PRINTED: 11/14/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING HAL011373 11/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD **RICHMOND HILL ASSISTED LIVING #4** ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) D 000 Initial Comments D 000 12/7/2023 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 All medication aides will be in County Department of Social Services on serviced on ordering 10/12/23. medications: when, who to contact. D 358 10A NCAC 13F .1004(a) Medication D 358 Administration All MAs will also complete weekly cart audits to ensure 10A NCAC 13F .1004 Medication Administration that all ordered medications are (a) An adult care home shall assure that the on hand according to current preparation and administration of medications, medication orders. prescription and non-prescription, and treatments by staff are in accordance with: RCC will also pull medication (1) orders by a licensed prescribing practitioner exception report daily and follow which are maintained in the resident's record; and up on any medications that (2) rules in this Section and the facility's policies and procedures. were/are not given. This Rule is not met as evidenced by: ED will pull medication FOLLOW UP TO TYPE A2 VIOLATION exception report weekly to do a second check on medications Based on these findings, the previous Type A2 that have not been given and to Violation was abated. Non-compliance follow up on anything that may continues. need followed up on. 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 Division of Health Service Regulation

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

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X3) DATE	(X3) DATE SURVEY		
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	hunortonoion						
	hypertension.						
	1. Review of a physician's progress note for Resident #3 dated 09/25/23 revealed an order for atorvastatin (medication used to treat high cholesterol) 20mg at bedtime.						
Review of Resident #3's electronic Medication Administration Record (eMAR) for October 2023 revealed:							
	-There was an entry f bedtime with an admi	or atorvastatin 20mg at inistration time of 8:00pm.					
		tation the atorvastatin was 3 - 10/09/23, 10/12/23, and it 8:00pm					
	-There was documentation the atorvastatin was not administered 10/01/23 - 10/04/23, 10/10 -						
		23 - 10/16/23 at 8:00pm due rriving from pharmacy, not in					
	Observation of Residavailable for administ 10:30am revealed:						
	20mg at bedtlme.	le pack labeled atorvastatin					
		ts dispensed on 10/16/23 ned in the bubble pack.					
		with a pharmacist at the harmacy on 11/07/23 at					
		_					
	facility 24 tablets of a Resident #3 on 09/25	i/23, and dispensed and					
	delivered 28 tablets of -The facility would ha	n 10/16/23. ve had enough atorvastatin					

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MALOHISTS B. WING REPROVIDER AS STREET ADDRESS, CITY, STATE, ZIP CODE STRICHMOND HILL ASSISTED LIVING # 4  STREET ADDRESS, CITY, STATE, ZIP CODE STRICHMOND HILL ROAD ASHEVILLE, NC 28006  PROVIDERS PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION)  D 358  Continued From page 2  to administer for Resident #3 at bedtime the month of October 2023The pharmacy did not receive any refill requests from the facility for administered as ordered.  Refer to the interview with the Resident #3.  Telephone interview with the medication side (MA) on 11/07/23 at 10.45sm.  Refer to the interview with the Administrator on 11/07/23 at 11:00am.  Refer to the interview with the Administrator on 11/07/23 at 11:00am.  Refer to the interview with the Administrator on 11/07/23 at 11:00am.  Review of a physician's progress note for Resident #3 selectronic Medication Administration Record (eMAR) for October 2023 revealedThere was an entry for vitamin D3 1000IU was administered on 10/07/23, 10/05/23 - 10/07/23, 10/17/23 at 3, 10/05/23 - 10/07/23, 10/17/23 at 8, 10/08/23 - 10/07/23, 10/0	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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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	
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	1000IU one tablet dai -There were 28 tablet and 18 tablets remain Telephone interview v facility's contracted ph 10:20am revealed: -The pharmacy receiv order for vitamin D3 1 09/25/23The pharmacy dispens facility 24 tablets of vi 09/25/23, and dispens on 10/16/23The facility would have administer to Residen October 2023The pharmacy did no from the facility for vita Resident #3.  Telephone interview va Nurse Practitioner (Ni revealed Resident #3 for a vitamin d deficient administered as order Refer to the Interview (MA) on 11/07/23 at 1  Refer to the interview Coordinator (RCC) on	ent #3's medications ration on 11/07/23 at le pack labeled vitamin D3 ly. s dispensed on 10/16/23 ed in the bubble pack.  With a pharmacist at the narmacy on 11/07/23 at led an electronic physician's 000IU for Resident #3 on lesed and delivered to the tamin D3 1000IU on sed and delivered 28 tablets led an	D 358				

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D 358	Interview with the MA revealed: -She was responsible requests when a resi-She thought another atorvastatin and vitar medication cart audit -She telephoned the of the medications bushes whe inform Coordinator (RCC) all medications but could -The MAs were responsedication cart audit were available for ad Interview with the RC revealed: -She did not know Reatorvastatin and vitar -She expected staff the medications were noted -Staff should telephonedication is compleviate eMAR when the The MAs were responsedication cart audit dally to ensure all meadministration.  Interview with the Ad 11:10am revealed: -Staff should telephoner, and the RCC, what is a should telephoner, and the RCC, what is a should telephoner, and the RCC, what is a should recall about Resident #3's -The MAs were responsed.	a for requesting refill dent was out of medications. It staff may have removed the min D3 when conducting a staff may have removed the min D3 when conducting a staff may have removed the min D3 when conducting a staff may have removed the min D3 when conducting a dot recall when. It staff may have removed the min D3 was out of min D3. It is a may be staff may be staf	D 358			

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Division of Health Service Regulation