#1), chronic obstructive pulmonary disease (COPD) (#4), a possible kidney stone (#3), and very dry skin and prevention of fungal infections (#2).					
	The findings are:					
	revealed diagnoses in dementia mild stage, uncontrolled, hyperte disc disease, history of	diabetes mellitus type 2 nsion, cervical degenerative of right hip fracture, history ory of knee surgery due to				
	revealed: -There was an order of blood sugars) 100 un each meal daily at 6:34:30pmThere was an order of (FSBS) before each runits/ml sliding scale 0-150=0 unit, 150-199250-299=6 units, 300 units and call provide 11:30am, and 4:30pm	for fingerstick blood sugar meal and inject Lispro 100 insulin (SSI), FSBS: 9=2 units, 200-249=4 units, -350=8 units, 350 or more=0 r scheduled at 6:30am, n.				
	dated 05/03/23 revea -There was an order of 7 units before breakfa -There was an order of low FSBS, delay inject the meal, and reduce handwritten beside the only."	1's Endocrinologist's order led: for Lispro 100 units/ml inject est, lunch, and supper. for FSBS less than 50, treat ection until immediately after insulin by 6 units, and le order "give patient 1 unit for FSBS 51-70, immediately				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 37 of 80

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		95 RICHMO	OND HILL ROA	D		
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLE	ETE
D 358	Continued From page	e 37	D 358			
D 358	eat, take injection just insulin by 4 units, and order "give patient 3 units, and order "give patient dose of insulation beside the order "give and inject Lispro 100 150-200=2 units, 201 units, 301-350=8 unit provider if FSBS greated and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 unit provider if FSBS greated and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 unit provider if FSBS greated and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 unit provider if FSBS greated and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 unit provider if FSBS greated and inject Lispro 100 151-200=None, 201-2 units, 301-350=6 unit provider if FSBS greated and inject 7 units before lunch, and 9 units/ml inject 7 units before lunch, and 9 units-there was an order if 4 units at lunch plus 3 -There was an order 4 units at supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times at 100 in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -Check FSBS four times -There was an order in the supper plus -There w	t before eating, reduce d handwritten beside the units only." for FSBS 71-150, take sulin, and handwritten e 7 units." for FSBS before each meal units/ml SSI, FSBS: -250=4 units, 251-300=6 s, 351-400=10 units and call ater than 400. for FSBS before bedtime units/ml SSI, FSBS: 250=2 units, 251-300=4 s, 351-400=8 units and call ater than 400. et's Endocrinologist's order aled: to change Lispro 100 before breakfast, 9 units nits before supper. to continue SSI. et's Endocrinologist's order aled: for Lispro 100 units/ml inject assistance. for Lispro 100 units/ml inject assistance along the solution of th	D 338			
	hypoglycemia.	e resident symptomatic of				
	(PCP) orders dated 0	:1's primary care physician 8/18/23 revealed: for Lispro 100 units/ml inject				

Division of Health Service Regulation

4 units before lunch and supper.

STATE FORM 6899 HRYD11 If continuation sheet 38 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING			R-C 9/15/2023
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIR CODE	•	
NAME OF T	NOVIDEN ON 3011 EIEN		MOND HILL ROAD	, ZII GODE		
RICHMON	ID HILL ASSISTED LIVIN	G#1	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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	meal and inject Lispr minutes before meals 50=1 unit, 51-70=3 units, 201 units, 301-350=8 unit greater than 400 call Review of Resident # dated 08/20/23 reveal hospital with a blood Review of Resident # Medication Administrate vealed: -There was an entry for 15 minutes before means 50=1 unit, 51-70=3 units, 301-350=8 unit greater than 400 call 11:30am, and 4:30pm and 4:3	to check FSBS before each to 100 units/ml inject 15 sper SSI, FSBS less than inits, 71-150=7 units, -250=4 units, 251-300=6 s, 351-400=10 units, if MD. 4's discharge summary led she presented to the sugar of 444. 1's July 2023 electronic ation Record (eMAR) for Lispro 100 unit/1ml inject eals per SSI, FSBS less than inits, 71-150=7 units, -250=4 units, 251-300=6 s, 351-400=10 units, if MD scheduled at 7:30am, in. for Lispro 100 unit/1ml inject end supper scheduled at . for Lispro 100 unit/1ml check inject per SSI, FSBS -250=2 units, 251-300=4 s, 351-400=8 units Dam, the FSBS was 274, 10 units SSI was inistered, when 6 units SSI eam, the FSBS was 349, 4 units SSI was ordered.	D 358	DEL MOLINOT)		

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 39 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		HAL011376	B. WING		R-0	C 5/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	,	<u></u>
DIGUINON	D 1111 1 40010TED 1 11/11	95 RICHMO	ND HILL ROA	D		
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILLE	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 39	D 358			
D 358	-On 07/13/23 at 8:00p Lispro 100 units/1ml 6 as administered, whe ordered. -On 07/24/23 at 4:30p Lispro 100 units/1ml 8 as administered, whe ordered. -On 07/25/23 at 11:30 documentation of FSB administered, and rea -On 07/25/23 at 4:30p documentation of FSB administered, and rea -On 07/29/23 at 4:30p Lispro 100 units/1ml 6 as administered, whe -On 07/31/23 at 11:30 Lispro 100 units/1ml 6 as administered, whe -On 07/31/23 at 4:30p Lispro 100 units/1ml 6 as administered, whe	om, the FSBS was 385, 50 units SSI was documented in 8 units of SSI was on, the FSBS was 367, 63 units SSI was documented in 10 units of SSI was on, there was no 385, Lispro 100 unit/1ml was ason it was not administered. On, there was no 385, Lispro 100 unit/1ml was ason it was not administered. On, the FSBS was 270,	D 358			
		eals per SSI, FSBS less than				
	50=1 unit, 51-70=3 ur	nits, 71-150=7 units, -250=4 units, 251-300=6				
		s, 351-400=10 units, if				
	greater than 400 call	MD scheduled at 7:30am,				
	11:30am, and 4:30pm -There was an entry f	ո. or Lispro 100 unit/1ml inject				
	4 units before lunch a 11:30am and 4:30pm	nd supper scheduled at				
	FSBS at bedtime and	or Lispro 100 unit/1ml check inject per SSI, FSBS -250=2 units, 251-300=4				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 40 of 80

Division of Health Service Regulation

DIVISION	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
						_
			5 14/11/0		R-	C
		HAL011376	B. WING		09/1	5/2023
NAME OF D		OTDEET AD	DDEGG OITY OTA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	G # 1 95 RICHM	OND HILL ROA	ND		
Talor IIII Ora	D THEE AGGIOTED EIVIN	ASHEVILI	_E, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 250	0 " 15	40	D 250			
D 358	Continued From page	e 40	D 358			
	units, 301-350=6 unit	s 351-400=8 units				
	scheduled at 8:00pm.					
		oam, the FSBS was 169,				
		•				
	•	6 units SSI was documented				
	· ·	n 2 units SSI was ordered.				
	I	om, the FSBS was 202,				
		8 units SSI was documented				
	as administered, whe	n 4 units SSI was ordered.				
	-On 08/02/23 at 11:30	am, the FSBS was 237,				
	Lispro 100 units/1ml 8	3 units SSI was documented				
	as administered, whe	n 4 units SSI was ordered.				
	-On 08/02/23 at 8:00p	om, there was no				
		BS, Lispro 100 unit/1ml was				
	administered, and rea	· · · · · · · · · · · · · · · · · · ·				
	administered	acon it was not				
		om, the FSBS was 198,				
	I	6 units SSI was documented				
	•					
		n 2 units SSI was ordered.				
	-On 08/22/23 at 8:00p					
		BS, Lispro 100 unit/1ml was				
		ason it was not administered.				
	-On 08/23/23 at 11:30					
		BS, Lispro 100 unit/1ml was				
	administered, and the	documented reason it was				
	not administered was	"resident refused."				
	Review of Resident #	1's September 2023 eMAR				
	from 09/01/23 to 09/1	3/23 revealed:				
		or Lispro 100 unit/1ml inject				
	_	eals per SSI, FSBS less than				
	50=1 unit, 51-70=3 ur					
	· ·	-250=4 units, 251-300=6				
		s, 351-400=10 units, if				
	·					
	_	MD scheduled at 7:30am,				
	11:30am, and 4:30pm					
	1	or Lispro 100 unit/1ml inject				
		and supper scheduled at				
	11:30am and 4:30pm					
		or Lispro 100 unit/1ml check				
	FSBS at bedtime and	inject per SSI, FSBS				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 41 of 80

PRINTED: 10/04/2023

Division of Health Service Regulation					FURIVI P	APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLET	ED
			D WING		R-C	
		HAL011376	B. WING		09/15/	/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
DICHMON	ID HILL ASSISTED LIVING	95 RICHM	OND HILL ROA	AD		
RICHWON	ID HILL ASSISTED LIVING	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	: 41	D 358			
	151-200=0 units, 201	-250=2 units, 251-300=4				
	units, 301-350=6 units					
	scheduled at 8:00pm.					
	-On 09/02/23 at 4:30p Lispro 100 units/1ml 1	om, the FSBS was 400,				
		nistered, when 10 units SSI				
	was ordered.	neterou, when to unite out				
	-On 09/04/23 at 11:30	am, the FSBS was 245,				
	•	3 units SSI was documented				
		n 4 units SSI was ordered.				
	-On 09/04/23 at 4:30p Lispro 100 units/1ml 1	om, the FSBS was 368,				
	•	nistered, when 10 units SSI				
	was ordered.	notoroa, whom to arms cor				
	-On 09/06/23 at 11:30	am, the FSBS was 233,				
	Lispro 100 units/1ml 8	3 units SSI was documented				
		n 4 units SSI was ordered.				
		am, the FSBS was 355,				
	Lispro 100 units/1ml 1	nistered, when 10 units SSI				
	was ordered.	ilstered, when to drills 551				
		om, the FSBS was 358,				
	Lispro 100 units/1ml 1					
	documented as admir	nistered, when 10 units SSI				
	was ordered.					
		am, the FSBS was 388,				
	Lispro 100 units/1ml 1	nistered, when 10 units SSI				
	was ordered.	nstered, when it dills 331				
		am, the FSBS was 306,				
	Lispro 100 units/1ml 1					
	•	nistered, when 8 units SSI				
	was ordered.					
	-On 09/12/23 at 4:30p	om, the FSBS was 165,				

Division of Health Service Regulation

revealed:

Lispro 100 units/1ml 6 units SSI documented as administered, when 2 units SSI was ordered.

Interview with Resident #1 on 09/13/23 at 8:55am

-She was supposed to receive her insulin one half

STATE FORM 6899 HRYD11 If continuation sheet 42 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 00:10:2020	
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA	D		
		ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	2 42	D 358			
	hour before she ateShe had not yet recemorningIf she did not get her breakfastOn 08/22/23 and 08/her pre-meal lunch in -Her blood sugars we -She had to go to the because her FSBS w -She did not remembedoses on 08/22/23 or -She had recently bettimes due to high blood Observation of a MA revealed: -Resident #1's FSBS -The MA injected 8 ur #1's left upper arm. Interview with a MA or revealed: -According to the doc #1's eMAR, she adminsulin instead of 8 ur	ived her insulin that insulin, then she did not eat 23/23, she did not receive sulin until 2:00pm. re so "high." hospital "last week" as 555. er if she had missed insulin 08/23/23. en hospitalized at least 3 od sugar levels. on 09/14/23 at 11:55am was 232. hits of Lispro into Resident n 09/14/23 at 2:50pm umentation on Resident nistered 6 units of Lispro hits of Lispro insulin on				
	07/13/23 at 8:00pm fo	or a FSBS 385.				
	-She had completed 2 training courseShe did not know wh missed FSBS's and n administrations for Re	nissed insulin				
	not administered on s July 2023 and August	y Resident #1's insulin was everal occurrences during				

Division of Health Service Regulation

the scheduled administration time, the MAs were

STATE FORM 6899 HRYD11 If continuation sheet 43 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	,
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA	D	
			E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	÷ 43	D 358		
	trained to contact the physician for orders on what to do and if the insulin should be administered late.				
	Resident #1's Endocr 1:00pm revealed: -The resident's insulir exactly as ordered. -Missed doses of insu #1 to experience high -Resident #1 receivin could cause the resid blood sugars and low -High blood sugars ha kidneys, eyesight, and -Low blood sugars co into a diabetic coma (that causes unconscient	g incorrect insulin doses ent to also experience high blood sugars. ad negative effects on the d mental state. uld cause the resident to go a life-threatening disorder			
	insulin as orderedThe Resident Care Cresponsible for monitoreports daily for misser-The RCC was response	MAs were reporting very			
	b. Review of Resident #1's primary care physician's (PCP) order dated 05/02/23 revealed tramadol (used to treat pain) 50mg 1 tablet two times a day as needed for severe pain. Interview with Resident #1 on 09/15/23 at 2:05pm revealed: -She was hurting in her lower and upper backShe knew she had an order for tramadol for				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 44 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or dortheorion	BENTI TOATION NOWBER.	A. BUILDING: _			
		HAL011376	B. WING		R-0 09/15	5/ 2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
DICHMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	ND.		
KICHWOK	D THEE ASSISTED EIVIN	ASHEVILL	E, NC 28806		<u>, </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	pain because the last one they told her they -She had needed son pain since she went to for treatment for a verification read the september 2023 elect Administration Recording and the september 2023 elect Administration of Resident # substance control she to 06/17/23 revealed: -There were 30 trama administered on 06/1 Telephone interview of facility's contracted ple 9:25am revealed: -They had an active of tablet twice a day as dated 05/03/23. -They dispensed 30 to 05/03/23. -They had not dispensed for Resident #1.	or any today to help with her time she asked the staff for y did not have any available. In thing to manage her back to the hospital on 08/17/23 ary high blood sugar. It's August 2023 to stronic Medication ds (eMARs) revealed: for tramadol 50mg 1 tablet of the for severe pain. In the mented administrations of the to 09/01/23. The tramadol controlled the tramadol set (CSCS) dated 05/05/23 and of 50 mg tablets received and was documented as 7/23. With a pharmacist from the tharmacy on 09/14/23 at order for tramadol 50mg 1 needed for severe pain ablets of tramadol 50mg on sed any additional tramadol	D 358	DEL ROILING I)		
	Interview with a medi	cation aide (MA) on				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 45 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. DOILDING.		R-C
		HAL011376	B. WING		09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA	D	
			E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 45	D 358		
	in her backShe took Resident # May 2023 to see her residents chronic pair -Resident #1 told the help with her pain.	#1 experienced chronic pain 1 to an appointment back in PCP and they discussed the			
	Interview with the Administrator on 09/15/23 at 4:55pm revealed: -The Resident Care Coordinator (RCC) was responsible for weekly medication cart audits. -Since the RCC position was currently vacant, the Assistant Administrator from a sister facility had come in and conducted weekly medication cart audits. -No one had told her Resident #1 was in pain and did not have tramadol available for administration. 2. Review of Resident #4's current FL2 dated 05/29/23 revealed diagnoses included chronic obstructive pulmonary disease (COPD), gastroesophageal reflux disease, diabetes				
	a. Review of Residen 05/29/23 revealed -There was an order of (used to treat pain an 6 hours as neededThere was an order of 0.25ml every 4 hours Review of hospital dis 08/25/23 revealed:	sion. t #4's current FL2 dated for morphine 20mg/1ml d COPD) take 0.25ml every for morphine 20mg/1ml take			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 46 of 80

Division of Health Service Regulation

DIVISION	or riealin Service Regu	lation				
	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
						_
			D WING		R-0	
		HAL011376	B. WING	-	09/1	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE		
IVAIVIL OI II	NOVIDEN ON OUT LIEN					
RICHMON	ID HILL ASSISTED LIVIN	G#1	IOND HILL ROA	AD .		
		ASHEVIL	LE, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				DETIGIENCY)		
D 358	Continued From page	2 46	D 358			
	-Resident #4's discha					
	medication overdose,	anxiety, and COPD.				
	-The resident reporte	d she received a "double				
	dose" of a medication	the day prior (08/19/23) to				
		mergency room) but could				
	not remember what n					
	-She developed trem	ulousness (affected with				
	trembling or tremors).					
		the hospital for observation				
	and did not have a re					
		occurrence of the				
	symptoms.					
	Daview of Decident #	Ale July 2022 electronic				
		4's July 2023 electronic				
	Medication Administra	ation Record (eMAR)				
	revealed:					
		r morphine 20mg/1ml take				
		as needed for pain and				
	COPD.					
	-The morphine was d	ocumented as administered				
	28 times from 07/01/2	23 to 07/31/23.				
	Review of Resident #	4's August 2023 eMAR				
	revealed:					
	-There was an entry f	or morphine 20mg/1ml take				
	-	as needed for pain and				
	COPD.	'				
		or morphine 20mg/1ml take				
	-	as needed for pain and				
	COPD.	as needed for pain and				
		ocumented as administered				
	•					
	-	imes from 08/10/23 through				
	08/19/23.					
		ocumented as administered				
	-	imes from 08/01/23 to				
	08/09/23.					
	_	ent #4's medications on				
	hand in the medication					
	2:15pm revealed ther	e were 33 syringes of				
	morphine available.					

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 47 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	A. BOILDING.		
		HAL011376	B. WING		l l	R-C / 15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
DICUMON	ID LIII I ACCIETED I IVIN	95 RICHM	MOND HILL ROAD			
RICHMON	ID HILL ASSISTED LIVIN	G # 1 ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page 47		D 358			
	count sheet (CSCS) in -The CSCS was date -There were 33 syring solution remaining. Telephone interview in pharmacy representative revealed: -The morphine 20mg, first dispensed on 04/2. There were 12 syring on 04/17/23There were 30 syring on 04/24/23There were 30 syring on 05/09/23.	d 08/30/23. ges of morphine 20mg/1ml with the facility's contracted tive on 09/14/23 at 2:35pm /1ml solution in syringes was				
	on 08/03/23.	ges of morphine dispensed				
	at 9:00pm revealed th	with Resident #4 on 09/12/23 ne facility staff gave her too she could not remember as.				
	Practitioner (NP) on 0 -Resident #4 was adr 09/20/23It was possible Resident administered a double facility staffEmergency Medical responded to take Resident process.	with Resident #4's Nurse 19/14/23 at 3:25pm revealed: mitted to the hospital on dent #4 could have been the dose of morphine by Services (EMS) who the esident #4 to the hospital did to treat overdose) on				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 48 of 80

Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED	
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	AD		
	IS THEE AGGIOTES EIVIN	ASHEVILI	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 48	D 358			
	Resident #4The resident had a c	urrent order for morphine Il every 2 hours as needed				
	4:05pm revealed: -She was unaware Rowere not being admin -The RCC was expec					
	Refer to the interview with the Assistant Administrator from a sister facility on 09/13/23 at 3:15pm.					
	b. Review of Resident #4's current FL2 dated 05/29/23 revealed: -There was an order for albuterol (used to treat COPD) 0.083% inhale one vial twice dailyThere was no current order to self-administer the albuterol.					
	Medication Administrative revealed: -There was an entry for via nebulizer twice a cand 8:00pm.	or albuterol 0.083% 1 vial day scheduled at 8:00am				
	revealed: -There was an entry f via nebulizer twice a c and 8:00pm.	4's August 2023 eMAR for albuterol 0.083% 1 vial day scheduled at 8:00am focumented as administered 1/23 to 08/19/23 with				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 49 of 80

Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,	5. GG.W.EG.WG.		A. BUILDING: _			
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA	ND.		
			.E, NC 28806			\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	:
D 358	Continued From page	e 49	D 358			
	-On 08/07/23, the init medication aide (MA) 8:00pm with a note al -On 08/17/23, the init were circled at 8:00pm "self-admin." -All documentation er Resident #4 was in the Observation of Resid hand in the medication 2:15pm revealed there of the observation of Resident #4 was an unope under the bed with a suffer was another bunder the bed with a with 23 of 30 vials reresident with a with 23 of 30 vials reresident with a suffer was another bunder the bed with a with 23 of 30 vials reresident with 23 of 30 vials reresident with 24 of 30 vials reresident with 25 of 30 vials reresident with	ials of the documenting were circled at 8:00am and lbuterol was "self-admin." ials of the documenting MA m with a note albuterol was inded on 08/19/23 as he hospital. ent #4's medications on in cart on 09/13/23 at he was no albuterol available. ent #4's room on 09/15/23 at he dox of albuterol 0.083% dispense date of 04/27/23. hox of albuterol 0.083% dispense date of 11/10/22 maining. with Resident #4 on 09/12/23 at the facility. ceiving her nebulizer				
	pharmacy representa revealed they had no	with facility's contracted tive on 09/14/23 at 2:35pm t dispensed any albuterol for by became the facility's				
	Practitioner (NP) on 0 -Resident #4 was ord treatments for COPD	with Resident #4's Nurse 09/14/23 at 3:25pm revealed: ered albuterol nebulizer ty were not consistently				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 50 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING		D.C	
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G # 1	OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 50	D 358			
	assisting with Reside	nt #4's nebulizer treatments.				
	4:05pm revealed: -She was unaware Rowere not being adminThe RCC was expect medications were admined and the second sec	cted to ensure all ministered as ordered. ministrator on 09/15/23 at Coordinator (RCC) was y medication cart audits. Stopped working at the Administrator from a sister and conducted weekly s. Insible for monitoring reports daily for missed				
	Refer to the interview with the Assistant Administrator from a sister facility on 09/13/23 at 3:15pm.					
	05/29/23 revealed: -There was an order t treat COPD) inhale or	t #4's current FL2 dated for budesonide (used to ne vial twice daily. t order to self-administer the				
	Medication Administrative revealed: -There was an entry of suspension inhale 1 vischeduled at 8:00am -The budesonide was	of budesonide 0.25mg/2ml vial per nebulizer twice a day and 8:00pm.				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 51 of 80

Division of Health Service Regulation

A. BUILDING:	
R-C	2
D WIND	5/2023
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RICHMOND HILL ASSISTED LIVING # 1	
ASHEVILLE, NC 28806 (X4) ID PROVIDER'S PLAN OF CORRECTION	(VE)
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 358 Continued From page 51 D 358	
O7/10/23 with an explanation the medication was "self-admin." -On 07/19/23 at 8:00pm, the budesonide was documented as not administered and there was no documentation as to why the medication was not administered. -On 07/25/23 at 8:00am, the budesonide was documented as not administered and there was no documentation as to why the medication was not administered. Review of Resident #4's August 2023 eMAR revealed: -There was an entry for budesonide 0.25mg/0.2ml inhale one vial per nebulizer twice daily scheduled at 8:00am and 8:00pm. -The budesonide was documented as administered twice daily with exceptions. -On 08/07/23, the medication aide's (MA) initials were circled at 8:00am and 8:00pm with the explanation budesonide was "self-admin." -On 08/17/23, the MA initials were circled at 8:00pm with the explanation budesonide was "self-admin." -On 08/17/23, the MA initials were circled at 8:00pm with the explanation budesonide was "self-admin." -All documentation ended on 08/19/23 as Resident #4 was in the hospital. Observation of Resident #4's medication on hand in the medication cart on 09/13/23 at 2:15pm revealed there was no budesonide available. Observation of Resident #4's room on 09/15/23 at 2:30pm revealed: -There was an open box of budesonide under the bed Resident #4's bed. -There were 29 out of 60 vials of budesonide	

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 52 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
			A. BUILDING: _		B 0	
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DICUMON	ID LIII I. ACCICTED I IVIN	95 RICHN	IOND HILL ROA	D		
RICHMON	ID HILL ASSISTED LIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	e 52	D 358			
	at 8:45pm revealed: -She no longer lived a -She had not been re treatments when she	ceiving her nebulizer				
	pharmacy representa	vith the facility's contracted tive on 09/14/23 at 2:35pm t dispensed any budesonide				
	Telephone interview with Resident #4's Nurse Practitioner (NP) on 09/14/23 at 3:25pm revealed the staff at the facility were not consistently assisting with Resident #4's nebulizer treatments.					
	4:05pm revealed: -She was unaware Rowere not being admin -The RCC was expec					
	Interview with the Adr 4:55pm revealed the	ministrator on 09/15/23 at RCC was responsible for n variance reports daily for				
	Refer to the interview Administrator from a s 3:15pm.	with the Assistant sister facility on 09/13/23 at				
	05/29/23 revealed:There was an order f COPD) inhale one via twice a day.	t #4's current FL2 dated for formoterol (used to treat al 2 times daily via nebulizer t order to self-administer the				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 53 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
			7 20.122 to			R-C	
		HAL011376	B. WING		I	N-C 0/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE			
		95 RICH	MOND HILL ROAD	· 			
RICHMON	ID HILL ASSISTED LIVIN	IG # 1	LLE, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 358	Continued From page	e 53	D 358				
	formoterol.						
	Medication Administr revealed: -There was an entry inhale 1 vial via nebu at 8:00am and 8:00p -The formoterol was administered twice da						
	revealed: -There was an entry inhale 1 vial via nebu at 8:00am and 8:00pt -Formoterol was door twice daily with excep-On 08/07/23 at 8:00 documented as not a explanation "self-adm-On 08/07/23 at 8:00 documented as not a explanation "self-adm-On 08/08/23 at 8:00 documented as not a explanation "self-adm-On 08/14/23 at 8:00 documented as not a explanation "self-adm-On 08/14/23 at 8:00 documented as not a explanation "resident	umented as administered otions. am, the fomoterol was idministered with the nin." pm, the fomoterol was idministered with the refused." pm, the fomoterol was idministered with the refused." pm, the fomoterol was idministered with the refused." pm, the fomoterol was idministered with the refused."					
		lent #4's medications on on cart on 09/13/23 at					

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 54 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRU			
		HAL011376	B. WING			R-C 0/ 15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	•	
DICUMON	ID LIII I ACCICTED I IVIN	95 RICHI	MOND HILL ROAL	D		
RICHMON	ID HILL ASSISTED LIVIN	G#1 ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 54	D 358			
	2:15pm revealed no f	ormoterol was available.				
	Observation of Resid 2:30pm revealed ther available.	ent #4's room on 09/15/23 at e was no formoterol				
	at 8:45pm revealed: -She no longer lived a -She had not been re treatments when she	ceiving her nebulizer				
	pharmacy representa revealed they had no	with facility's contracted tive on 09/14/23 at 2:35pm t dispensed any fomoterol they became the facility's				
	Practitioner (NP) on (the staff at the facility	with Resident #4's Nurse 09/14/23 at 3:25pm revealed were not consistently nt #4's nebulizer treatments.				
	4:55pm revealed the	ministrator on 09/15/23 at RCC was responsible for n variance reports daily for ications.				
	Refer to the interview Administrator from a 3:15pm.	with the Assistant sister facility on 09/13/23 at				
	05/29/23 revealed: -There was an order COPD) 175mg/3ml in	t #4's current FL2 dated for Yupelri (used to treat hale one vial daily. t order to self-administer the				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 55 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMI LETED	
		HAL011376	B. WING		R-C 09/15/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	ID HILL ASSISTED LIVIN	IG # 1	OND HILL ROA	D		
	Г	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
D 358	Continued From page	e 55	D 358			
	Medication Administrative revealed: -There was an entry of 1 vial via nebulizer of 8:00am. - Yupelri was docume with an exception on the medication was " Review of Resident # revealed: -There was an entry of 1 vial via nebulizer of 8:00am. -The Yupelri was document was document with a reverse of the revealed: -There was an entry of 1 vial via nebulizer of 8:00am.	f4's August 2023 eMAR for Yupelri 175mg/3ml inhale nce daily scheduled at sumented as administered on on 07/07/23 with an cation was "self-admin." nded on 08/19/23 as				
	-	edication on hand in the 9/13/23 at 2:15pm revealed available.				
	2:30pm revealed: -There was an open resident's bedThe box was dispen	lent #4's room on 09/15/23 at box of Yupelri under the sed on 11/10/22. of Yulperi remained out of				
	at 8:45pm revealed: -She no longer lived -She had not been re treatments when she	ceiving her nebulizer				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 56 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL011376	B. WING			R-C / 15/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE, ZIP CODE	,	
DICHMON	ID HILL ASSISTED LIVIN	95 RICHN	MOND HILL ROA	D		
KICIIWICI	D THEE ASSISTED EIVIN	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 56	D 358			
	her.					
	pharmacy representa revealed they had no treatments for Reside the facility's contracte Telephone interview v Practitioner (NP) on 0 the staff at the facility	with Resident #4's Nurse 09/14/23 at 3:25pm revealed were not consistently				
	assisting with Resident #4's nebulizer treatments. Interview with the Administrator on 09/15/23 at 4:55pm revealed the RCC was responsible for monitoring medication variance reports daily for missed doses of medications.					
	Refer to the interview Administrator from a : 3:15pm.	with the Assistant sister facility on 09/13/23 at				
	01/23/23 revealed diadisease (a degenerate the lack of thiamine (a problems requiring neestablishing new mer	nories and retreiving hyperlipidemia, history of				
	06/19/23 revealed tar (used to treat kidney mouth at bedtime for	•				
	Review of Resident # medication administrative revealed:	3's June 2023 electronic ation record (eMAR)				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 57 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _		OOMI ELTED		
					R-	С
		HAL011376	B. WING		09/1	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
DICHMON	ID HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	AD		
T(IOIIIIIOI)	D THEE ACCIONED LIVIN	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	e 57	D 358			
		for tamsulosin 0.4mg nentation tamsulosin 0.4 mg tered from 06/20/23 through				
		•				
	revealed: -Tamsulosin was disp daysThere were 28 tabs of Interview with a medi 09/14/23 at 3:45pm re	on 09/13/23 at 4:24pm sensed on 06/20/23 for 28 dispensed. cation aide (MA) on				
	care coordinator (RC when he wrote an order and the emands of the emands	C) and the Administrator der. rders to the pharmacy. esponsible for entering the was delivered to the facility, ator were responsible to on. prove medications but had dication before and would in the RCC and the				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 58 of 80

Division of Health Service Regulation

	A. BOILDING		(X3) DATE SURVEY COMPLETED	
			D C	
011376	B. WING		R-C 09/15/2023	
STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
95 RICHM	OND HILL ROA	.D		
ASHEVILL	.E, NC 28806			
ECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
	D 358			
nsuring NP o process new charmacy. pharmacy a sible for ensuring e facility by making sure the entered on the ding to the NP g sure the RCC elated to cordingly. con 09/14/23 at at Resident #3's I as ordered. in was never tered. cosin for kidney urine) to help the re easily. coreased pain, conged pain from the she was not ordered. con 09/15/23 at (RCC) was on cart audits.				
	STREET ADI	STREET ADDRESS, CITY, STA 95 RICHMOND HILL ROA ASHEVILLE, NC 28806 DEFICIENCIES EECEDED BY FULL NG INFORMATION) D PREFIX TAG D 358 Inistrator on Insuring NP In pharmacy a In pharmacy a In process new Indianate of the entered on the entered	STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCY DISTRICT DEFICIENCY DISTRICT DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DISTRICT DEFICIENCY	

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 59 of 80

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING		R-C	
		HAL011376	B. WING		09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA	D		
			.E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	e 59	D 358			
	facility had come in a medication cart audits -The RCC was response.	s. nsible for monitoring reports daily for missed				
	5:15pm revealed: -The NP faxed his me him to the pharmacy in the pharmacy entered systemThe NP gave all order-lifthe RCC wasn't the given all orders to the -The RCC would cheer eMARThe RCC was responsible to the interview Administrator from a significant significa	ers to the RCC. ere, the NP would have e Administrator. ckfor accuracy on the ensible to inform the cations were on the eMAR. with the Assistant sister facility on 09/13/23 at				
	a. Review of Residen dated 07/10/23 revea order for urea 10% cr apply topically twice of Review of Resident # medication administrative revealed: -There was an entry for the serious content of the serious	t #2's physician's orders led there was a medication leam (used to treat dry skin) daily as needed for dry skin. 2's July 2023 electronic lation record (eMAR) for urea 10% cream apply s needed for dry skin, may				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 60 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R-C 09/15/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
DICHMON	D IIII I ACCICTED I IVIN	95 RICHM	OND HILL ROA	D	
RICHIVION	D HILL ASSISTED LIVIN	ASHEVILL	E, NC 28806		,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 60	D 358		
		nentation urea 10% cream			
	revealed:	2's August 2023 eMAR			
	topically twice daily as self-administer.	or urea 10% cream apply s needed for dry skin, may			
	-There was no documentation urea 10% cream was administered from 08/01/23 through 08/31/23.				
	Review of Resident # 09/13/23 eMAR revea				
		or urea 10% cream apply s needed for dry skin, may			
	-There was no docum was administered from 09/13/23.	nentation urea 10% cream m 09/01/23 through			
	hand on 09/14/23 at 9	ent #2's medications on 9:34am revealed there was available for administration.			
	Interview with Reside 12:05pm revealed:				
	 She had diabetes me skin especially on her 	ellitus type 2 and had dry			
		eloped cracks in the skin on			
	her feet from the dryn				
	her skin.	cream to help the dryness of			
	-Her tube of urea 10%	6 cream was empty, and			
		aide (MA) about 3 weeks			
	-	am needed to be refilled. eived the urea cream since			
	she told the MA she r	needed a refill 3 weeks ago. dry", and the left foot was			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 61 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL011376		HAL011376	B. WING		R- 09/1	C 5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA	D		
	OLIMAN DV OT		E, NC 28806	DDOWNERIO DI ANI OF CORRECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	Continued From page	: 61	D 358			
D 358	crackingIt always took 2 to 3 refilled when she ran Observation of Reside 8:36am revealed: -Both feet were dry ar and callused area are the left big toeThe left and right hee Interview with a MA or revealed: -Resident #2's urea cobe dispensed by the particular and the urea cresulf-administration on she did not ask Resi urea cream on her sk-she did not know if Favailable to self-admilast used the urea cream on the self-administration on comparison of the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-she did not know if Favailable to self-admilast used the urea cream on the sk-	weeks to get a medication out of any medications. ent #2's feet on 09/14/23 at and scaly. ately a 1-inch sized crack ound the outer perimeter of els were dry and scaly. In 09/14/23 at 9:17am ream was last requested to charmacy on 07/05/23. Insible to ask Resident #2 if the emand document the the eMAR. In dent #2 if she had used the in. Resident #2 had urea cream inster or when Resident #2 if the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand. With a pharmacist from the marmacy on 09/14/23 at insible to a skerific the emand.	D 358			
		equested a refill for Resident it was last dispensed on				

Division of Health Service Regulation

Telephone interview with Resident #2's primary

STATE FORM 6899 HRYD11 If continuation sheet 62 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376 B. WING			R-C 09/15/2023
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE. ZIP CODE	1 00/10/2020
DICHMON	D HILL ASSISTED LIVIN	95 RICHMO	OND HILL ROA	D	
KIOTIWOT	D THEE AGGIOTED EIVIN	ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 62	D 358		
D 358	care provider (PCP) of revealed: -He ordered urea 10% treat dry skinThe facility did not not was unable to self-add to the medication being-Resident #2 could extend and itching due to not urea cream. Interview with the Add 3:40pm revealed: -The MAs were responsed in the medication refills for responsed in the medication refills for responsed in the medication was last and it was a medication was last and it was a were since the RCC I she expected the Marefills for medications	on 09/14/23 at 3:15pm 6 cream for Resident #2 to bitify him that Resident #2 minister the urea cream due ng unavailable. kperience increased dry skin t being administered the ministrator on 09/15/23 at misible for requesting residents. resident #2's urea cream was ristration. resible for medication cart resk for medications on low redication refills if the real ready reordered. Illowed the MAs to see when t requested to be refilled. requested to be refilled. return where the logs	D 358		
	Refer to the interview Administrator from a s 3:15pm.	with the Assistant sister facility on 09/13/23 at			
	dated 07/10/23 revea ketoconazole 2% crea	t #2's physician's orders led a medication order for am (used to treat a fungal daily, may self-administer.			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 63 of 80

Division of Health Service Regulation

DIVISION	n nealth Service Regu	ialion					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
			1				
			D WILLS	P. WING		С	
		HAL011376	B. WING		09/1	5/2023	
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE			
01 11							
RICHMON	D HILL ASSISTED LIVIN	G # 1	OND HILL ROA	NU .			
		ASHEVILI	E, NC 28806				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE	
TAG	REGULATORT OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MAIL	DAIL	
				,			
D 358	Continued From page	e 63	D 358				
		1.110 00/40/00 1					
	Interview with Reside	nt #2 on 09/13/23 at					
	12:05pm revealed:						
		azole 2% cream was empty,					
		ation aide (MA) about 3					
		ream needed to be refilled.					
	-She still had not rece	eived the ketoconazole					
	cream since she told	the MA she needed a refill 3					
	weeks ago.						
	_	dry", and the left foot was					
	cracking.	• •					
	<u> </u>	nazole cream on her feet.					
		weeks to get a medication					
		out of any medications.					
	Telliled When she fall	out of any medications.					
	Paview of Pacident #	2's July 2023 electronic					
	medication administra	ation record (elviAR)					
	revealed:						
		for ketoconazole 2% cream					
		daily at 8:00am and 8:00pm,					
	may self-administer.						
		tation ketoconazole cream					
	was administered at 8						
	07/02/23, 07/04/23-07	7/10/23, 07/12/23-07/14/23,					
	07/16/23, 07/18/23-07	7/19/23, 07/21/23-07/27/23,					
	and 07/29/23-07/31/2	23.					
	-There was no docum	nentation ketoconazole					
	cream was administe	red at 8:00am on 07/17/23					
	or 07/20/23.						
		was documented as not					
		3/23 at 8:00am with the					
	reason documented a						
		was documented as not					
		am on 07/11/23, 07/15/23,					
		e reason documented as					
	resident refused.						
		tation ketoconazole cream					
	was administered at 8	•					
		7/12/23-07/14/023, and					
	07/16/23-07/31/23		1				

Division of Health Service Regulation

-Ketoconazole cream was documented as not

STATE FORM 6899 HRYD11 If continuation sheet 64 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		
		HAL011376	B. WING		09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
DIO: 11401		95 RICHM	OND HILL ROA	AD		
RICHMON	D HILL ASSISTED LIVIN	G # 1 ASHEVILI	LE, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	, -	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPL	ETE
D 358	Continued From page	e 64	D 358			
	administered at 8:00r	om on 07/10/23 with the				
	reason documented a					
		was documented as not				
		om on 07/11/23 and 07/15/23				
	•	mented as resident refused.				
	Review of Resident #	2's August 2023 eMAR				
	revealed:					
		or ketoconazole 2% cream				
		a day at 8:00am and 8:00pm,				
	may self-administer.					
		tation ketoconazole cream				
	was administered at 8	•				
	08/02/23, 08/04/23-08					
		8/23/23-08/25/23, 08/27/23,				
	08/28/23, and 08/30/2					
		was documented as not				
		am on 08/03/23, 08/09/23,				
		nd 08/29/23 with the reason				
	documented as reside					
		was documented as not am on 08/31/23 with the				
	reason documented a					
		nentation ketoconazole				
		red at 8:00am on 08/26/23.				
		tation ketoconazole cream				
	was administered at 8					
	08/01/23-08/02/23, 08	•				
		8/18/23-08/25/23, 08/27/23,				
	and 08/29/23.	.,				
		was documented as not				
	administered at 8:00p					
	08/30/23 with the reas					
	self-administered.					
	-Ketoconazole cream	was documented as not				
	administered at 8:00p	om on 08/17/23 with the				
	reason documented a	as out of the facility.				
	-Ketoconazole cream	was documented as not				
	administered at 8:00p	om on 08/03/23, 08/26/23,				
	08/28/23, and 08/31/2	23 with the reason				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 65 of 80

Division of Health Service Regulation

Division o	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
						_
			B. WING		R-	
		HAL011376	D. WING		09/1	5/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHM	OND HILL ROA	AD.		
RICHMON	D HILL ASSISTED LIVIN	G#1	E, NC 28806			
			<u>, </u>			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
D 050	- · · · -		D 050			
D 358	Continued From page	9 65	D 358			
	documented as reside	ent refused.				
	Review of Resident #	2's 09/01/23 through				
	09/13/23 eMAR revea	•				
	-There was an entry f	or ketoconazole 2% cream				
		a day at 8:00am and 8:00pm,				
	may self-administer.	•				
	-There was documen	tation ketoconazole cream				
	was administered at 8	3:00am on				
	09/02/23-09/04/23, 09	9/07/23-09/08/23, 09/11/23,				
	and 09/13/23.					
	-Ketoconazole cream	was documented as not				
	administered at 8:00a	am on 09/01/23, 09/05/23,				
	and 09/06/23 with the	reason documented as				
	resident refused.					
	-Ketoconazole cream	was documented as not				
	administered at 8:00a	am on 09/09/23 and				
	09/10/23 with the reas	son documented as				
	self-administered.					
	-Ketoconazole cream	was documented as not				
		am on 09/12/23 with the				
	reason documented a					
		tation ketoconazole cream				
	was administered at 8	•				
	09/03/23, 09/08/23, a					
		was documented as not				
	administered at 8:00p					
		son documented as resident				
	refused.					
		was documented as not				
	•	om on 09/04/23, 09/05/23,				
	· · · · · · · · · · · · · · · · · · ·	nd 09/10/23 with the reason				
	documented as self-a				ĺ	
		nentation ketoconazole			ĺ	
	cream was administe	red at 8:00pm on 09/06/23.			ĺ	
	Observation (D. 11)					
	-	ent #2's medications on				
	nand on 09/14/23 at 9	9:34am revealed there was	1		ľ	

Division of Health Service Regulation

administration.

no ketoconazole 2% cream available for

STATE FORM 6899 HRYD11 If continuation sheet 66 of 80

Division of Health Service Regulation

	of Health Service Regu					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R-C	
		HAL011376	B. WING		09/15/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G # 1 95 RICHI	MOND HILL ROA	D		
		ASHEVIL	LE, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	()	
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		
TAG	REGOLATORT ORT	EGO IDENTIL PING IN ORWATION)	TAG	DEFICIENCY)	WATE	
D 358	Continued From page	e 66	D 358			
	Interview with a MA o	on 09/14/23 at 9:17am				
	revealed:					
	-Resident #2's ketoco	onazole 2% cream was last				
	requested to be dispe	ensed by the pharmacy on				
	06/23/23.					
	-Resident #2's ketoco	onazole 2% cream was				
	scheduled to be admi	inistered twice daily.				
	-The MAs were respon	onsible to ask Resident #2 if				
	she used the ketocon	nazole cream and document				
	the self-administration					
		cumented Resident #2's				
	ketoconazole cream					
		when she documented the				
		ications as administered.				
	-She did not know if F					
		available to self-administer				
		last used the ketoconazole				
	cream.					
	Tolonhono intonvious	with a pharmacist from the				
		harmacy on 09/14/23 at				
	10:52am revealed:	namacy 511 55/ 14/25 at				
		onazole cream was last				
	dispensed on 06/23/2					
		eam was scheduled to be				
		aily and the quantity of days				
		would depend on how much				
	of the cream was adn	ninistered to the affected				
	areas.					
		eam was not on a cycle fill				
	·	ed as a refill by the facility.				
	_	equested a refill for Resident				
	#2's ketoconazole cre					
	dispensed on 06/23/2	23.				
	Talankana 1 ()	with Desident #0'				
		with Resident #2's primary				
	care provider (PCP) o	on 09/14/23 at 3:15pm				

Division of Health Service Regulation

-He ordered ketoconazole 2% cream for Resident

STATE FORM 6899 HRYD11 If continuation sheet 67 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		JONN ELTED
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
ысниси	ID HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	ND.	
KICHWION	ID HILL ASSISTED LIVIN	ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 67	D 358		
	#2 to treat a fungal in -The facility did not no was unable to self-ad cream due to the med-Resident #2 could ex fungal infection causi due to not being adm cream. Interview with the Add 3:40pm revealed: -The MAs were responsed ication refills for responsed in the self-additional was unavailable. The MAs were responsed in the self-additional was unavailable. The MAs were responsed in the self-additional was a medication was laster a medication was laster the former RCC kep audit logs and it was were since the RCC I. She expected the Marefills for medications	fection. otify him that Resident #2 Iminister the ketoconazole dication being unavailable. Experience an increased Ing red, itchy, or scaly rash inistered the ketoconazole ministrator on 09/15/23 at onsible for requesting residents. resident #2's ketoconazole le for administration. Insible for medication cart resk for medications on low Indication refills if the real already reordered. Illowed the MAs to see when requested to be refilled. The transport of the requestion cart unknown where the logs reft about a week ago. As to request medication In low supply so that the ailable to administer as			
		sister facility on 09/13/23 at			
	sister facility on 09/13 -She was currently we to help since the form Coordinator (RCC) le -The MAs were response.	ft about a week ago.			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 68 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL011376	B. WING		R-C 09/15/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
DICHMON	DILLI ACCIOTED LIVIN	95 RICHMO	OND HILL ROA	D	
RICHMOND HILL ASSISTED LIVING # 1 ASHEVIL			E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
D 358	Continued From page	e 68	D 358		
	medication was in low -The MAs were responsed audits weekly on Weekly on Weekly on Weekly on Weekly on the last callThe former RCC kep				
	The facility failed to administer medications as ordered resulting in Resident #4 being hospitalized 5 days for possible morphine overdose and Resident #1 experiencing very low and high blood sugars and requiring hospitalization. This failure resulted in serious physical harm and constitutes a Type A1 violation.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 09/13/23 for			
	CORRECTION DATE VIOLATION SHALL N 15, 2023.	FOR THE TYPE A1 NOT EXCEED OCTOBER			
D 392	10A NCAC 13F .1008	3 (a) Controlled Substances	D 392		
	(a) An adult care hor controlled substances receipt, administration controlled substances maintained with the reand in such an order reconciliation of controlled.	n, and disposition of s. These records shall be esident's record in the facility that there can be accurate olled substances.			
		ns, interviews, and record iled to ensure there was an			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 69 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING		
HAL011376		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL ASSISTED LIVIN	G#1	OND HILL ROA	AD.	
	T		E, NC 28806		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 392	Continued From page	e 69	D 392		
	medications for 2 of 2	isposition of controlled 2 sampled residents (#2 and tions to treat pain (#2 and			
	The findings are:				
	05/29/23 revealed: -There were diagnose pulmonary disease (Coreflux disease, diabet hypertensionThere was an order of controlled medication 20mg/1ml take 0.25m for painThere was an order of 0.25ml every 4 hours Review Resident #4's Medication Administrative revealed: -There was an entry of 0.25ml every 4 hours pain/breathlessness residents.	for morphine (a schedule II used to treat pain) all every 6 hours as needed for morphine 20mg/1ml take as needed for pain. S July 2023 electronic ation Record (eMAR) for morphine 20mg/1ml take as needed for related to end stage COPD. occumented as administered			
	Review of Resident # 08/01/23 to 08/19/23 -There was an entry f 0.25ml every 2 hours pain/breathlessness r -There was an entry f 0.25ml every 4 hours pain/breathlessness r -The morphine every	4's August 2023 eMAR from revealed: for morphine 20mg/1ml take			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 70 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
	HAL011376		B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		95 RICHM	OND HILL ROA	.D	
RICHMOND HILL ASSISTED LIVING # 1 ASHEVILL		E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 392	Continued From page	e 70	D 392		
	administered 13 times	4 hours was documented as s from 08/01/23 to 08/09/23.			
	pharmacy representa revealed:	vith facility's contracted tive on 09/14/23 at 2:35pm			
	04/17/23.	ine was first dispensed on			
	-There were 12 syring on 04/17/23.	ges of morphine dispensed			
	-There were 30 syring on 04/24/23.	ges of morphine dispensed			
	-There were 30 syring on 05/09/23.	ges of morphine dispensed			
		ges of morphine dispensed			
		ges of morphine dispensed			
		ges of morphine dispensed			
		4's morphine Controlled neets (CSCS) revealed:			
		gh 04/24/23, 12 doses were es were documented as			
	-From 04/24/23 throu	gh 05/09/23, 30 doses were es were documented as			
	administered.	gh 07/06/23, 30 doses were			
	received, and 30 dose	es were documented as			
		gh 08/03/23 2:00am, 30			
	doses were received, documented as admir	nistered.			
	 There was no CSCS from the pharmacy or 	for the 30 doses received n 08/03/23.			
	-There was no CSCS from the pharmacy or	for the 60 doses received n 08/09/23.			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 71 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,			A. BUILDING: _		
		HAL011376	B. WING		R-C 09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DICHMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	ND.	
KICHWOK	D THEE ASSISTED EIVIN	ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 392	Continued From page	e 71	D 392		
D 392	Review of Resident # -There were 30 doses syringes dispensed or as administered from 08/15/23 6:14amThere were 12 doses syringes dispensed or as administered from 08/19/23 1:51amThere was no docum syringes of 60 syringes 08/09/23. Review of Resident # Controlled Substance revealed: -The CSCS was date syringes remainingThere was no pharm Observation of Resident on the medication can revealed: -There was 33 syring	4's record revealed: s of the 30 morphine n 08/03/23 and documented 08/04/23 1:51pm through	D 392		
	remaining.	een 48 syringes of morphine			
	syringes of morphine	nentation for the missing 15			
	Refer to the interview Administrator from a : 4:11pm.	with the Assistant sister facility on 09/14/23 at			
	Refer to the interview 09/15/23 at 11:35am.	with the Administrator on			
		t #2's current FL2 dated agnoses chronic pain and			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 72 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
			A. BOILDING		R-C
		HAL011376	B. WING		09/15/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
DICHMON	ID HILL ASSISTED LIVIN	95 RICHN	OND HILL ROA	D	
RICHINON	ID HILL ASSISTED LIVIN	G # 1 ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 392	Continued From page	e 72	D 392		
	peripheral neuropathy	/ .			
	07/10/23 revealed an medication used to tre	2's physician's orders dated order for hydrocodone (a eat pain) 10mg/325mg take day as needed for pain.			
	Review of Resident #2's July 2023 electronic medication administration record (eMAR) revealed:				
	needed for pain.	ablet three times daily as			
		tation hydrocodone was nces out of 93 opportunities.			
	Review of Resident # revealed:	2's August 2023 eMAR			
	-There was an entry f 10mg/325mg take 1 t needed for pain.	or hydrocodone ablet three times daily as			
		tation hydrocodone was nces out of 93 opportunities.			
	Review of Resident # 09/13/23 eMAR revea	aled:			
	-There was an entry f 10mg/325mg take 1 t needed for pain.	or hydrocodone ablet three times daily as			
		tation hydrocodone was nces out of 39 opportunities.			
	hand on 09/14/23 at 9 bubble pack of hydro	3 in the quantity of 30			
		2's inventory history for 25mg tablets revealed:			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 73 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	AND I EAVOI CONTECTION		A. BUILDING: _		COMPLETED	
	HAL011376 B. WING			R-C 09/15/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	95 RICHM	OND HILL ROA	ND.		
	D THEE AGGIOTED EIVIN	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE COMPLETE	
D 392	Continued From page	e 73	D 392			
	-The inventory history label for Resident #2's tabletsThere was handwritts space where the laber Resident #2's name, medication and dosag administer the hydrood dispense date or qualithe first line of the in 08/30/23 at 8:30am with remaining. Interview with a medicular og/14/23 at 9:40am respectively soriginal inventory hydrocodoneThe notebook containsheets for all the residuent missing recently and the residuent missing recently. The Assistant Administrator hand with sheets. Refer to the interview Administrator from a second form as 4:11pm.	en documentation in the el would be placed with prescription number, ge, instructions on how to codone, and there was no ntity of tablets documented. Eventory sheet was dated with a balance of 20 tablets cation aide (MA) on evealed: and happened to Resident whistory sheet for ning all the inventory history dent's-controlled substances where the controlled substances on out find it so the Assistant rote new inventory history with the Assistant exister facility on 09/14/23 at				
	sister facility on 09/14 -She worked at the fa	sistant Administrator from a 1/23 at 4:11pm revealed: icility on 08/30/23 when the tebook with the inventory				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 74 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		152	A. BUILDING: _				
					R-C		
		HAL011376	B. WING		09/15/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE			
RICHMOND HILL ASSISTED LIVING # 1							
KICHWON	ID HILL ASSISTED LIVIN	ASHEVILL	E, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE		
D 392	Continued From page	e 74	D 392				
	history sheets was m	_					
		ce notebook went missing on					
	08/29/23.						
		trator reviewed the camera					
	•	book went missing when the					
	video footage went bl						
		Care Coordinator (RCC)					
		duty on 08/29/23 to create					
		sheets for all the residents					
	with controlled substa						
	-The former RCC did	•					
		to inventory the cart to see					
	_	d substances were missing.					
	-The MA on duty on 0	08/29/23 hand wrote the					
	inventory history shee	ets for the controlled					
	substances and docu	mented the balance on the					
	sheets by counting th bubble pack.	e tablets remaining in each					
	•	cility's contracted pharmacy					
		ispensed of the controlled					
		ents but did not compare the					
		th what was administered or					
	the remaining balance						
		here were any controlled					
		from the medication cart.					
	The dications missing i	nom the medication cart.					
	Interview with the Adr	ministrator on 09/15/23 at					
	11:35am revealed:						
	-She reviewed the vic	leo camera footage on					
		pm after the former RCC					
	reported the controlle	d medication inventory					
	history notebook was	missing.					
	-The timeframe on 08	3/29/23 at 12:46pm showed					
	the controlled medica	tion inventory history					
	notebook lying on top	of the medication cart.					
	-The next timeframe a	appeared at 12:51pm and					
	the controlled medica						
		ng on top of the medication					
	cart where it was prev						
-The Assistant Administrator worked on 08/30/23							

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 75 of 80

Division of Health Service Regulation

` '	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	HAL011376	B. WING		R-C 09/15/2023	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL ASSISTED LIVING # 1		ND HILL ROA E, NC 28806	D		
PREFIX (EACH DEFICIENCY MUST	INT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 392 Continued From page 75 and called the pharmacy at medication cart and reported controlled substances were. She did not contact the far pharmacy for an medication local law enforcement agern narcotics diversion because resident's-controlled substate for. The facility failed to maintate records to enable accurate Resident #4's controlled suresulted in the diversion of morphine 20mg. This failute the health, safety, and welft constitutes a Type B Violate. The facility provided a plantaccordance with G.S. 131E this violation. THE CORRECTION DATE VIOLATION SHALL NOT E 30, 2023. D 399 10A NCAC 13F .1008 (h) Control of the facility shall ensured diversions are reported to the enforcement agency and Hegistry as required by state suspected drug diversions pharmacy. There shall be contact and action taken.	ed to her that all the e accounted for. cility's contracted on cart inventory or a ncy for suspected se she thought all the ances were accounted ain controlled substance e reconciliation of ubstances which 15 syringes of are was detrimental to fare of Resident #4 and cion. of protection in 0-34 on 09/15/23 for E FOR THE TYPE B EXCEED OCTOBER Controlled Substance trolled Substance e that all known drug the pharmacy, local law dealth Care Personnel ate law, and that all are reported to the	D 392			

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 76 of 80

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
7.1.2.7.2.1.1.0			A. BUILDING: _					
		HAL011376	B. WING		R-C 09/15/2023			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
RICHMON	RICHMOND HILL ASSISTED LIVING # 1							
	OLUMBA DV OT		E, NC 28806	220/42506 2/ 44/05 0022505/0				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
D 399	Continued From page	e 76	D 399					
	This Rule is not met TYPE B VIOLATION Based on observation reviews, the facility fadrug diversion to the pharmacy, local law ecare personnel regists. The findings are: Interview with the Assister facility on 09/15. The narcotics log we on 08/29/23. The Administrator reprecording from 08/29/2. The camera showed the medication cart, the When the camera colog had disappeared. The Resident Care Copersonal care aides (and look for the narcotic and look for th	as evidenced by: as, interviews, and record illed to report suspected facility's contracted enforcement, and the health ry (HCPR). sistant Administrator from a 5/23 at 11:00am revealed: ent missing from the facility eviewed the camera (23 for the time in question. The narcotics log lying on the narcotics log lying on the health ry (HCC) had the PCAs) to search the facility entics log book on 08/30/23. The facility herself on the facility herself on the policy of the health of the narcotics log. Assistant Administrator from 15/23 at 11:00am revealed: In the facility's about suspected drug years on 08/30/23 and told						
		cotics log for the facility had						

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 77 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED		
		HAL011376	B. WING		R-C 09/15/2023		
					1 03/13/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RICHMON	ID HILL ASSISTED LIVIN	G#1	IOND HILL ROA LE, NC 28806	AD .			
	CHMMADV CT		<u> </u>	DDOVIDEDIS DI ANI OF CODDECTIO	N Over		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
D 399	Continued From page	e 77	D 399				
	-She went over some records on 08/30/23 of medications available -She and the pharma dispense records of emedication cartNo one from the pharma facility to try to reconding narcotic medications accurate. Review of the health of the records of the recor	of the narcotic dispense of some of the narcotic on the medication cart. cy did not go over all the every narcotic stored on the rmacy had been out to the cile the supply of available to ensure the counts were					
	(HCPR) initial allegation report dated 08/30/23 revealed: -The date the facility became aware of the incident was 08/29/23 at 8:00pm. -Allegation details included possible drug diversion and misappropriation of resident property.						
	11:35am revealed: -The Assistant Admin and called the pharms medication cart and re controlled substances -She did not contact to pharmacy for an med	eported to her that all the s were accounted for. he facility's contracted ication cart inventory all the resident's controlled					
	a sister facility on 09/ -The Administrator pla enforcement to report on 08/30/23The Sheriff's office w reopen on 08/31/23 a	t 8:00am. Administrator ever called					

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 78 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,			A. BUILDING: _			
	HAL011376 B. WING			R-09/1	C 5/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#1	OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 399	08/30/23 revealed: -The date the facility I incident was 08/29/23-Law enforcement ha incident as of 08/30/2 Interview with the Adr 3:50pm revealed: -She was not aware t morphine 20mg missi medication cartShe would call law e continue investigating. Interview with the Adr 11:40am revealed she contacting law enforcall the resident's contactounted for. c. Interview with the Adr a sister facility on 09/-The Administrator coreport to the Health Concerning the controtaken on 08/30/23She did not think the completed the investional revealed: -The allegation docurring included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation docurring included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident as on 18/30/23 revealed: -The allegation of resident included possible drumisappropriation of resident incl	inital allegation report dated became aware of the at 8:00pm. In on the been notified about the at 8:00pm. In one were 15 syringes of ing from the facility Inforcement, but would a first. In one of the substances were Assistant Administrator from 15/23 at 11:00am revealed: In one were 15 syringes of ing from the facility Inforcement, but would a first. In one of the incident of the incident of the incident. In of the incident of the incident of the report giversion and esident property.	D 399	DEFICIENCY)		
	-The incident date oc -The date the facility I					

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 79 of 80

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL011376		B. WING	B. WING		C 5/2023	
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMOND	HILL ASSISTED LIVING	G#1	OND HILL ROA E, NC 28806	AD.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 399	Continued From page 79		D 399			
i	ncident was 08/29/23	at 8:00pm.				
	Interview with the Adm 11:40am revealed: -She completed the in- hours. -She failed to get the completed and turned -She completed the H it to the HCPR today (The facility failed to no enforcement agency, Registry as required v This failure was detring and welfare of the res Type B violation. The facility provided a accordance with G.S. this violation.	ninistrator on 09/15/23 at nitial HCPR report within 24 HCPR 5-day report I into HCPR. ICPR 5-day report and sent (09/15/23). potify the pharmacy, law and Health Care Personnel with known drug diversion. Inental to the health, safety, idents and constitutes a a plan of protection in 131D-34 on 09/15/23 for				

Division of Health Service Regulation

STATE FORM 6899 HRYD11 If continuation sheet 80 of 80