Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.13 . 2.1.1			A. BUILDING:			
		HAL011373	B. WING		R 11/07/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G # 4	OND HILL ROA LE, NC 28806	AD.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) MPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section and the Buncombe County Department of Social Services conducted a follow up survey and complaint investigation on 11/07/23. The complaint investigation was initiated by the Buncombe County Department of Social Services on 10/12/23.					
D 358	10A NCAC 13F .1004 Administration	4(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.					
	This Rule is not met as evidenced by: FOLLOW UP TO TYPE A2 VIOLATION					
	Based on these findings, the previous Type A2 Violation was abated. Non-compliance continues.					
	Based on observations, interviews, and record reviews, the facility failed to administer medications as ordered for 1 of 3 sampled residents (#3) related to a medication to treat high cholesterol and a vitamin supplement.					
	The findings are:					
	Review of Resident #3's current FL2 dated 10/30/23 revealed diagnoses included chronic obstructive pulmonary disease (COPD) and					

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		HAL011373	B. WING		1	R 1/07/2023
	ROVIDER OR SUPPLIER ID HILL ASSISTED LIVIN	95 RICHI	DDRESS, CITY, STATE MOND HILL ROAD LE, NC 28806	ZIP CODE		
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D 358	Resident #3 dated 09 atorvastatin (medicatic cholesterol) 20mg at 19 Review of Resident # Administration Record revealed: -There was an entry food bedtime with an administered 10/05/2: 10/17/23 - 10/31/23 at 10/17/23 - 10/31/23 at 10/17/23 - 10/31/23 at 10/17/23 - 10/31/23 at 10/11/23, and 10/13/2 to "waiting on refill, art from pharmacy". Observation of Reside available for administ 10:30 am revealed: -There was one bubb 20 mg at bedtimeThere were 28 tablet and 14 tablets remain Telephone interview with facility's contracted pl 10:20 am revealed: -The pharmacy received order for atorvastatin Resident #3 on 09/25 ac 18 resident #3 on 09/25 delivered 28 tablets of at Resident #3 on 09/25 delivered 28 tablets of at 19 at	ian's progress note for 1/25/23 revealed an order for ion used to treat high bedtime. 3's electronic Medication d (eMAR) for October 2023 for atorvastatin 20mg at nistration time of 8:00pm. tation the atorvastatin was 3 - 10/09/23, 10/12/23, and tt 8:00pm. tation the atorvastatin was 10/23 - 10/04/23, 10/10 - 23 - 10/16/23 at 8:00pm due riving from pharmacy, not in ent #3's medications ration on 11/07/23 at 1le pack labeled atorvastatin as dispensed on 10/16/23 at 10/	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011373			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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		B. WING		11/07/2023					
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NAIVIE OF FI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD								
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	OUR MAR DV OT		1	DDOLUDEDIO DI ANI OE CODDECTION					
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D 358	Continued From page 2		D 358						
	to administer to Resident #3 at bedtime the month of October 2023. -The pharmacy did not receive any refill requests from the facility for atorvastatin for Resident #3. Telephone interview with the facility's contracted Nurse Practitioner (NP) on 11/07/23 at 2:13pm revealed Resident #3 was prescribed atorvastatin for high cholesterol and he expected it to be administered as ordered. Refer to the interview with the medication aide (MA) on 11/07/23 at 10:45am. Refer to the interview with the Resident Care Coordinator (RCC) on 11/07/23 at 11:00am. Refer to the interview with the Administrator on 11/07/23 at 11:10am. 2. Review of a physician's progress note for Resident #3 dated 09/25/23 revealed an order for vitamin D3 (supplement that treats vitamin D deficiency) 1000IU daily.								
	Administration Record revealed: -There was an entry f with an administration								
	was administered on 10/07/23, 10/10/23 - 10/31/23 at 8:00amThere was documen was not administered	10/15/23, 10/18/23 - tation the vitamin D3 1000IU on 10/02/23 - 10/04/23, ind 10/16/23 - 10/17/23 at							
	pharmacy".								

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R		
HAL011373		B. WING		11/07/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL ASSISTED LIVIN	G#4	IOND HILL ROA	,D		
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D 358	Continued From page	2 3	D 358			
D 336	Observation of Resider available for administ 10:30am revealed: -There was one bubb 1000IU one tablet daitand 18 tablets remain Telephone interview of acility's contracted pl 10:20am revealed: -The pharmacy receivorder for vitamin D3 109/25/23The pharmacy disperson 10/16/23The facility would ha administer to Resider October 2023The pharmacy did not from the facility for vitality for	ent #3's medications ration on 11/07/23 at le pack labeled vitamin D3 ly. s dispensed on 10/16/23 and in the bubble pack. with a pharmacist at the narmacy on 11/07/23 at yed an electronic physician's 000IU for Resident #3 on ansed and delivered to the stamin D3 1000IU on sed and delivered 28 tablets we had enough vitamin D3 to at #3 daily the month of a pot receive any refill requests amin D3 1000IU for with the facility's contracted P) on 11/07/23 at 2:13pm was prescribed vitamin D3 ncy and he expected it to be red. with the medication aide				
	Coordinator (RCC) or	with the Resident Care 11/07/23 at 11:00am.				
Refer to the interview with the Administrator on 11/07/23 at 11:10am.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	HAL011373		B. WING		R 11/07/2023		
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D 358	Continued From page	e 4	D 358				
D 358	revealed: -She was responsible requests when a resideShe thought another atorvastatin and vitan medication cart auditShe telephoned the possible of the medications but could the medications but could the medications but could the medication but could the medication cart audits were available for additional to the medication cart audits were available for additional the medication were not expected staff to medication is comple via the eMAR when the the MAS were responsed to the medication cart audits daily to ensure all medication. Interview with the Additional telephories with the Additional telephories with the Additional telephories with the RCC, whavailableShe could not recall	e for requesting refill dent was out of medications. It staff may have removed the nin D3 when conducting a pharmacy to request refills at could not recall when. The the Resident Care bout the missing d not recall when. The onsible for conducting to to ensure medications ministration. The one of the pharmacy and notify the one of	D 358				
	about Resident #3's atorvastatin and vitamin D3. -The MAs were responsible for conducting medication cart audits and that process had been initiated 2 -4 weeks ago.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED			
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		HAL011373	B. WING		11	/07/2023			
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS CITY STA	TE ZIP CODE	·				
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD								
RICHMON	RICHMOND HILL ASSISTED LIVING # 4 ASHEVILLE, NC 28806								
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