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		
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALE. ASHEVIL	A DRIVE LE, NC 28805		
(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 000	O00 Initial Comments		D 000		
	conducted an annual investigation on 05/07 complaint investigatio	epartment of Social Services survey and complaint 7/24 - 05/09/24. The			
D 125	10A NCAC 13F .0403 Medication Staff	(a) Qualifications Of	D 125		
	10A NCAC 13F .0403 Qualifications Of Medication Staff (a) Adult care home staff who administer medications, hereafter referred to as medication aides, and their direct supervisors shall complete training, clinical skills validation, and pass the written examination as set forth in G.S. 131D-4.5B. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. Readopted Eff. July 1, 2021.				
	This Rule is not met a TYPE A2 VIOLATION	-			
	facility failed to ensure aides (Staff A, B and of medications, complete medication clinical ski completed the state a or 15-hour medication	ed the state approved ills validation checklist and pproved 5-hour and 10-hour n training as required (Staff ho did not complete her			
	The infantys are.				

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED
		HAL011377	B. WING		0.5	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALE	A DRIVE .LE, NC 28805			
(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 DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 125	-She was hired 03/27 (MA)There was no docum the 15-hour medication. There was no docum the medication clinical Interview with a resider revealed Staff A admissometimes. Interview with Staff A revealed: -She worked 05/06/24 administered morning on 05/07/24She had not complet. She had been adminifacility until she found (05/08/24), she could medications. Review of a resident's Medication Administrative revealed: -Staff A's initials were administering medicallity and working administering medicallity. Refer to the interview Coordinator on 05/09/07/24. Refer to the interview at 1:23pm.	personnel record revealed: /24 as a medication aide nentation Staff A completed on aide training. nentation Staff A completed all skills validation checklist. ent on 05/08/24 at 9:44am nistered her medications on 05/08/24 at 6:54am 4 on third shift and medications to Residents end her MA training. histering medications at this lout that morning no longer administer s May 2024 electronic ation Record (eMAR) not documented as tions on 05/07/24. tation a staff' member who inistered medications on with the Resident Care	D 125			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		HAL011377	B. WING		05.	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA ASHEVIL	A DRIVE .LE, NC 28805			
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 125	medication clinical sk 02/13/24, when she was previously. Refer to the interview at 11:05am. Refer to the interview at 1:23pm. 3. Review of Staff C's -Staff C was hired on aide (MA). -There was no document the 15-hour medication clinical -There was no document the medication aide to the medication aide to the medication aide to the medication Administrative at 1:05am. Refer to the interview at 11:05am. Refer to Tag 0358 10 Medication Administrative was 10 medication Administrative was 11:23pm.	tation Staff B completed the ills validation checklist in worked at the facility with the RCC on 05/09/24 with Owner #1 on 05/09/24 s personnel record revealed: 01/31/24 as a medication mentation Staff C completed on training. mentation Staff C completed al skills validation checklist. mentation Staff C completed est. S February 2024, March May 2024 electronic ation Record (eMAR) occumentation Staff C	D 125			
		e for completing part of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74151 2741	or dorate of the transfer of t	ISERTII IOMITOR NOMBER.	A. BUILDING: _		0011111	-125
		HAL011377	B. WING		05/0	9/2024
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0(1) 15	SLIMMADV ST		Ī	PROVIDER'S PLAN OF CORRECTION		0(5)
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D 125	Continued From page	e 3	D 125			
	training for all newly hired MAs and ensuring MA testing was scheduledShe did not know anything about the requirements for validation.					
	Interview with Owner revealed:	#1 on 05/09/24 at 1:23pm				
	 -He was doing the training for the MAs. -MAs were not authorized to pass medications until he completed their training. 					
	-He did not know how or why MAs were put on the schedule if their training was not completed.					
	The facility failed to ensure 3 of 3 staff completed the necessary medication aide training and clinical skills validation and medication aide testing before they started administering medications. This failure was a substantial risk to the health, safety, and welfare of the residents and constitutes a Type A2 Violation.					
	The facility provided a	a plan of protection in . 131D-34 on 05/09/24.				
		E FOR THIS TYPE A2 NOT EXCEED JUNE 8,				
D 129	10A NCAC 13f .0404 Director	(2) Qualifications Of Activity	D 129			
	1					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
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			LE, NC 28805		
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D 129	Continued From page	e 4	D 129		
	directors offered by comparable activity of Department based or content. An activity dithe required basic act of the following applies (a) be a licensed recreligible for certification specialist as defined Recreational Therapy accordance with G.S. (b) have two years of programming for an approgram within the lawhich was full-time in patients or residents in care setting; (c) be a licensed occupational accordance with G.S.	ommunity colleges or a ourse as determined by the instructional hours and frector shall be exempt from tivity course if one or more es: eational therapist or be in as a therapeutic recreation by the North Carolina v Licensure Act in .90C; experience working in adult recreation or activities is five years, one year of an activities program for in a health care or long term upational therapist or I therapy assistant in .90, Article 18D; or Activity Director by the			
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to have an Activity Director (AD).				
	The findings are:				
	posted in the hallway revealed: -There were various a calendar with no begi -Some activities listed				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	A. BUILDING:		LLTLD
		HAL011377	B. WING	·····	05.	09/2024
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D 129	Continued From pag	e 5	D 129			
	with no start or end to there would be no en -Some days just had	the calendar many times mes, or if it had a start time, d time. one activity listed for the				
	Celebration, Trivia, a	Poker, Bingo, Birthday nd Ice Cream Social.				
	Interview with the Resident Care Coordinator (RCC) on 05/08/24 at 9:53am revealed: -The person filling in for AD had not completed her certification for AD. -Other staff filled in to do activities sometimes when the other person was not at the facility. -The person who filled in as AD did more evening activities when she was there. -Some days they did not have any activities. Interview with Owner #4 on 05/07/24 at 3:37pm revealed: -They did not have an AD. -They had someone filling in to do activities. -They are working on finding someone certified to do activities, but currently they do not have an AD.					
	revealed: -They currently do not he was aware of not the residentsHe was aware the cand end times for all he was aware the faweek of activities offer. Interview with a residence of the facility of director; just a volunt	t having enough activities for alendar did not have start activities. activities a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIEAN	or dortheorion	IDENTIFICATION NOMBER.	A. BUILDING: _		OOWII EETEB
		HAL011377	B. WING		05/09/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
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			.E, NC 28805		
(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 129	Continued From page	e 6	D 129		
	evening.				
D 137	10A NCAC 13F .0407 Qualifications	7(a)(5) Other Staff	D 137		
	10A NCAC 13F .0407 Other Staff Qualifications (a) Each staff person at an adult care home shall:				
	(5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;				
	facility failed to ensure A and C) had no subs	as evidenced by: and record reviews, the e 2 of 3 sampled staff (Staff stantiated findings on the n Care Personnel Registry			
	The findings are:				
	1. Review of Staff A's, medication aide (MA), personnel record revealed: -There was a hire date of 03/22/24. -There was no documentation of a HCPR check upon hire.				
	Refer to interview with (RCC) on 05/09/24 at	h Resident Care Coordinator t 11:05am.			
	Refer to interview with 1:22pm.	h Owner #1 on 05/09/24 at			
	Refer to the interview at 1:30pm.	with Owner #4 on 05/09/24			
	Request for a HCPR 05/08/24 at 2:07pm w				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05	5/09/2024
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D 137	Continued From page	e 7	D 137			
	personnel record reversely personnel record recor					
	Attempted telephone unsuccessful on 05/0					
	Refer to interview with RCC on 05/09/24 at 11:05am.					
	Refer to interview wit 1:22pm.	h Owner #1 on 05/09/24 at				
	Refer to the interview at 1:30pm.	with Owner #4 on 05/09/24				
	Request for a HCPR 05/08/24 at 2:07pm w					
	Interview with the RCC on 05/09/24 at 11:05am revealed: -The RCC was responsible to make sure HCPR checks are completedShe did not think about completing HCPR checks on staff she knew personallyShe was aware that all staff were required to have HCPR checks completed.					
	revealed: -The RCC or any of the to complete HCPR change -Lack of training and be reasons why the hamble completed on all staff	lack of communication could ICPR checks were not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		HAL011377	B. WING		05/09/2024
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
WILHAM F	RIDGE	30 DALEA ASHEVILL	DRIVE E, NC 28805		
(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 137	Continued From page	÷ 8	D 137		
	revealed personnel re	ecords were not audited.			
D 139	10A NCAC 13F .0407 Qualifications	(a)(7) Other Staff	D 139		
	(a) Each staff person (7) have a criminal ba in accordance with G.	Other Staff Qualifications at an adult care home shall: ackground check completed S. 131D-40 and results person's personnel file;			
	facility failed to ensure	as evidenced by: ews and interviews, the e 3 of 3 staff (Staff A, B, and ground checks completed			
	The findings are:				
	-Staff A was hired on -Staff A was hired as	ersonnel record revealed: 03/22/24. a medication aide (MA). al background completed			
	Refer to interview with Coordinator (RCC) or	n the Resident Care n 05/09/24 at 11:05am.			
	Refer to interview with 1:22pm.	n Owner #1 on 05/09/24 at			
	Refer to the interview at 1:30pm.	with Owner #4 on 05/09/24			
	-Staff B was hired on -Staff B was hired as				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALE. ASHEVIL	A DRIVE .LE, NC 28805		
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D 139	Continued From page	9	D 139		
	upon hire.				
	Refer to interview with 11:05am.	n the RCC on 05/09/24 at			
	Refer to interview with 1:22pm.	n Owner #1 on 05/09/24 at			
	Refer to the interview at 1:30pm.	with Owner #4 on 05/09/24			
	3. Review of Staff C's personnel record revealed: -Staff C was hired on 01/31/24Staff C was hired as a MAThere was no criminal background completed upon hire.				
	Refer to interview with 11:05am.	n the RCC on 05/09/24 at			
	Refer to interview with 1:22pm.	n Owner #1 on 05/09/24 at			
	Refer to the interview at 1:30pm.	with Owner #4 on 05/09/24			
	revealed: -The Owners were recriminal background of -She did not have any	C on 05/09/24 at 11:05am sponsible for obtaining checks on employees. Athing to do with making und checks were completed			
	revealed: -The Owners were recriminal background of all employees.	#1 on 05/09/24 at 1:22pm sponsible to make sure checks were completed on			

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(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 139	background checks we employees. Interview with Owner revealed personnel revealed personn	on all staff. raining and lack of be the reason criminal vere not completed on all #4 on 05/09/24 at 1:30pm ecords were not audited. Training On Care Of Training On Care Of Chall assure that training on with diabetes is provided to to the administration of provided by a registered rmacist or prescribing lude at least the following: diabetes and care involved of diabetes; g and injection techniques cion; evention of hypoglycemia including signs and initoring; universal ions; inistration times; and	D 139			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011377	B. WING		0:	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
WILHAM I	RIDGE		EA DRIVE			
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D 164	Continued From pag	ne 11	D 164			
	This Rule is not met					
	facility failed to ensu	•				
	The findings are:					
	Review of Staff A's, medication aide (MA), personnel record revealed: -Staff A was hired on 03/27/24. -There was no documentation of training on diabetic care for residents. Interview with Staff A on 05/8/24 at 8:00am					
	another MAs sign in electronic medication (eMAR).	to residents.				
	Resident Care Coord					
	2024 revealed: -In March there were scale insulin (SSI) active SSI was given in -In April there were 1	e 120 opportunities for sliding dministration and 20 times correctly or not at all. 114 opportunities for SSI times the SSI was given				

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		HAL011377	B. WING		05/09/2024
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
WILHAM F	RIDGE	30 DALEA ASHEVILI	N DRIVE LE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / 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 164	Continued From page	12	D 164		
	incorrectly.				
	2024 revealed: -There was document was not administered documentation why it -There was document insulin (SSI) was not a documentation why it Refer to the interview Coordinator (RCC) or Refer to the interview at 1:23pm. 2. Review of Staff B's personnel record reve -Staff B was rehired or	was not administered. ration the sliding scale scale administered 5 times and no was not administered. with the Resident Care 1 05/09/24 at 11:05am. with Owner #1 on 05/09/24 , medication aide (MA), raled: 10 04/29/24. rentation of training on			
	Medication Administrative revealed: -There was document administered insulin of 03/06/24 at 7:30am at 11:30am and 4:30pm, 03/27/24 at 4:30pm. Interview with Staff B revealed: -She administered mediculating diabetic mediculating diabetic mediculations.	eation that Staff B on 03/01/24 at 11:30am, ond 11:30am, 03/12/24 at 03/17/24 at 4:30pm and on 05/07/24 at 2:25pm edications to the residents dications medication to administer			
	because she double of -She had diabetic train				

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIP CODE	1 03/03/2024
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WILHAM I	RIDGE		LE, NC 28805		
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D 164	Continued From page	e 13	D 164		
		with the Resident Care n 05/09/24 at 11:05am.			
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24			
	personnel record reversely personnel record record record reversely personnel record recor	/31/24. nentation of training on			
	Review of a resident's electronic Medication Administration Record (eMAR) for 03/23/24 at 8:00am revealed Staff C documented she administered an incorrect dose of sliding scale insulin (SSI) at 8:00am.				
	Attempted telephone 05/08/24 at 3:17pm v	interview with Staff C on vas unsuccessful.			
		with the Resident Care n 05/09/24 at 11:05am.			
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24			
	_	A NCAC 13F .1004(a) ation Type A2 Violation.			
	(RCC) on 05/09/24 at -She trained newly hit observe her during the days then on the four administer medication -She gave the MAs tredocument it.	red MAs by having the MAs e medication pass for three th day the MA was able to ns. aining on insulin but did not			
	 -She did not know when providing the required 	no was responsible for d diabetic training.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA ASHEVILL	DRIVE .E, NC 28805			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		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 14		D 164			
	revealed: -He was responsible hired MAs but had mi	#1 on 05/09/24 at 1:23pm for diabetic training on newly issed some of the trainings. uthorized to administer y had all the required				
	(A, B, and C) comple residents with diabete giving incorrect doses administering the inst resulted in substantia	ted training on the care of es, resulting in the MAs sof insulin and not ulin as ordered. This failure il risk to the health, safety, sidents and constitutes a				
	The facility provided a accordance with G.S. this violation.	a plan of protection in . 131D-34 on 05/09/24 for				
	CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 8, 2024.					
D 182	10A NCAC 13F .0602 Facilities with a Capa		D 182			
	10A NCAC 13F .0602 With A Capacity Or C Residents	2 Management Of Facilities ensus Of 31 To 80				
	facility, there shall be administrator-in-chard has the responsibility the facility and meets	strator is not on duty in the a person designated as ge on duty in the facility who for the overall operation of the qualifications for ge required in Rule .0602 of				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '			E SURVEY PLETED	
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
WILHAM	RIDGE	30 DALE				
0/0/15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	LE, NC 28805	PROVIDER'S PLAN OF CORI	PECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 182	Continued From page	e 15	D 182			
	reviews, the facility fa always one Administr	ns, interviews, and record iled to ensure there was ator or				
	times who was respo operations of the facil of medication aide sta administration includi correct administration primary care provider administered incorrect rights related to third facility during their sh	ity related to qualifications aff and medication ng diabetic care training and of insulin, not notifying s when medications were etly or not at all, and resident shift staff sleeping in the				
	The findings are:					
		census dated 05/07/24 33 residents residing in the				
	at 3:15pm revealed: -Since January 2024, facility from 8:00am -	she was on site at the 2:00pm daily during the day and Fridays because usiness.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM	RIDGE	30 DALEA				
	T		E, NC 28805			
(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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 182	Continued From page		D 182			
	the facility. -When she was at the out", help clean the ki bathrooms, and assis Coordinator (RCC) will she was not a "medi understand the proce administration. -She did not know whithey contacted the rest the RCC was responsible.	cal person" and did not sses related to medication here staff would document if sidents' PCPs but she knew				
	4:00pm revealed: -She was a Registere -She was at the facilit board meeting with th -She would ask anoth she had questionsShe did not know if the ensure the residents at the right medications.	by one time per week for a see other Owners. Here of the control o				
	9:17am and 11:50am -He was at the facility meetings with the oth -Initially, the facility w "investment opportun more of a day to day -He thought the facilit it was when it was pu	on weekly for board er Owners. as purchased as an ity", but now he knew it was				

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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: _	A. BUILDING:		
		HAL011377	B. WING		05/09/2	024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA	DRIVE			
		ASHEVIL	LE, NC 28805			
(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 APPROFICE DEFICIENCY)	D BE C	(X5) COMPLETE DATE
D 182	Continued From page	e 17	D 182			
	-He never met the Ad spoken to her on a co-He did not know how in the facility, but he othereAnother Owner (Own becoming a licensed and the community of the	ministrator but may have onference call. often the Administrator was did not expect her to be oner #1) was working on administrator. uch with the owner of a local lance on rules they were not				
	Interview with Facility Owner #1 on 05/09/24 at 1:23pm revealed: -He was a PharmacistHe was at the facility at least 3 days per week since the facility was purchased in July 2023When he was at the facility, he worked on staff certifications and facility renovationsAnother Owner was in the facility 4 days per weekThe RCC was responsible for the daily operations of the facilityHe was attempting to obtain his Administrator license and the current Administrator trained him.					
	05/09/24 at 12:20pm -She was currently th since the end of 2023 -She assisted one of his Administrator licer with the paperworkShe was made awar issues via a pharmac and it was "overwhelr -One of the Owners ir "working on the chart checklistShe had emailed the	e Administrator of the facility b. the Owners with obtaining nse but there was a delay e of numerous medication y audit that was conducted,				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA	DRIVE			
		ASHEVILL	E, NC 28805			
(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 COMPI	LETE
D 182	Continued From page	2 18	D 182			
	resident record togeth -She was in the facilit more often when she -She assumed the R0					
	and 05/09/24 at 11:05 -Owner #1 was at the to file, clean, interact would come to the fact telephoned for assista-Another Owner came week and helped with paperwork, and assist pharmacyShe had seen the Actimes since January 2	facility 3-4 times per week with residents and staff, and cility and assist her if she ance. e to the facility 2- 3 times per a resident haircuts, cleaning, ted with emails from the Iministrator at the facility two 2024. e qualifications to be the AIC				
	Non-compliance was in the following areas	identified at a violation level :				
	reviews, the facility far were administered as sampled residents (#: medications used to or glucose (#3, #5, and depression (#5), and pain and an elevated Tag 0358 10A NCAC Administration Type A	3, #5, and #6) related to control elevated blood #6), a medication that treats medications used to control heart rate (#3). [Refer to 13F .1004(a) Medication A2 Violation].				
	facility failed to ensur	and record reviews, the e notification to the primary or 4 of 6 sampled residents				

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
741512741	or contraction	IDEITH IO/HIOH HOMBER.	A. BUILDING:		OOM LETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA				
			E, NC 28805			
(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 182	Continued From page	e 19	D 182			
	(Residents #3, #4, #5 medications to treat e administered (#3, and medications to treat e sugar readings greate medication not admin given outside of paramedications that treat and blood sugar (#6). NCAC 13F .0902(b) h Violation]. Based on observation failed to ensure all respect related to thin	is, and #6) related to elevated blood sugar not di #5), inaccurate doses of elevated blood sugar, blood er than 400, a pain elistered, a heart medication enter (#3), and refusals of thigh ammonia levels (#4) [Refer to Tag 0273 10A elealth Care Type A2				
	facility failed to ensur- aides (Staff A, B, and the care of diabetic re administration of insu	A2 Violation]. and record reviews, the e 3 of 3 sampled medication C) completed training on esidents prior to the lin. [Refer to Tag 0164 10A ining on Care of Diabetic				
	facility failed to ensur- aides (Staff A, B and medications, complet medication clinical sk completed the state a or 15-hour medication A, B, C) and 1 staff w	ed the state approved ills validation checklist and approved 5-hour and 10-hour a training as required (Staff tho did not complete her (Staff C). [Refer to Tag 0125 B(a) Qualifications of				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA				
	I	ASHEVILI	E, NC 28805			
(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 182	Continued From page	e 20	D 182			
	Based on interviews a failed to ensure a lice participated in the rev residents (#3 and #5) Tag 0280 10A NCAC Health Professional S	and record review the facility ensed health professional view and evaluation for 2 of 5 at least quarterly. [Refer to 13F .0903(c) Licensed Support Type B Violation].				
	The facility failed to ensure there was an Administrator or Administrator-In-Charge in the facility at all times who was responsible for the daily operations of the facility which resulted in third shift staff sleeping during their shift, residents that were administered incorrect doses of medications, residents who were not administered doses of medications, primary care providers were not notified of medication errors and refusals of medications, and medication aide staff administering medications without the required training. This failure resulted in serious neglect and constitutes a Type A1 Violation.					
	, ,	a plan of protection in . 131-34 on 05/08/24 for this				
	CORRECTION DATE VIOLATION SHALL N	F FOR THE TYPE A1 NOT EXCEED JUNE 8, 2024				
D 273	10A NCAC 13F .0902	2(b) Health Care	D 273			
	· ,	2 Health Care assure referral and follow-up nd acute health care needs				
	This Rule is not met TYPE A2 VIOLATION					
	Based on interviews	and record reviews, the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
14/11 114 84 1	NDOE	30 DALEA	DRIVE			
WILHAM I	RIDGE	ASHEVILL	E, NC 28805			
(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
	care provider (PCP) f (Residents #3, #4, #5 medications to treat e administered (#3, and medications to treat e sugar readings greate medication not admin given outside of paral	elevated blood sugar not d #5), inaccurate doses of elevated blood sugar, blood er than 400, a pain istered, a heart medication meter (#3), and refusals of t high ammonia levels (#4)				
	Review of the facility's Procedure dated 06/2 -The resident's prima would be notified afte medicationsIn the event of medic would notify the PCP professional. 1. Review of Residen 12/29/23 revealed dia	ry care provider (PCP) r 3 missed/refused doses of cation errors, facility staff or appropriate health t #3's current FL2 dated agnoses included diabetes (a impairs the body's ability to				
	a. Review of physicia dated 12/21/23 revea blood sugar) 100units sliding scale insulin (\$ continuous glucose m 151-200 = 2 units, 20 units, 301-350 = 351-	n's orders for Resident #3 led Novolog insulin (reduces s/ml three times daily per				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM RIDGE 30 DALEA			A DRIVE LE, NC 28805			
	OUR MARK OT		<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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	e 22	D 273			
D 2/3	Review of Resident # Medication Administrate revealed: -There was documen 4:00pm of CGM result 12:00pm of 443 and revealedThere was documen opportunities of incorradministered and no notified. Review of Resident # revealed: -There was documen 4:00pm of CGM result 4:00pm of 562 and not PCP was notifiedThere was no documen SSI administered on documentation that the Telephone interview was care Provider (PCP) revealed: -Resident #3 was preblood glucoseHe was not notified of 400 or incorrect dose complications like vis changes, kidney dam Refer to the interview Coordinator (RCC) or Refer to the interview at 1:23pm.	tation on 03/02/24 at 14 450 and 03/17/24 at 15 450 and 03/124 at 15 410 and 04/04/24 at 15 450 and 04/04/24 at 12:00pm or 15 450 and 05/07/24 at 12:00pm or 15 650 and 05/07/24 at 4:20pm ascribed insulin for labile 15 65 851 which could cause 15 65 851 which could c	D 2/3			
	at 1:23pm.	n's orders for Resident #3				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM F	RIDGE	30 DALEA	DRIVE E, NC 28805		
040.45	CLIMMADV CT		T	DDOVIDED'S DI ANI OF CODDECTION	N 0.50
(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 273	Continued From page	23	D 273		
	(SSI), parameter contidevice (CGM) result 2 4 units, 301-350 = 6 u greater than 400 notif	•			
	Review of Resident #3's March 2024 electronic Medication Administration Record (eMAR) revealed there was no documentation of a CGM result or SSI on 03/01/24 - 03/07/24 at 7:00pm and no documentation the PCP was notified.				
	Review of Resident #3's April 2024 eMAR revealed there was documentation of a CGM result of 416 on 04/11/24 and no documentation the PCP was notified.				
	Telephone interview with Resident #3's Primary Care Provider (PCP) on 05/07/24 at 4:20pm revealed: -Resident #3 was prescribed insulin for labile blood glucoseHe was not notified of missed doses of insulin and not receiving her insulin put her at risk of vision changes,				
	death.	Iney damage, coma, or			
		with the Resident Care n 05/09/24 at 11:05am			
	Refer to the interview with Owner #1 on 05/09/24 at 1:23pm.				
	dated 12/21/23 revea	inophen (used to treat pain)			
	Review of Resident #	3's March 2024 electronic			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011377	B. WING		0:	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE		EA DRIVE LLE, NC 28805			
(VA) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	, 	PROVIDER'S PLAN OF (COPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	24	D 273			
	Medication Administrative revealed: -There was document hydrocodone-acetam administered 21 out of 2024 with no document notified.	tation the inophen was not if 93 opportunities in March				
	Review of Resident # revealed there was do hydrocodone-acetam administered 6 out of 2024 with no docume notified.	ocumentation the inophen was not 90 opportunities in April				
	05/07/24 revealed the hydrocodone-acetam administered 5 out of					
	05/07/24 at 4:20pm re -He was not notified F doses of hydrocodone -He was concerned b	Resident #3 had missed any e. ecause she had intractable I doses could cause her to				
	Refer to the interview at 11:05am	with the RCC on 05/09/24				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	dated 12/21/23 revea (reduces heart rate a	n's orders for Resident #3 led metoprolol tartrate nd blood pressure) 25mg g) twice daily. Hold for heart				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_			
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA				
		ASHEVILL	E, NC 28805			
(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 COMPLE	
D 273	Continued From page 25		D 273			
		blood pressure (SBP) less tolic blood pressure less				
	Medication Administrative revealed:					
	-There was documen opportunities of SBP metoprolol was admir	less than 100 and the				
	documentation the PO					
		tation on 03/03/24 at /76 and the metoprolol was				
	administeredThere was documen	tation on 03/00/24 at				
		/70 and the metoprolol was				
	-There was documen 8:00am of a BP of 95 administered.	tation on 03/16/24 at /72 and the metoprolol was				
	-There was documen 8:00am of a BP of 92 administered.	tation on 03/27/24 at /62 and the metoprolol was				
	Review of Resident #	3's April 2024 eMAR for				
	-There was documen opportunities of SBP	tation 10 out of 60 less than 100 in April 2024 as administered and no				
	documentation the PC					
	-There was documen 8:00am of a BP of 93 administered.	tation on 04/03/24 at /73 and the metoprolol was				
	-There was document 6:00pm of a BP of 77 administered.	tation on 04/12/24 at /56 and the metoprolol was				
	-There was documen	tation on 04/23/24 at /32 and the metoprolol was				

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-There was documentation on 04/28/24 at

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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 NOMBER.	A. BUILDING: _	A. BUILDING:		ILED
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA				
			E, NC 28805			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 273	Continued From page	26	D 273			
	8:00am of a BP of 73, administered.	/45 and the metoprolol was				
	05/07/24 revealed the of 13 opportunities of 05/01/24 - 05/07/24 a	3's eMAR for 05/01/24 - ere was documentation 4 out SBP less than 100 from nd the metoprolol was documentation the PCP was				
	05/07/24 at 4:20pm re	with Resident #3's PCP on evealed he was not notified administered metoprolol ss that 100.				
	Refer to the interview at 11:05am	with the RCC on 05/09/24				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
		t #5's current FL2 dated agnoses included diabetes.				
	Review of Resident # revealed an admissio					
	dated 02/15/24 revea	n's orders for Resident #5 led Lispro insulin (reduces) 100units/ml inject 8 units				
	Medication Administrative revealed: -There no documentate administered on 03/03/11:30am, 03/11/24 at 7:30am and 11:30am					

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALE				
		ASHEVIL	LE, NC 28805		T	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPL	LETE
D 273	Continued From page	27	D 273			
	PCP was notified.					
	05/07/24 revealed the the insulin was admin	5's eMAR for 05/01/24 - ere was no documentation istered on 05/07/24 at as no documentation the				
	-Resident #5 was pre history of poorly contr -He was not notified of and the resident was	/09/24 at 10:30am revealed: scribed insulin due to a long				
		with the Resident Care n 05/09/24 at 11:05am				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	dated 02/15/24 revea 100units/ml inject per meals and at bedtime monitoring device (C0 4 units, 300-350 = 6 units, greater than 50	sliding scale insulin before for continuous glucose GM) parameters 250-299 = units, greater than 350 = 8 0 notify PCP.				
	Medication Administra revealed there was no result or SSI on 03/02 12:00pm, 03/11/24 at 8:00am or 4:00pm an PCP was notified.	o documentation of a CGM 2/24 at 8:00am, 03/04/24 at 8:00pm, 03/29 /24 at d no documentation the				
	Review of Resident #	5's eMAR for 05/01/24 -				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA	DRIVE _E, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 273	Continued From page	2 8	D 273			
	05/07/24 revealed there was no documentation of a CGM result or SSI on 05/06/24 at 8:00pm, 05/07/24 at 4:00pm and no documentation the PCP was notified.					
	10:30am revealed: -Resident #5 was pre history of poorly contr -He was not notified of and the resident was	nt #5's PCP on 05/09/24 at scribed insulin due to a long rolled diabetes. of missed doses of insulin at risk of skin infections, organ damage, coma, or				
	Refer to the interview at 11:05am	with the RCC on 05/09/24				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	3. Review of Residen 03/11/24 revealed dia schizophrenia.	t #4's current FL2 dated ignoses included				
		4's physician's orders dated order for lactulose (used to ls) 10ml daily.				
	medication administrative revealed: -There was an entry findailyThere was document from 02/01/24 through	or lactulose 10ml, once				
	from 02/23/24 through	n 02/27/24. nentation lactulose was				

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-There was documentation Resident #4 was in

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALEA			
			.E, NC 28805		
(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 273	273 Continued From page 29		D 273		
		/24. nentation the Primary Care notified of the lactulose			
	Review of Resident # revealed:	4's March 2024 eMAR			
	daily.	or lactulose 10ml, once			
	the hospital from 03/0				
	-There was documen	tation lactulose was red six times: on 03/15/24,			
		3/21/24, 03/28/24 and			
	refusal or medication	month lactulose was dministered due to resident was on order from the			
	pharmacyThere was no documnotified of the lactulos	nentation the PCP was se refusals.			
	Review of Resident # revealed:	·			
	-There was an entry f daily. -There was documen	or lactulose 10ml, once			
	administered as orde 04/17/24, 04/19/24, 0 04/30/24.	red six times: on 04/06/24, 4/23/24, 04/29/24 and			
	refusal or medication	month lactulose was dministered due to resident was on order from the			
	pharmacyThere was no documnotified of the lactulos	nentation the PCP was se refusals.			
	Review of Resident # revealed: -There was an entry f	4's May 2024 eMAR for lactulose 10ml, once			

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			D MANAG			
		HAL011377	B. WING		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
WILHAM	RIDGE	30 DALE				
	I	ASHEVIL	LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 30	D 273			
D 213	dailyThere was documer administered due to medication was on o 05/01/24 through 05/05/07/24There was no docur notified of the lactulo Telephone interview facility's contracted p 1:56pm revealed: -A 300ml bottle (30 d dispensed and delive 01/02/24A refill request was 1 03/20/24 and anothe	ntation lactulose was not resident refusal or rder from the pharmacy on /03/24 and 05/05/24 through mentation the PCP was se refusals. with a pharmacist from the pharmacy on 05/07/24 at loses) of lactulose was				
	revealed: -He did not need the -He took lactulose 2 like he needed it. Interview with the Re (RCC) on 05/07/24 a -Resident #4 usually -She attempted to ge because he rarely to -She asked the PCP but he told her that h as Resident #4 would -She had a conversa one day, so it was no she had asked him a -The facility was never	esident Care Coordinator at 2:07pm revealed: refused his lactulose. et the lactulose discontinued ok it. if it could be discontinued e wanted to keep it ordered doccasionally take it. tition with the PCP in the hall of documented anywhere that about it. er waiting on the medication				
		nd if it was documented that the medication aides (MAs)				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011377	B. WING		0:	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
WILHAM I	RIDGE		EA DRIVE ILLE, NC 28805			
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Continued From page	e 31	D 273			
	documented it incorre	ectly.				
	05/07/24 at 4:10pm r -He was not told by s refusing to take his la -He did not remember RCC informing him to lactulose frequently a discontinuedHe expected to be no being refusedResident #4 was ord increased ammonia l -Increased ammonia and/or neurological de-	staff that Resident #4 was actulose. er a conversation with the hat Resident #4 refused his and she wanted it notified if a medication was dered lactulose due to levels. levels may cause mental deficits.				
	revealed: -The RCC was respondifying the PCP of -The RCC was respondent	r #1 on 05/09/24 at 1:23 onsible for monitoring and medication refusals. onsible for monitoring the for medication refusals.				
	12/29/23 revealed dia	nt #6's current FL2 dated agnoses included diabetes (a t impairs the body's ability to se).				
	01/12/24 revealed the scale (SSI) insulin as sugar levels) inject so fingerstick blood sug- 150 = 0 units, 150-20 units, 251-300 = 3 ur	#6's physician's orders dated ere was an order for sliding spart (used to control blood ubcutaneous before meals: ar (FSBS) checks less than 00 = 1 unit, 201-250 = 2 nits, 301-350 = 5 units, 50 or greater = call provider.				

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	of Health Service Regu				1
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			1		
		HAL011377	B. WING		05/09/2024
NAME OF D	ROVIDER OR SUPPLIER	QTDEET A	DDRESS, CITY, STA	TE ZIP CODE	
INAIVIE OF PI	NOVIDEN ON SUFFLIER			12,211 0002	
WILHAM F	RIDGE		A DRIVE LLE, NC 28805		
			LE, NC 20005		
(X4) ID		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(/
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
D 273	Continued From page	a 32	D 273		
22.0	Continued From page	0.02	52,0		
		#6's May 2024 electronic			
	revealed:	ation Record (eMAR)			
	-There was an entry	for SSI Aspart inject			
	•	meals: less than 150 = 0			
	units, 150-200 = 1 un				
		11-350 = 5 units, 351-400 = 7			
	units, 450 or greater				
	_	station Resident #6 refused			
	his insulin on 05/1/24	, 05/02/24,			
	05/04/24-05/07/24.	,			
	-There was no docun	nentation the PCP was			
	notified.				
	10:33am revealed:	ent #6's PCP on 05/9/24 at			
		ility had ever reported to him			
		ularly refused his insulin.			
		every two weeks and			
		he occasionally refused his			
	insulin.				
	Interview with the RC	CC on 05/09/24 at 11:05am			
	revealed:				
		for informing the PCP when			
	a resident refused me				
		vith a telehealth visit but she			
		e that report and she did not			
	print out the report at				
	-She reviewed the el	ing administered but she			
	mostly focused on ne	•			
	mostry locused on the	modications.			
	Telephone interview	with the Administrator on			
	-	revealed she only became			
	•	here were many medication			
		ecause there was a recent			
	pharmacy audit.				

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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	
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
WILHAM	PINGE	30 DALE	A DRIVE			
WILHAM	RIDGE	ASHEVII	LLE, NC 28805			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 273	Refer to the interview at 1:23pm. Interview with the RC revealed: -She was responsible residents were admin doses or medications -She documented the in the "telehealth" rechow to access the his notifications. Interview with Owner revealed: -The RCC was responedication administrated in the did not know why PCP about missed modoses. The facility failed to not provider (PCP) for instance and inamissed doses of a paramedication for heart risk of complications damage, coma, or denarcotic withdrawal, responsible to the complex of the complex o	c on 05/09/24 at 11:05am for notifying the PCP when distered incorrect medication were not administered. In notifications electronically ord but she did not know story to retrieve the #1 on 05/09/24 at 1:23pm Insible for monitoring ation and notifying the PCP. In the RCC did not notify the edications and incorrect ootify the primary care sulin doses that were not occurate doses of insulin,	D 273			
	coma, or death, refus ammonia levels for R insulin which put Res damage, coma, or de	als of a medication to lower esident #4, and refusals of ident #6 at risk of kidney ath. This failure resulted in health, safety, and welfare				
	The facility provided a accordance with G.S.	a plan of protection in 131-34 on 05/08/24				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA				
			E, NC 28805		T	
(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 273	Continued From page 34		D 273			
	CORRECTION DATE VIOLATION SHALL N	FOR THE TYPE A2 IOT EXCEED JUNE 8, 2024				
D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276			
	following in the reside (3) written procedures a physician or other li and (4) implementation of orders specified in Su Rule. This Rule is not met Based on interviews a facility failed to ensure implemented for 1 of	ssure documentation of the ent's record: s, treatments or orders from censed health professional; procedures, treatments or abparagraph (c)(3) of this as evidenced by: and record reviews, the e physician orders were				
		5's current FL2 dated agnoses included diabetes ve pulmonary disease.				
	Review of Resident # revealed an admissio	5's Resident Register n date of 07/26/23.				
	edema and congestiv -Resident #3 appeare high risk for exacerba chronic disease burde	/25/24 revealed: additional diagnosis of ee heart failure (CHF). ed stable though she was a tion of CHF due to high				

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RINGE	30 DALE	A DRIVE		
VILIANI	NIDGE	ASHEVIL	LE, NC 28805		
(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 COMPLETE
D 276	Continued From page	e 35	D 276		
	-There was an order then weekly. Review of Resident # Administration Recommarch, and April 2024 revealed there was not weekly weights and not linterview with the Residence (RCC) on 05/09/24 at -Physician's progress faxed to the pharmacy would onto the eMAR electrically was her responsible with orders to the pharmacy. She missed faxing Residence in the pharmacy weights to pharmacy.	re documented by the facility. for daily weights x 7 days 5's electronic Medication d (eMAR) for February, 4 and 05/01/24 - 05/07/24 ot an entry for daily or to documentation of weights. sident Care Coordinator a 11:05am revealed: a notes with orders were y. d enter the order for weights onically. lity to fax the progress notes armacy. lesident #5's order for			
	-Resident #5 had a di -Weights were ordere to assess for worseni	n/09/24 at 10:30am revealed: lagnosis of CHF. and for fluid accumulation and			
	revealed staff did not Interview with Owner revealed the RCC wa	nt #5 on 05/09/24 at 9:25am weigh her. #1 on 05/09/24 at 1:23pm s responsible for monitoring g orders to the pharmacy.			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILANO	TOTALESTION	IDENTIFICATION NOWIDER.	A. BUILDING:		OOM ELTED	
		HAL011377	B. WING		05/09/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM R	RIDGE	30 DALEA				
			E, NC 28805		T	
(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 APPROPER DEFICIENCY)	BE COMPI	LETE
D 280	Continued From page	÷ 36	D 280			
D 280	10A NCAC 13F .0903(c) Licensed Health Professional Support					
	registered nurse, occiphysical therapist in the evaluation of the residual plan and care provide (a) of this Rule, is condays of admission or a resident develops the least quarterly thereat following: (1) performing a physical resident as related to current condition requitasks specified in Part (2) evaluating the resident as needed by assessment and evaluation and evaluation the commentation of the co	assure that participation by a upational therapist or he on-site review and dents' health status, care ed, as required in Paragraph impleted within the first 30 within 30 days from the date he need for the task and at fter, and includes the sical assessment of the the resident's diagnosis or uiring one or more of the agraph (a) of this Rule; sident's progress to care manges in the care of the ased on the physical uation of the progress of the activities in Subparagraphs Paragraph. as evidenced by: and record review the facility insed health professional riew and evaluation for 2 of 5				
	-	t #3's current FL2 dated				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	7. BOILDING.		
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA ASHEVILI	DRIVE LE, NC 28805			
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
D 280	Review of Resident # revealed an admission Review of Resident # -There was a License Support (LHPS) reviet 10/05/23There was documen Resident #3's health and to continue curre -LHPS tasks included insulin injectionsThere was documen Resident #3's health and to continue curre -LHPS tasks included insulin injectionsThere was documen Resident #3's health and to continue curre -LHPS tasks included insulin injectionsThere were no other 01/26/24. Refer to the interview Coordinator (RCC) or Refer to the telephone Administrator on 05/0 2. Review of Residen 12/21/23 revealed dia obstructive pulmonary anemia.	agnoses included chronic y disease and diabetes. 3's Resident Register in date of 07/26/23. 3's record revealed: ad Health Professional in wand evaluation dated attaition of a review of status and care provided in the plan of care. I blood glucose checks and eview and evaluation dated attaition of a review of status and care provided in the plan of care. I blood glucose checks and the plan of care. I blood glucose checks and LHPS reviews after with the Resident Care in 05/09/24 at 11:05am. The interview with the 19/24 at 12:28pm. It #5's current FL2 dated agnoses included chronic y disease, diabetes, and	D 280	DEFIGIENCY)		
	Review of Resident #					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	±D
			B WING			
		HAL011377	D. WING		05/09/2	2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA	DRIVE .E, NC 28805			
040.1=	CHMMADY CT		<u>, </u>	DDOV/DEDIS DI ANI OF CORDECTIO	NI I	0.450
(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)	O BE	(X5) COMPLETE DATE
D 280	Continued From page	e 38	D 280			
	-There was a License (LHPS) review and every review and every review and every review and to continue curre review review review review and to continue curre review review review review review review review and review r	ed Health Profession Support valuation dated 01/26/24. tation of a review of status and care provided nt plan of care. I blood glucose checks, oxygen as needed.				
	Refer to the telephone interview with the Administrator on 05/09/24 at 12:28pm.					
	Interview with the Resident Care Coordinator (RCC) on 05/09/24 at 11:05am revealed: -She knew residents needed a LHPS nurse reviewShe was hired in January 2024 and did not know when the last time the LHPS reviews were completedShe was busy with other things.					
	05/09/24 at 12:28pm -She was a Registere responsible for compl -She had just been busues with the facility to do the LHPS review	with the Administrator on revealed: ed Nurse (RN) and was leting the LHPS reviews. usy with so many other and did not have the time ws since January 2024.				
	Nurse performed a ph quarterly to Residents diagnosis of diabetes checks and insulin inj detrimental to the hea	nsure the LHPS Registered hysical assessment at least is #3 and #5 who had a and required blood glucose ections. This failure was alth, safety, and welfare of institutes a Type B violation.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL011377	B. WING		05/09/2024
					05/05/2024
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE	
WILHAM F	RIDGE		EA DRIVE ILLE, NC 28805		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ON (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETE
D 280	Continued From page	: 39	D 280		
	CORRECTION DATE	131D-34 on 05/30/24.			
D 296	10A NCAC 13F .0904 Service	(c)(7) Nutrition And Food	D 296		
	(c) Menus in Adult Ca (7) The facility shall h diet menu for any resi	Nutrition And Food Service are Homes: have a matching therapeutic dent's physician-ordered hidance of food service staff.			
	reviews the facility fai diet menus were avai	s, interviews and record led to ensure therapeutic lable for 2 of 2 sampled ho had orders for a no			
	The findings are:				
	the food pantry doorThe menu was for a	a glance menu posted on			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF D	ROVIDER OR SUPPLIER				1 05/09/2024	
		30 DALEA	DRESS, CITY, STAT A DRIVE	e, zip Gode		
WILHAM I	RIDGE		LE, NC 28805			
(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 296	Continued From page	e 40	D 296			
	12/29/23 revealed dia chronic condition that process blood glucos Review of Resident #	3's physician's orders dated				
	02/15/24 revealed an order for a NCS diet. Review of the facility's undated therapeutic diet list revealed Resident #3 received a NCS diet.					
	Observation of the lunch meal service on 05/07/24 at 12:30pm revealed: -Resident #3 was served a bologna and cheese sandwich with lettuce on white bread, a scoop of potato salad, 6 round crackers. a dish of pineapple, and glasses of milk, water and fruit punchWithout a therapeutic diet menu it could not be determined if Resident #3 received the correct diet.					
	(FSD) on 05/07/24 at	h the Food Service Director 11:02am. h an Owner of the facility on				
	Refer to interview witl Coordinator (RCC) or	h the Resident Care n 05/08/24 at 1:20pm.				
	12/21/23 revealed: -Diagnoses included that impairs the body' glucose).	t #5's current FL2 dated diabetes (a chronic condition 's ability to process blood				
		5's physician's orders dated order for a NCS diet.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		: IED
		UAL 044277	B. WING		0.000 (0.000)	
		HAL011377			05/0	9/2024
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ITE, ZIP CODE		
WILHAM F	RIDGE	30 DALE/ ASHEVIL	LE, NC 28805			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
D 296	Continued From page	. 41	D 296			
	Review of the facility's	s undated therapeutic diet				
	-	#5 received a NCS diet.				
	Observation of the lur					
	05/07/24 at 12:30pm					
	-Resident #5 was ser	ved two bologna and vith lettuce on white bread, a				
		, 6 round crackers. a dish of				
	pineapple, and glasses of water and fruit punch.					
	-Without a therapeutic diet menu it could not be					
	determined if Resident #5 received the correct diet.					
	Refer to interview with the Food Service Director (FSD) on 05/07/24 at 11:02am.					
	Refer to interview with 05/08/24 at 9:17am.	n an Owner of the facility on				
	Refer to interview with	n the Resident Care				
	Coordinator (RCC) or	n 05/08/24 at 1:20pm.				
		od Service Director (FSD) on				
	05/07/24 at 11:02am	nevealed: menu that was used for all				
	residents.	nona mat was assa for an				
	_	s and sugar free items were				
		s the facility used so they				
	were appropriate for a -Sugar was available					
	ougui wao avallabio	apon roquosi.				
		ner of the facility on 05/08/24				
	at 9:17am revealed:	- 4 - 44 4 1				
	 He had been in conta provider who supplied 	act with another local facility				
	•	s used for residents who				
		regular diet or a NCS diet				
		rchased foods that did not				
	contain added sugars					
	-ne was not aware a	separate menu was needed	1			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA ASHEVIL	A DRIVE LE, NC 28805			
(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)) BE COMPLETE	
D 296	Continued From page	÷ 42	D 296			
	for a NCS diet order.					
	(RCC) on 05/08/24 at -The facility did not had ordersShe did not think NC only "something" like considered therapeut -She thought the mer facility was appropriate	S was a therapeutic diet, a puree or ground was ic. but that was used at the te for everyone because tood items that were sugar				
D 315	10A NCAC 13F .0905 (a) Each adult care he program of activities or residents' active involutheir families, and the (b) The program sha active involvement by require any individual against his or her will a resident's ability to resident's physician statement regarding to This Rule is not met Based on observation failed to ensure 33 of activities designed to	ome shall develop a designed to promote the vement with each other, community. Il be designed to promote all residents but is not to to participate in any activity. If there is a question about participate in an activity, the hall be consulted to obtain a he resident's capabilities.	D 315			
	_	ent on 05/07/24 at 8:49am				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28865 WILHAM RIDGE SUMMARY STATEMENT OF DEFICIENCES 10 PREPRY RASHEVILLE, NC 28865 10 PREPRY RASHEVILLE, NC 28865 10 PROVIDER'S PLAN OF CORRECTION NOS 18 PRECEDED BY PULL PREPRY RASHEVILLE, NC 28865 10 PROVIDER'S PLAN OF CORRECTION NOS 18 PRECEDED BY PULL PREPRY TAG 10 PREPRY TAG 10 PROVIDER'S PLAN OF CORRECTION NOS 18 PRECEDED BY PULL PREPRY TAG 11 PREPRY TAG 12 PROVIDER'S PLAN OF CORRECTION NOS 18 PRECEDED BY PULL PREPRY TAG 13 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY TAG 14 PREPRY TAG 15 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY PARKET NOS 10 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY TAG 15 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY PARKET NOS 10 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY TAG 16 PROVIDER'S PLAN OF CORRECTION NOS 10 PREPRY PARKET NOS 10 PROVIDER'S PLAN OF CORRECTION NOS 10 PROVIDER'S	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 238005 (X4) ID PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE ONTE D 315 Continued From page 43 revealed: -The facility did not provide activities he likedHe enjoved singing and prayer time, but those types of activities were never offeredBingo was what they offered most of the time, and he would like more of a varietyHe was broved a lot during the day. Interview with a second resident on 05/07/24 at 9:11am revealed: -Playing Bingo was what they did most of the time, imeHe had not been outside of the facility for an outingHe was never asked to go out in the community for outings. Interview with a third resident on 05/07/24 at 9:19am revealed: -He had resided at facility for almost 14 yearsThe only activity he had participated in was BingoHe was unaware of any other types of activities that were offered. Interview with a fourth resident on 05/08/24 at 7:56am revealed: -She was only aware of Bingo as an activity that was offered. She enjoyed doing crafts, but she had never participated in crafts at the facility because she was unsure if they offered craftsShe did not see activities had not opsological as giftsShe did not see activities had not opsological as giftsShe did not see activities had not see acti							
WILHAM RIDGE SUMMARY STATEMENT OF DEFICIENCIES REFEX TAG O(A)10 PREFEX TAG CROSS-REFERNEND TO RESOLUTION OR LSC IDENTIFYING INFORMATION) D 15 Continued From page 43 revealed: -The facility did not provide activities he liked -He enjoyed singing and prayer time, but those types of activities were never offeredBingo was what they offered most of the time, and he would like more of a vanetyHe was bored a lot during the day. Interview with a second resident on 05/07/24 at 9:11am revealed: -Playing Bingo was what they did most of the timeHe had not been outside of the facility for an outingHe was never asked to go out in the community for outingsInterview with a third resident on 05/07/24 at 9:19am revealed: -He had resided at facility for almost 14 yearsThe only activity he had participated in was BingoHe was unware of any other types of activities that were offered. Interview with a fourth resident on 05/09/24 at 7.56am revealed: -She was only aware of Bingo as an activity that was offeredShe enjoyed doing crafts, but she had never participated in crafts at the facility because she was unsure if they offered craftsShe completed her own crafts in her room that she enjoyed giving to people as giftsShe completed her own crafts in her room that she enjoyed doing to second the second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed doing to second crafts in her room that she enjoyed			HAL011377	B. WING		05/0	9/2024
CASHEVILLE, NC 28805 CASHEVILLE, NC 28805	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 315 Continued From page 43 revealed: -The facility did not provide activities he likedHe enjoyed singing and prayer time, but those types of activities were never offeredBingo was what they offered most of the time, and he would like more of a varietyHe was bored a lot during the day. Interview with a second resident on 05/07/24 at 9:11am revealed: -Playing Bingo was what they did most of the timeHe had not been outside of the facility for an outingHe was never asked to go out in the community for outings. Interview with a third resident on 05/07/24 at 9:19am revealed: -He had resided at facility for almost 14 yearsThe only activity he had participated in was BingoHe was unaware of any other types of activities that were offered. Interview with a fourth resident on 05/08/24 at 7:56am revealed: -She was only aware of Bingo as an activity that was offered. Interview with a fourth resident on 05/08/24 at 7:56am revealed: -She enjoyed doing crafts, but she had never participated in crafts at the facility because she was unsure if they offered craftsShe completed her own crafts in her room that she enjoyed giving to people as giftsShe did not see activities happening often. Interview with a fifth resident on 05/07/24 at	WILHAM I	RIDGE					
revealed: -The facility did not provide activities he liked. -He enjoyed singing and prayer time, but those types of activities were never offered. -Bingo was what they offered most of the time, and he would like more of a variety. -He was bored a lot during the day. Interview with a second resident on 05/07/24 at 9:11am revealed: -Playing Bingo was what they did most of the time. -He had not been outside of the facility for an outing. -He was never asked to go out in the community for outings. Interview with a third resident on 05/07/24 at 9:19am revealed: -He had resided at facility for almost 14 years. -The only activity he had participated in was Bingo. -He was unaware of any other types of activities that were offered. Interview with a fourth resident on 05/08/24 at 7:56am revealed: -She was only aware of Bingo as an activity that was offered. -She enjoyed diving crafts, but she had never participated in crafts at the facility because she was unsure if they offered crafts. -She completed her own crafts in her room that she enjoyed giving to people as gifts. -She did not see activities happening often. Interview with a fifth resident on 05/07/24 at	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	COMPLETE
8:47am revealed: -The previous activities director was in a different	D 315	revealed: -The facility did not promise and he would like monomers and he was bored a lot of the was bored a lot of the was bored as would like monomers. Interview with a second secon	rovide activities he liked. and prayer time, but those re never offered. re offered most of the time, re of a variety. Iuring the day. and resident on 05/07/24 at that they did most of the side of the facility for an to go out in the community resident on 05/07/24 at cility for almost 14 years. had participated in was any other types of activities are resident on 05/08/24 at of Bingo as an activity that rafts, but she had never at the facility because she fered crafts. by on crafts in her room that people as gifts. rities happening often. esident on 05/07/24 at	D 315			

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WILHAM RIDGE 30 DALEA DRIVE ASHEVILLE, NC 28805 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE				A. BUILDING:	A. BOILDING.			
WILHAM RIDGE 30 DALEA DRIVE ASHEVILLE, NC 28805 (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 COM REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE			HAL011377	B. WING		05/	09/2024	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE.	WILHAM RIDG	DGE						
	PRÉFIX	(EACH DEFICIENC	RY STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETE DATE	
There were not any good activities to keep him busy, so he just listened to music. Interview with a sixth resident on 05/07/24 at 8:57am revealed the staff who was in charge of providing activities frequently ended up doing chores like mopping the floors or doing laundry rather than providing activities for residents. Interview with a seventh resident on 05/08/24 at 9:44am revealed: -Bingo was usually played on Tuesdays and Thursdays in the eveningResidents sit outside and in their rooms as there was not usually anything to do during the dayIt would be nice to have something to do because usually just pass the day bored. Observation of of the facility on 05/07/24, 05/08/24, and 05/09/24 from 8:00am - 4:00pm revealed: -No activities were observed during the day, -Residents were either in their rooms or watching TV in the dayroom, but no structured activities were taking placeOne resident was observed jogging around the building alone. Interview with a personal care aide (PCA) on 05/09/24 at 9:24am revealed: -There were no actvities offered during the dayMost of the residents complained of being boredThe person who covered activities was not there muchShe observed activities during the day about twice a weekShe observed only one activity per day two times a weekShe observed Bingo as the activity that occurred	Inte 8:5 processor cather state of the second ca	There were not any busy, so he just lister interview with a sixth 3:57am revealed the providing activities from the size like mopping that the than providing ather than providing interview with a seven 3:44am revealed: Bingo was usually properties in the even and usually anythe lit would be nice to he provided the size of the provided in the literature of the provided in the literature were of the literature were either was not usually just and 05/09/24, and 05/09/24 and 05/09/24 and 05/09/24 are sidents were either was obtained in the literature with a person who concluded in the person who countries were no activities were a week. She observed only on the person who countries were no served activities were a week.	any good activities to keep him istened to music. sixth resident on 05/07/24 at the staff who was in charge of its frequently ended up doing ing the floors or doing laundry ding activities for residents. seventh resident on 05/08/24 at it. ly played on Tuesdays and evening. Itside and in their rooms as there inything to do during the day. It has to have something to do just pass the day bored. If the facility on 05/07/24, //09/24 from 8:00am - 4:00pm The observed during the day. The initial rooms or watching in the part of the part	D 315				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM F	WILHAM RIDGE 30 DALEA					
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	E, NC 28805	PROVIDER'S PLAN OF CORRECTION	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 315	Continued From page	e 45	D 315			
	activities take place.					
	(RCC) on 05/08/24 at -There were not many the dayBingo was offered at -Some days they did -The person filling in a certification for Activit -The person filling in a activities. Interview with Owner revealed: -They did not have ar -They are working on -They do have a person to certified.	night. not have any activities. for activities did not have her ies Director (AD). as AD mostly did evening #4 on 05/07/24 at 3:37pm n AD. getting an AD. on filling in as AD, but was				
	revealed: -They had a person wofficial role was qualifulated -He was aware activities residents did not have -He felt they are makinad more going on no	ies had been an issue and e enough to do. Ing progress because they by than they did in the past. It is cess of working on getting				
D 338	10A NCAC 13F .0909	Resident Rights	D 338			
	all residents guarante	hall assure that the rights of eed under G.S. 131D-21, ents' Rights, are maintained				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDIEAN	or dortheories	IDENTIFICATION NOWIDEN.	A. BUILDING: _	A. BUILDING:		
		HAL011377	B. WING		05/09/20	24
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALE/ ASHEVIL	A DRIVE LE, NC 28805			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE CC	(X5) DMPLETE DATE
D 338	Continued From page 46		D 338			
	This Rule is not met TYPE A2 VIOLATION					
	Based on observations and interviews, the facility failed to ensure all residents were free from neglect related to third shift staff sleeping and a delay in residents getting medications or not getting their medications.					
	The findings are:					
	Observation of the facility front entrance on 05/08/24 at 5:00am revealed one staff sitting in a chair on the porch smoking a cigarette.					
	revealed:	ff on 05/08/24 at 5:02am				
	aide (PCA).	local staffing agency to				
	work third shiftThe facility medication and she would go and	on aide (MA) was in a room d get her.				
	5:04am revealed: -The PCA walked into -The MA walked out o	of the room and she was and appeared disoriented as				
	Observation of room 105 on 05/08/24 at 5:10am revealed:					
	in the room.	ents or resident belongings				
	-There was a single b	ped, blanket, and pillow.				
	Interview with the MA revealed:	on 05/08/24 at 5:05am				

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			A. BUILDING		
	HAL011377 B. WING			05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALEA			
ASHEVILL		E, NC 28805			
(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 338	Continued From page	e 47	D 338		
	-She was not sleeping in room 105, she was "decorating" the roomShe used to sleep on her break but was told by management sleeping during her shift was no longer allowed.				
	Interview with a resident on 05/07/24 at 9:15am revealed: -Staff slept on office floors or on the couch at nightShe needed some medication at night for anxiety and could not locate any staff so she just went back to bedShe did not remember the date she needed the anxiety medication at nightUsually two people work at night and they both slept.				
	Interview with a second resident on 05/08/24 at 9:44am revealed: -Staff sometimes slept on third shift in the vacant rooms on the 100 hallIf two staff were working on third shift they would alternate sleeping in the vacant room.				
	7:56am revealed: -She woke up on 04/2 night in pain and was -She could not find st and a halfShe stated her pain with 10 being the wor -After looking for an h staff in 2 different res -She woke one staff r she was in painThe staff member tol and rolled back over a	aff anywhere for one hour level was an 8 or 9 out of 10,			

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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	
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALEA ASHEVILI	DRIVE .E, NC 28805		
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D 338	and gave her someth -She had never had is only 3rd shift staff. Interview with fourth is 2:13pm revealed: -She had seen 3rd shi the jobShe had observed a the living area about unsure of the exact d -She had heard compabout them seeing st -She did not know na because they "come Interview with fifth res revealed: -She was aware staff rooms and sleep on 3 -She was up last nigh for awhileShe had gotten up to did not see staff anyw Interview with sixth re 2:25pm revealed: -She had seen 2 staff sleeping in the officeShe could not recall Interview with a seve 10:15am revealed: -Staff sleep day and is rooms.	aff member and they got up ing for pain. ssues with 1st shift staff, resident on 05/08/24 at afft med aids (MA) asleep on MA asleep on the couch in a month ago, but was ate. claints from other residents aff sleep. mes of the staff who sleep and go a lot." sident on 05/08/24 at 2:19pm go into unoccupied resident and could not find any staff of get some water and she where. esident on 05/08/24 at f members on 3rd shift	D 338	DELIVERY)	
	 -She frequently observesident rooms next of 				

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-Staff did not check on residents at night.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALEA				
	OUR MARY OF		LE, NC 28805	DDOWNERS DIAM OF O	0000000000	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From page	2 49	D 338			
	to wake them upShe was concerned unlocked and anyone	ff during the night, they have that the front doors were could enter the facility and vake to keep the resident				
	9:45am revealed: -A staff that worked at -Another staff slept or -He needed pain med neuropathy in his legs	t night slept during her shift. In the couch at night. Ilication for hip pain and Is in the night and always had It night to get his medication.				
		sident Care Coordinator 4:06pm revealed staff were on third shift.				
	revealed: -Staff were not author shifts and he had add -The two rooms staff locked in the past to pin, but then when he comeone unlocked the lt was reported to hir rounds on third shift a	#1 on 05/08/24 at 7:00am rized to sleep during their lressed it several times. were sleeping in were prevent the staff from going came back into the facility e doors. In that staff were not making and some residents were the their incontinence briefs				
	were maintained relat shift staff sleeping dur residents to get up in caused a delay in a re medication, a residen medication, and a res	nsure all residents rights ted to neglect due to third ring their shift which caused the night to search for staff, esident getting her pain t did not get her anxiety dident was concerned for her esulted in substantial risk to				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
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(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 338	Continued From page	e 50	D 338			
		d welfare of the residents e A2 Violation.				
	accordance with G.S. violation.	. 131-34 on 05/08/24 for this				
	CORRECTION DATE VIOLATION SHALL N	FOR THE TYPE A2 NOT EXCEED JUNE 8, 2024				
D 358	10A NCAC 13F .1004 Administration	I(a) Medication	D 358			
	(a) An adult care hor preparation and admi prescription and non-by staff are in accordance(1) orders by a licens which are maintained	Medication Administration me shall assure that the nistration of medications, prescription, and treatments ance with: sed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met TYPE A2 VIOLATION	•				
	reviews, the facility far were administered as sampled residents (# medications used to a glucose (#3, #5, and	3, #5, and #6) related to control elevated blood #6), a medication that treats medications used to control				
	The findings are:					
		s Medication Administration				

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		(X1) PROVIDER/SUPPLIER/CLIA	MPED.		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	TE, ZIP CODE		
WILHAM	RIDGE	30 DALE	A DRIVE			
		ASHEVIL	LE, NC 28805			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
D 358	Continued From page	e 51	D 358			
	-Medications would be accordance with the pordersStaff who have demonstrated according to State rule medicationsDocumentation would administered the medications administered the medication would ensure stock and ready for understock and resident's prime and the state of the state	e administered in prescribing practitioner's constrated competency les may administer d be provided by staff who dication. The seat the time the prescribed pary care provider (PCP). It #3's current FL2 dated agnoses included diabetes (a impairs the body's ability to e).				
	Medication Administrative revealed: -There was an entry funit/ml inject 32 units administration times of the company of the c	for Semglee insulin 100 twice daily with of 8:00am and 6:00pm. nentation the Semglee administered on 03/29/24 at y it was not administered. 3's April 2024 eMAR for Semglee insulin 100				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	D11377 B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	•	
WILHAM I	RIDGE	30 DALEA	DRIVE			
WILHAW	NIDGE	ASHEVILL	E, NC 28805		<u> </u>	
(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 52	D 358			
	04/11/24 at 8:00am a medication on order f Review of Resident # 05/07/24 revealed:	rom pharmacy. 3's eMAR for 05/01/24 -				
	unit/ml inject 32 units administration times of -There was documen	of 8:00am and 6:00pm. tation the Semglee insulin				
	6:00pm, 05/06/24 at 8 05/07/24 at 8:00am d from pharmacy. -There was no docum	inistered on 05/05/24 at 3:00am and 6:00pm, and ue to medication on order nentation the Semglee dministered on 05/07/24 at y.				
	Observation of Resid available for administ 9:25am revealed ther insulin available for a	ration on 05/08/24 at e was not any Semglee				
	(RCC) on 05/07/24 at -She knew Resident a Semglee insulin to ac	#3 did not have any				
	via the eMAR on 05/0 informed her the med -She did not know the Sundays and that the pharmacist on call whe medication.	05/24 and the pharmacy ication was on back order. e pharmacy was closed on re was a 24-hour no would be able to dispense				
	they ran out. Telephone interview v	ns should be refilled before with a pharmacist at the				

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2:57pm revealed:

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
WILHAM	RIDGE	30 DALEA ASHEVIL	A DRIVE LE, NC 28805			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	-The pharmacy receive physician's order for \$1 On 03/13/24 for Reside a 30 day supply on 03 or The pharmacy receiverequest via the eMAR Sunday when the pharmacy telephone in the 24-hour pharmacy telephone in the 24-hour pharmacy dispense the insulin the 1-The pharmacy encoureorder medications in the 24-hour pharmacy encoured in the	gred an electronically signed semglee insulin 32 units and they dispensed 3/14/24 and on 04/10/24. The day and electronic refill a on 05/05/24 which was a armacy is closed. The was not on back order. The was not on back order. The weekend and st would have been able to the same day. The word of the weekend and st would have been able to the same day. The word of t	D 358			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		A. Boilbillo.				
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILLIAM I	PIDCE	30 DALE	A DRIVE			
WILHAM I	RIDGE	ASHEVII	LLE, NC 28805			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	e 54	D 358			
	Refer to the interview 05/07/24 at 2:28pm.	with a second MA on				
		with the Resident Care n 05/07/24 at 2:50pm and				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	dated 12/21/23 reveal treat elevated blood soliding scale insulin (sparameters for continuous (CGM) reading 201-250 = 4 units, 25	at #3's physician's orders alled Novolog insulin (used to sugar) 100units/ml use SSI) three times daily with allous glucose monitoring gs 151-200 = 2 units, a1-300 = 6 units, 301-350 = 8 anits, greater than 400 notify				
	Medication Administrative revealed: -There was an entry of 100units/ml use slidir times daily with pararunits, 201-250 = 4 un 301-350 = 8 units, 35 than 400 notify PCP, 8:00am, 12:00pm, an -There was documen 12:00pm of a CGM reinsulin was administed have been administed -There was documen 4:00pm of a CGM resadministered, and the results greater than 4	for Novolog insulining scale insulin (SSI) three meters for CGM 151-200 = 2 its, 251-300 = 6 units, in-400 = 10 units, greater with administration times of ad 4:00pm. Itation on 03/01/24 at esult of 299 and no Novolog ered; Novolog 6 units should red. Itation on 03/02/24 at sults of 450 and 8 units were ere was no order for CGM				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	ΓΕ, ZIP CODE	-	
VAZIL LLA MA	DIDCE	30 DALE	A DRIVE			
WILHAM	RIDGE	ASHEVIL	LE, NC 28805			
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLETE	
D 358	Continued From page	e 55	D 358			
D 358	12:00pm of a CGM resadministered; Novoloadministered; Novoloadministered; Novoloadministered; Novoloadministered; Novoloadministered; Novoloadministered. There was document 12:00pm of a CGM resinsulin was administered. There was document 12:00pm of a CGM resinsulin was administered; Novoloadministered. There was document 8:00pm of a CGM resadministered. There was document 8:00pm of a CGM resadministered. There was document 12:00pm of a CGM resadministered. There was document 12:00pm of a CGM resinsulin was administered. There was document 12:00pm of a CGM resinsulin was administered. There was document 12:00pm of a CGM resinsulin was administered.	esult or insulin administered. Itation on 03/05/24 at sult of 257 and 4 units were ag 6 units should have been Itation on 03/06/24 at sult of 215 and 2 units were ag 4 units should have been Itation on 03/06/24 at esult of 245 and no Novolog ered; Novolog 4 units should red. Itation on 03/07/24 at esult of 242 and 2 units were ag 4 units should have been Itation on 03/08/24 at esult of 322 and 6 units were ag 8 units should have been Itation on 03/08/24 at esult of 277 and no Novolog ered; Novolog 6 units should red. Itation on 03/08/24 at esult of 253 and no Novolog ered; Novolog 6 units should red. Itation on 03/23 at 8:00am of and 2 units were no Novolog insulin should red. Itation on 03/24 eMAR	D 358			
	100units/ml use slidir times daily with parar	ng scale insulin (SSI) three				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
WILHAM F	DIDGE	30 DALEA	DRIVE			
VVILITAIVIT	NIDGE	ASHEVILI	.E, NC 28805			
(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		D 358			
	·	1-250 = 4 units, 251-300 = 6 its, 351-400 = 10 units,				
		fy PCP, with administration				
	-There was documen	tation on 04/03/24 at				
	•	sult of 410 and 15 units were re was no order for CGM				
	result greater than 40	00.				
	-There was documen	tation on 04/04/24 at sult of 562 and 10 units were				
	•	re was no order for CGM				
	result greater than 40					
	-There was documen					
	12:00pm of a BG of 4	·10 and 10 units were re was no order for CGM				
	result greater than 40					
	Observation of Resid					
	available for administ	ration on 05/08/24 at re was one Novolog insulin				
	pen available for adm	_				
	-	with Resident #3 Primary				
	revealed:	on 05/07/24 at 4:20pm				
		iagnosis of diabetes and her				
	blood glucose levels	were labile. eiving the ordered doses of				
	insulin could cause of					
		nanges, vascular changes,				
	kidney damage, com	-				
	Refer to the interview on 05/07/24 at 2:24pr	with a medication aide (MA) m.				
	Refer to the interview 05/07/24 at 2:28pm.	with a second MA on				
	Refer to the interview	with the Resident Care				

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Coordinator (RCC) on 05/07/24 at 2:50pm and

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 501251110.			
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA				
	OLUMBA DV OT		E, NC 28805	220//2520 21 44 25 22225		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	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 57	D 358			
	05/09/24 at 11:05am.					
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	dated 12/21/23 revea daily at bedtime with glucose monitoring de 201-250 = 2 units, 25	t #3's physician's orders led Novolog 100units/ml SSI parameters for continuous evice (CGM) readings 1-300 = 4 units, 301-350 = 6 its, greater than 400 notify				
	Medication Administrative revealed: -There was an entry for CGM parameters at the 251-300 = 4 units, 30 units, greater than 40 administration time of -There was documen 03/07/24 that the Nov	for Novolog 100units/ml SSI pedtime 201-250 = 2 units, 1-350 = 6 units, 351-400 = 8 0 notify PCP with an 7:00pm. tation on 03/01/24 - volog insulin was e was no documentation of				
	CGM parameters at b 251-300 = 4 units, 30 units, greater than 40 administration time of -There was documen of a CGM result of 41 administered and the result greater than 40	for Novolog 100units/ml SSI pedtime 201-250 = 2 units, 1-350 = 6 units, 351-400 = 8 0 notify PCP, with an f 8:00pm. tation on 04/11/24 at 8:00pm 6 and 8 units were re was no order for CGM				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			E SURVEY PLETED	
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALE ASHEVIL	A DRIVE .LE, NC 28805			
(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	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 358	05/07/24 revealed: -There was an entry of CGM parameters at the 251-300 = 4 units, 30 units, greater than 40 administration time of the entry of the	for Novolog 100units/ml SSI pedtime 201-250 = 2 units, 1-350 = 6 units, 351-400 = 8 to notify PCP, with an f 8:00pm. Itation on 05/04/24 at sult of 409 and 8 units were re was no order for CGM to the following of the following	D 358			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA	DRIVE E, NC 28805			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTIO	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 358	Continued From page	59	D 358			
	dated 12/21/23 revea hydrocodone-acetam 7.5-325mg 1 tablet th	led inophen (used to treat pain) ree times daily.				
	Medication Administratevealed: -There was an entry f	·				
	hydrocodone-acetam three times daily with 8:00am, 1:00pm, 6:00	inophen 7.5-325mg 1 tablet administration times of Opm.				
		inophen was not 2/24 at 8:00am and 1:00pm,				
	03/23/24 - 03/25/24, a to medication on orde	and 03/29/24 - 03/31/24 due er from pharmacy.				
	Review of Resident # revealed:	3's April 2024 eMAR				
	-There was an entry f					
		inophen 7.5-325mg 1 tablet administration times of				
	-There was documen					
		inophen was not 1/24 at 8:00am, 1:00pm, I:00pm, and 04/03/24 at				
	8:00am due to medical pharmacy.	-				
	Observation of Reside available for administ 9:25am revealed ther hydrocodone-acetam available for administ	ration on 05/08/24 at e was inophen 7.5-325mg				
	facility's contracted pl 2:57pm revealed:	vith a pharmacist at the narmacy on 05/07/24 at ot receive a refill request for				

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DIVISION	n Health Service Regu	ialion	1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		HAL011377	B. WING		05/0	9/2024
NAME OF D	201/1050 00 01 1001 150	OTDEET ADD	DEGG OFFY OF	TE 7/D 00DE		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	I E, ZIP CODE		
WILHAM F	RIDGE	30 DALEA				
		ASHEVILL	E, NC 28805			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
IAG		,	IAG	DEFICIENCY)		
D 050			-			
D 358	Continued From page	e 60	D 358			
	Resident #3's hydroco	odone from the facility.				
	-The pharmacy notifie	ed the facility on 03/25/24 to				
	inform the PCP that a	new prescription for the				
		e needed before any more				
	would be dispensed.	·				
	-The pharmacy dispe	nsed and delivered a 3 day				
	emergency supply on	03/25/24.				
	-The pharmacy received a new prescription from					
	the PCP on 03/30/24 and dispensed 90 tablets.					
	-It was the facility's responsibility to notify the PCP					
	when a medication re	quired a new prescription				
	before the medication	ran out.				
		sident Care Coordinator				
	(RCC) on 05/07/24 at					
		s (MA) were newly hired and				
	-	g so she was responsible for				
	medications.	or refill prescriptions of				
		cted the PCP and requested				
		the hydrocodone and she				
	· · · · · · · · · · · · · · · · · · ·	I not know how to access				
	the electronic docume					
	Telephone interview v	vith Resident #3's PCP on				
	05/07/24 at 4:20pm re					
		actable back pain and was				
	prescribed hydrocodo	one for pain relief.				
	-He had no way to kn	ow when a resident required				
	· · · · · · · · · · · · · · · · · · ·	til the facility informed him.				
		ave informed him before				
		f hydrocodone and required				
	a 3 day emergency su					
		run out of pain medication.				
		red her scheduled doses of				
		ause Resident #3 to have				
		wal like nervousness and				
		d have an increase in back				
	pain.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALE	A DRIVE			
		ASHEVII	LLE, NC 28805			
(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 ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	-She remembered whethe pharmacy would also being the worst pain or being the worst pain or leief by lying down or leief lei	nt #3 on 05/09/24 at hydrocodone for back pain, hen the facility informed her hot send the medication. If an 8 on a 0-10 scale (10 hand could only get some If her bed. With a medication aide (MA) h. With a second MA on With the Resident Care h 05/07/24 at 2:50pm and	D 358	DEFICIENC	Y)	
	Medication Administrative revealed: -There was an entry for take ½ tablet (12.5mg) heart rate less 60, sylless than 100, and/or	for metoprolol tartrate 25mg g) twice daily and hold for stolic blood pressure (SBP) diastolic blood pressure vith an administration time of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X: A. BUILDING:			X3) DATE SURVEY COMPLETED	
			A. BOILDING.	74 BOILDING.		
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
WILLIAM	DIDCE	30 DALE	A DRIVE			
WILHAM	RIDGE	ASHEVIL	LE, NC 28805			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 62	D 358			
D 356	8:00am of a blood premetoprolol was admir-There was documen 8:00am of a BP of 93 administeredThere was documen 8:00am of a BP of 95 administeredThere was documen 8:00am of a BP of 92 administered. Review of Resident # revealed: -There was an entry f take ½ tablet (12.5mg heart rate less 60, syless than 100, and/or (DBP) less than 50, w 8:00am and 6:00pmThere was documen 6:00pm of a BP of 95 administeredThere was documen 8:00am of a BP of 93 administeredThere was documen 6:00pm of a BP of 95 administeredThere was documen 6:00pm of a BP of 95 administeredThere was documen 6:00pm of a BP of 97 administeredThere was documen 6:00pm of a BP of 97 administered.	essure (BP) of 90/76 and the nistered. tation on 03/09/24 at /70 and the metoprolol was tation on 03/16/24 at /72 and the metoprolol was tation on 03/27/24 at /62 and the metoprolol was solic blood pressure (SBP) diastolic blood pressure with an administration time of tation on 04/02/24 at /65 and the metoprolol was tation on 04/03/24 at /73 and the metoprolol was tation on 04/04/24 at /60 and the metoprolol was tation on 04/10/24 at /59 and the metoprolol was tation on 04/10/24 at /59 and the metoprolol was tation on 04/12/24 at /56 and the metoprolol was tation on 04/12/24 at /56 and the metoprolol was	D 358			
	administeredThere was documen 6:00pm of a BP of 77 administeredThere was documen 6:00pm of a BP of 98 administeredThere was documen	tation on 04/12/24 at /56 and the metoprolol was tation on 04/19/24 at /60 and the metoprolol was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		СОМРІ	LETED
		HAL011377	B. WING		05/	09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ΓE, ZIP CODE		
WILHAM	DIDCE	30 DALE	A DRIVE			
VVILITAIVI	KIDGE	ASHEVIL	LE, NC 28805			
(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 63		D 358			
D 356	administeredThere was documen 8:00am of a BP of 80 administeredThere was documen 6:00pm of a BP of 97 administeredThere was documen 8:00am of a BP of 73 administered. Review of Resident # 05/07/24 revealed: -There was an entry f take ½ tablet (12.5mg heart rate less 60, systess than 100, and/or (DBP) less than 50, w 8:00am and 6:00pmThere was documen 8:00am of a BP of 98 administeredThere was documen 6:00pm of a BP of 98 administeredThere was documen 8:00am of a BP of 98 administeredThere was documen 6:00pm of a BP of 98 administeredThere was documen 6:00pm of a BP of 98 administeredThere was documen 6:00pm of a BP of 98 administeredThere was documen 6:00pm of a BP of 94 administered. Observation of Resid available for administ 9:25am revealed ther 25mg 1/2 tablets availablets avai	tation on 04/23/24 at /32 and the metoprolol was tation on 04/27/24 at /55 and the metoprolol was tation on 04/28/24 at /45 and the metoprolol was /3's eMAR for 05/01/24 - for metoprolol tartrate 25mg g) twice daily and hold for stolic blood pressure (SBP) diastolic blood pressure with an administration time of tation on 05/03/24 at /70 and the metoprolol was tation on 05/03/24 at /70 and the metoprolol was tation on 05/04/24 at /74 and the metoprolol was tation on 05/06/24 at /63 and the metoprolol was ent #3's medications ration on 05/08/24 at re was metoprolol tartrate	D 358			
	take ½ tablet (12.5mg) twice daily and hold for heart rate less 60, systolic blood pressure (SBP) less than 100, and/or diastolic blood pressure (DBP) less than 50, with an administration time of 8:00am and 6:00pm. -There was documentation on 05/03/24 at 8:00am of a BP of 98/70 and the metoprolol was administered. -There was documentation on 05/03/24 at 6:00pm of a BP of 98/70 and the metoprolol was administered. -There was documentation on 05/04/24 at 8:00am of a BP of 98/74 and the metoprolol was administered. -There was documentation on 05/06/24 at 6:00pm of a BP of 94/63 and the metoprolol was					
	(RCC) on 05/07/24 at					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		1141 044077	B. WING		05/0	2/2224
NAME OF D		HAL011377		TE 710 CODE	05/03	9/2024
NAME OF P	ROVIDER OR SUPPLIER	30 DALEA	DRESS, CITY, STA DRIVE	TE, ZIP CODE		
WILHAM I	RIDGE		E, NC 28805			
(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 APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
D 358	BP was within the para-She did not know whadministered the medical not within the parametric she knew the MAs remaybe that is why the administered the metical have. Telephone interview wo 05/07/24 at 4:20pm reresident #3 was prerate control. The medication slow lowered blood pressured blood pressured would furthe pressure would furthe pressure which could linterview with Reside 10:54am revealed: She knew her blood at times but she neverable did not know if the metoprolol to her or not metoprolol to her or not show the interview on 05/07/24 at 2:24pm. Refer to the interview 05/07/24 at 2:28pm. Refer to the interview Coordinator (RCC) or 05/09/24 at 11:05am.	r the metoprolol when the rameters. by she had documented she dication when the BP was eters. equired more training and ey documented they oprolol when they should not with Resident #3's PCP on evealed: scribed metoprolol for heart ed the heart rate and are. nat administering metoprolol she had a low blood er depress her blood cause her to faint and fall. Int #3 on 05/09/24 at pressure readings were low er felt faint or dizzy. The staff administered the sot. With a medication aide (MA) m. With the Resident Care in 05/07/24 at 2:50pm and	D 358	DELICITION ()		
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA	DRIVE E, NC 28805			
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	Ť	PROVIDER'S PLAN OF CORRECTIO	N (VE)	
(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)	BE COMPLETE	
D 358	2. Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. a. Review of physician's orders for Resident #5 dated 02/15/24 revealed Lispro insulin (used to treat high blood glucose) 100units/ml inject 8 units with meals. Review of Resident #5's March 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry for Lispro insulin 100units/ml inject 8 units with meals, with administration times of 7:30am, 11:30am, and 4:30pm. -There no documentation the insulin was administered on 03/02/24 at 7:30am, 03/04/24 at 11:30am, 03/11/24 at 11:30am, 03/15/24 at 07:30am and 11:30am, 03/19/24 at 11:30am, 03/26/24 at 11:30am, and 03/31/24 at 4:30pm, and there was no documentation why the insulin was not administered.		D 358			
	05/07/24 revealed: -There was an entry finject 8 units with mea of 7:30am, 11:30am, -There was no documadministered on 05/0	5's eMAR for 05/01/24 - for Lispro insulin 100units/ml als, with administration times and 4:30pm. nentation the insulin was 7/24 at 4:30pm, and there n why the insulin was not				
	Observation of Resid available for administ 9:25am revealed ther available for administ	ration on 05/08/24 at e was Lispro insulin				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONS A. BUILDING: HAL011377 B. WING		' '			E SURVEY PLETED
				0.0	5/09/2024	
		•			0:	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALE	LE, NC 28805			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 66	D 358			
	(PCP) on 03/09/24 at -Resident #5 was prehad a history of poorl -Resident #5 had skin not receiving her dos more skin infections and organ damageHe expected staff to ordered it. Refer to the interview 05/07/24 at 2:28pm. Refer to the interview Coordinator (RCC) or 05/09/24 at 11:05am.	escribed insulin because she by controlled diabetes. In infections in the past and less of insulin put her at risk of less well as vision changes administer the insulin as he with a second MA on with the Resident Care In 05/07/24 at 2:50pm and				
	dated 01/04/24 reveal 100units/ml per slidin meals and at bedtime monitoring device (Columbia, 300-350 = 6 units, greater than 500 Review of Resident # Medication Administrative aled: -There was an entry to per sliding scale insubedtime for CGM par 300-350 = 6 units, grageater than 500 notinothere was no documents.	ng scale insulin (SSI) before e for continuous glucose GM) parameters 250-299 = units, greater than 350 = 8 00 notify PCP. #5's March 2024 electronic ation Record (eMAR) for Lispro Insulin 100units/ml lin (SSI) before meals and at rameters 250-299 = 4 units, eater than 350 = 8 units,				

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805 (X4) ID PREVIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 67 03/04/24 at 12:00pm, 03/11/24 at 8:00pm, 03/29/24 at 8:00am and 4:00pm, or reason the CGM result was not obtained and insulin administered if required. Observation of Resident #5's medications available for administration on 05/08/24 at 9:25am revealed there was Lispro insulin available for administration. Interview with Resident #5's primary care provider (PCP) on 03/09/24 at 10:30am revealed: -Resident #5 was prescribed insulin because she had a history of poorly controlled diabetesResident #5 had skin infections in the past and		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WILHAM RIDGE 30 DALEA DRIVE ASHEVILLE, NC 28805 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 67 03/04/24 at 12:00pm, 03/11/24 at 8:00pm, 03/29/24 at 8:00am and 4:00pm, or reason the CGM result was not obtained and insulin administered if required. Observation of Resident #5's medications available for administration on 05/08/24 at 9:25am revealed there was Lispro insulin available for administration. Interview with Resident #5's primary care provider (PCP) on 03/09/24 at 10:30am revealed: -Resident #5 was prescribed insulin because she had a history of poorly controlled diabetes.			HAI 044277	B. WING		05/09/2024	
WILHAM RIDGE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 67 03/04/24 at 12:00pm, 03/11/24 at 8:00pm, 03/29/24 at 8:00pm, 03/29/24 at 8:00am and 4:00pm, or reason the CGM result was not obtained and insulin administered if required. Observation of Resident #5's medications available for administration on 05/08/24 at 9:25am revealed there was Lispro insulin available for administration. Interview with Resident #5's primary care provider (PCP) on 03/09/24 at 10:30am revealed: -Resident #5 was prescribed insulin because she had a history of poorly controlled diabetes.	NAME OF P	ROVIDER OR SUPPLIER			TE. ZIP CODE	05/03	9/2024
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 358 Continued From page 67 03/04/24 at 12:00pm, 03/11/24 at 8:00pm, 03/29/24 at 8:00am and 4:00pm, or reason the CGM result was not obtained and insulin administered if required. Observation of Resident #5's medications available for administration on 05/08/24 at 9:25am revealed there was Lispro insulin available for administration. Interview with Resident #5's primary care provider (PCP) on 03/09/24 at 10:30am revealed: -Resident #5 was prescribed insulin because she had a history of poorly controlled diabetes.	WILHAM I	RIDGE	30 DALEA	DRIVE	•		
03/04/24 at 12:00pm, 03/11/24 at 8:00pm, 03/29/24 at 8:00am and 4:00pm, or reason the CGM result was not obtained and insulin administered if required. Observation of Resident #5's medications available for administration on 05/08/24 at 9:25am revealed there was Lispro insulin available for administration. Interview with Resident #5's primary care provider (PCP) on 03/09/24 at 10:30am revealed: -Resident #5 was prescribed insulin because she had a history of poorly controlled diabetes.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
not receiving her doses of insulin put her at risk of more skin infections as well as vision changes and organ damage. -He expected staff to administer the insulin as he ordered it. Refer to the interview with a medication aide (MA) on 05/07/24 at 2:24pm. Refer to the interview with a second MA on 05/07/24 at 2:28pm. Refer to the interview with the Resident Care Coordinator (RCC) on 05/07/24 at 2:50pm and 05/09/24 at 11:05am. Refer to the interview with Owner #1 on 05/09/24 at 1:23pm. c. Review of physician's orders for Resident #5 dated 01/04/24 revealed escitalopram (used to treat depression) 10mg daily in addition to 20mg for 30mg dose. Observation during the morning medication pass	D 358	03/04/24 at 12:00pm, 03/29/24 at 8:00am a CGM result was not cadministered if required observation of Residuavailable for administ 9:25am revealed ther available for administ Interview with Reside (PCP) on 03/09/24 at -Resident #5 was prehad a history of poorly-Resident #5 had skir not receiving her dose more skin infections a and organ damageHe expected staff to ordered it. Refer to the interview on 05/07/24 at 2:24pm. Refer to the interview Coordinator (RCC) or 05/09/24 at 11:05am. Refer to the interview at 1:23pm. c. Review of physicial dated 01/04/24 reveat treat depression) 10m for 30mg dose.	03/11/24 at 8:00pm, nd 4:00pm, or reason the obtained and insulin ed. ent #5's medications ration on 05/08/24 at e was Lispro insulin ration. nt #5's primary care provider 10:30am revealed: scribed insulin because she y controlled diabetes. In infections in the past and es of insulin put her at risk of as well as vision changes administer the insulin as he with a medication aide (MA) m. with a second MA on with the Resident Care in 05/07/24 at 2:50pm and with Owner #1 on 05/09/24 n's orders for Resident #5 led escitalopram (used to any daily in addition to 20mg	D 358	DEL ROILING I)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDILAN	SI GORREOTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		LLTLD
		HAL011377	B. WING		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALE ASHEVII	A DRIVE LE, NC 28805			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 358	Continued From page	e 68	D 358			
	on 05/08/24 at 8:01ar	m revealed the RCC				
		pram 20mg to Resident #5				
	and did not administe	· · · · · · · · · · · · · · · · · · ·				
		I (UE) P C				
	_	dent #5's medications on on on 05/08/24 at 9:25am				
	revealed:	on 05/06/24 at 9.25am				
	-There was one bubble pack of medications labeled escitalopram 20mg and 30 tablets were dispensed on 04/15/24 with 6 tablets remainingThere was one bubble pack of medications labeled escitalopram 10mg and 30 tablets were					
	-	24 with 7 tablets remaining.				
	dispensed on 04/10/2	with 7 tablets remaining.				
	Review of Resident #	5's electronic Medication				
		d (eMAR) for 05/08/24				
	revealed:	for ossitalanram 20mg taka				
		for escitalopram 20mg take on to 10mg for 30mg dose				
	with an administration	•				
	documentation the 20	Omg was administered at				
	8:00am.					
		for escitalopram 10mg take on to 20mg for 30mg dose				
	with an administration					
		Omg was administered at				
	8:00am.	v				
	Interview with the PC	C on 05/08/24 at 1:00pm				
	revealed she knew R	•				
		e 20mg and 10mg tablets of				
		as an oversight on her part.				
	Telephone interview	with Resident #5's PCP on				
	-	evealed Resident #5 was				
	prescribed escitalopra	am to treat depression and				
	she should be admini	istered the entire dose.				
	3 Review of Residen	it #6's current FL2 dated				
		agnoses included diabetes (a				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
			B 14/11/0	D WING		
		HAL011377	B. WING		05/	09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALE				
	-	ASHEVIL	LE, NC 28805			
(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 ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 69	D 358			
	chronic condition that impairs the body's ability to process blood glucose). Review of Resident #6's Resident Register revealed an admission date of 12/05/23. Review of Resident #6's physician's orders dated 01/12/24 revealed there was an order for sliding scale insulin aspart inject subcutaneous before meals: Fingerstick blood sugar (FSBS) less than 150 = 0 units, 150-200 = 1 unit, 201-250 = 2 units, 251-300 = 3 units, 301-350 = 5 units, 351-400 = 7 units, 450 or greater = call provider. Review of Resident #6's May 2024 electronic Medication Administration Record (eMAR) revealed: -There was an entry for sliding scale insulin Aspart inject subcutaneous before meals: FSBS less than 150 = 0 units, 150-200 = 1 unit, 201-250 = 2 units, 251-300 = 3 units, 301-350 = 5 units, 351-400 = 7 units, 450 or greater = call provider. -There was documentation on 05/01/24 at 8:15am that 6 units was administered for a FSBS result of 371 when 7 units should have been administered. -There was documentation on 05/03/24 at 12:45pm that 4 units was administered for a FSBS result of 204 when 2 units should have been administered. -There was documentation on 05/04/24 at 8:15am that 6 units was administered for a FSBS result of 331 when 5 units should have been administered. -There was no documentation on 05/04/24 at 12:45pm that any insulin was administered for a FSBS result of 331 when 5 units should have					
	been administeredThere was documen 12:45pm that 0 units	tation on 05/06/24 at were administered for a				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLI		
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALEA ASHEVILL	DRIVE E, NC 28805			
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	8 Continued From page 70		D 358			
	FSBS result of 199 when 1 unit should have been administered.					
	Observation of Resident #6's medications available for administration on 05/08/24 at 3:22pm revealed Aspart insulin was available for administration.					
	Interview with the Resident Care Coordinator (RCC) on 05/08/24 at 11:39am revealed: -It did not matter how many units were scheduled per the sliding scale order; Resident #6 would tell her how many units to administer based on his FSBSResident #6's Primary care Provider (PCP) was aware Resident #6 told staff how to administer his insulinThe PCP instructed her to be sure to document how many units of insulin were administered,					
	how many units of insulin were administered, even if it was different from the ordered sliding scale. Interview with Resident #6's PCP on 05/9/24 at 10:33am revealed: -Resident #6 had a long-term diagnosis of diabetes that required insulin to manageHe was not told Resident #6's insulin doses were not being administered according to the ordersHe was not surprised Resident #6 was telling staff how much insulin he should be administered but he expected the staff to follow the sliding scale that was orderedNot receiving the correct dose of insulin could cause complications with his diabetes like vision changes, vascular changes, kidney damage, coma, or death.					
	Refer to the interview 05/07/24 at 2:28pm.	with a second MA on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			D. MINO		
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALE			
	-	ASHEVIL	LE, NC 28805		
(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 CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	e 71	D 358		
	Refer to the interview	with the Resident Care n 05/07/24 at 2:50pm and			
	Refer to the interview with Owner #1 on 05/09/24 at 1:23pm. Interview with a medication aide (MA) on 05/07/24 at 2:24pm revealed: -She could not remember medications she administered in March or April 2024She did not administer insulin doses incorrectlyHer initials were on the eMAR with the incorrect doses because sometimes she forgot to log out of the eMAR computer and another staff would use her log in which would put her initials on the eMAR when they administered medications. Interview with a second MA on 05/07/24 at 2:28pm revealed: -She probably documented inaccurately on the eMAR.				
	to getShe knew to double on the eMAR before	how much insulin they were check the medication order administering medications.			
	(RCC) on 05/07/24 at 11:05am revealed: -The MAs were new to more training"She thought the MAs-All the residents that much based on their administered.	sident Care Coordinator t 2:50pm and 05/09/24 at to the facility and "need a lot s documented incorrectly. required insulin knew how			

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		
HAL011377			B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM RIDGE 30 DALEA I		A DRIVE			
		ASHEVILI	LE, NC 28805		
(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 SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE COMPLETE
D 358	Continued From page		D 358		
	missed or incorrect de looking at the medical how many pills were I -She should have rev residents were being medications correctly	iewed the eMARs to ensure administered their re attention to discontinued			
	Interview with Owner #1 on 05/09/24 at 1:23pm revealed: -The RCC was responsible for supervising the MAs. -The RCC was responsible for monitoring the eMARs. -He only authorized the MAs to administer medications when they completed all their training and at that time, he gave them a log in code. -MAs that were using another MAs log in code were not authorized to administer medications. -He thought the issues with medications was more training was needed. -He did not know why unauthorized MAs were scheduled to administer medications. -The RCC was responsible for the schedule. -He knew there were issues with medication administration because there had been a pharmacy audit previously.				
	administered as order Residents #3, #5, and incorrect or missed do at risk for vision chan kidney damage, coma	d #6 being administered beses of insulin putting them ges, vascular changes, a or death, Resident #3 not edications which caused her ad risk for narcotic			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
HAI 044277		B. WING				
HAL011377			B. WING		0	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILHAM I	RIDGE		A DRIVE			
	T		LLE, NC 28805			
(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	Continued From page	e 73	D 358			
	medication for heart parameters and risk failure resulted in sub	rate control outside of for fainting and falls. This ostantial risk to the residents elfare and constitutes as				
	The facility provided a plan of protection in accordance with G.S. 131-34 on 05/08/24 for this violation. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 8, 2024.					
D 366	10A NCAC 13F .1004 Administration	4 (i) Medication	D 366			
	10A NCAC 13F .1004	4 Medication Administration				
	medication administr staff person who adm immediately following medication to the res					
	reviews, the facility fa aide (MA) observed 2 take medications adr	ns, interviews and record ailed to ensure a medication 2 of 2 residents (#6, and #7) ministered, resulting in ft on the both residents'				
	The findings are:					
	Review of the facility	s Policy and Procedures for				

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Division of Health Service Regulation

AND DIAN OF COPPECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
		A. BUILDING: _			
HAL011377			B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
30 DALEA		DRIVE			
WILHAW	HAM RIDGE		E, NC 28805		
(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 366	Continued From page	e 74	D 366		
D 366	Medication Administrate revealed: -Medications would be accordance with the prodersStaff who have demondance according to State rule medicationsDocumentation would administered the medications administered the medication and the resident take the staff documented on the resident take the staff documented dia anxiety disorder, depthyposmolality (condit electrolytes, proteins, are lower than normal blood sodium). Review of Resident # 05/08/24 revealed the for Effexor (used to troxybutynin (used to the staff and the staff are the staff and the staff are the staff and the staff are the staff ar	e administered in prescribing practitioner's postrated competency es may administer d be provided by staff who dication. In the eMAR after observing medication.	D 366		
	mg., Losartan Potass hypertension) 50 mg.	ium (used to treat			
		, Gabapentin (an ation sometimes used to			
	treat nerve pain) 600	mg., Ferosul (used to treat			
		g., Dicyclomine (used to			
	treat irritable bowel sy	yndrome) 20 mg., prevent blood clotting)			
		ed to treat anxiety) 30mg.,			
		event muscle spasms)			
	,	ovascular protection) 81mg.			
	Observation during th 9:09am revealed: -There were medicati	ne initial tour on 05/07/24 at			

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AND DIAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING			
HAL011377			B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM I	RIDGE	30 DALEA	DRIVE		
		ASHEVILL	.E, NC 28805		
(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 366	Continued From page	e 75	D 366		
	Interview with Reside revealed: -Medications have be times since her admis-She saw her medica and took them when sometimes MAs worshe was sleeping.	the room, in bed, asleep. Int #7 on 05/08/24 at 7:56am Int #7 on			
	-The medications in the cup were her morning medications. Review of Resident #7's electronic medication administration record (eMAR) for 05/07/24 revealed: -There was an entry for Effexor 75mg daily with an administration time of 8:00am and documentated as administered at 8:00am on 05/07/24.				
	with an administration documentated as adm 05/07/24. -There was an entry f with an administration documentated as adm 05/07/24. -There was an entry f 50mg. daily with an a and documentated as 05/07/24. -There was an entry f times daily with an ac and documentated as 05/07/24.	for Metoprolol 25mg. daily in time of 8:00am and ininistered at 8:00am on for Losartan Potassium diministration time of 8:00am is administered at 8:00am on for Gabapentin 600mg. three liministration time of 8:00am is administered at 8:00am on for Ferosul 325mg. daily with			

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AND DUAN OF CORRECTION IDENTIFICATION NUMBER			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BOILDING			
HAL011377			B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
14/11 114 84 1	DIDOE	30 DALE	A DRIVE		
WILHAM	M RIDGE ASHEVILLE				
(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 366	Continued From page	e 76	D 366		
	05/07/24There was an entry fitimes daily daily with 8:00am and documer 8:00am on 05/07/24There was an entry fit with an administration documented as admi 05/07/24There was an entry fit daily with an administ documentated as admi 05/07/24There was an entry fit daily with an administ documentated as admi 05/07/24There was an entry fit daily with an administ documentated as admi 05/07/24.	for Buspirone 30mg. twice tration time of 8:00am and ministered at 8:00am on for Baclofen 10mg. twice tration time of 8:00am and ministered at 8:00am on for Aspirin 81mg. daily with			
	75mg take one tablet -There was one bubb 5mg take one tablet o -There was one bubb 25mg take one tablet -There was one bubb Potassium 50mg take -There was one bubb 600mg take one table -There was one bubb	ration on 05/08/24 at le pack labeled Effexor daily. le pack labeled Oxybutynin daily. le pack labeled Metoprolol daily. le pack labeled Losartan e one tablet daily. le pack labeled Gabapentin et three times daily. le pack labeled Ferosul			

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20mg take one tablet three times daily.

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MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805 [X4] ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCE TO THE APPROPRIATE DATE D 366 Continued From page 77 -There was one bubble pack labeled Clopidogrel 75mg take one tablet dailyThere was one bubble pack labeled Buspirone 30 mg take one tablet dailyThere was one bubble pack labeled Baclofen 10mg take one tablet dailyThere was one bubble pack labeled Aspirin 81 mg take one tablet daily. Interview with the MA on 05/08/24 at 6:54am revealed: -She worked 5/07/24 and administered morning medications to resident #7She put the medications in a cup and left them beside her bed because she was sleepingShe did not watch her take her medicationsResident #7 "always" asked MAs to leave the medications but Resident #7 went back to sleep, so she left the medicationsResident #7 "always" asked MAs to leave the medications in her room, so that is why she left themShe was not aware there was anything wrong with leaving medications in the room.		T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY LETED
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805 CASTON SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY TAG D 366 Continued From page 77 D 366 Continued From page 77 D 366 There was one bubble pack labeled Clopidogrel 75mg take one tablet daily. - There was one bubble pack labeled Buspirone 30 mg take one tablet twice daily. - There was one bubble pack labeled Aspirin 81mg take one tablet twice daily. Interview with the MA on 05/08/24 at 6:54am revealed: - She worked 5/07/24 and administered morning medications to resident #7. - She put the medications in a cup and left them beside her bed because she was sleeping She did not watch her take her medications She attempted to wake Resident #7 wp to take her medications, but Resident #7 wp to take her medications in her room, so that is why she left them She was not aware there was anything wrong with leaving medications in the room.	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMP	LETED	
SUMMARY STATEMENT OF DEFICIENCES CASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIATE DEFICIENCY STATE OF THE APPROPRIATE DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 366	HAL011377			B. WING		05	09/2024
(A) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 366 Continued From page 77 There was one bubble pack labeled Clopidogrel 75mg take one tablet daily. There was one bubble pack labeled Baclofen 10mg take one tablet twice daily. There was one bubble pack labeled Baclofen 10mg take one tablet daily. There was one bubble pack labeled Aspirin 81mg take one tablet daily. Interview with the MA on 05/08/24 at 6:54am revealed: She worked 5/07/24 and administered morning medications to resident #7. She put the medications in a cup and left them beside her bed because she was sleeping. She did not watch her take her medications. She attempted to wake Resident #7 up to take her medications, Jut Resident #7 went back to sleep, so she left the medications. Resident #7 "always" asked MAs to leave the medications in her room, so that is why she left them. She was not aware there was anything wrong with leaving medications in the room.	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CX4) ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DAGE DATE	WILHAM RIDGE 30 DALEA I						
Cach Deficiency Must be preceded by Full REGULATORY OR LSC (DENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCE DT OTHE APPROPRIATE DATE		Т		_E, NC 28805			
-There was one bubble pack labeled Clopidogrel 75mg take one tablet dailyThere was one bubble pack labeled Buspirone 30 mg take one tablet twice dailyThere was one bubble pack labeled Baclofen 10mg take one tablet twice dailyThere was one bubble pack labeled Aspirin 81mg take one tablet daily. Interview with the MA on 05/08/24 at 6:54am revealed: -She worked 5/07/24 and administered morning medications to resident #7She put the medications in a cup and left them beside her bed because she was sleepingShe did not watch her take her medicationsShe attempted to wake Resident #7 up to take her medications, but Resident #7 went back to sleep, so she left the medicationsResident #7 "always" asked MAs to leave the medications in her room, so that is why she left themShe was not aware there was anything wrong with leaving medications in the room.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF	OULD BE	COMPLETE
75mg take one tablet dailyThere was one bubble pack labeled Buspirone 30 mg take one tablet twice dailyThere was one bubble pack labeled Baclofen 10mg take one tablet twice dailyThere was one bubble pack labeled Aspirin 81mg take one tablet daily. Interview with the MA on 05/08/24 at 6:54am revealed: -She worked 5/07/24 and administered morning medications to resident #7She put the medications in a cup and left them beside her bed because she was sleepingShe did not watch her take her medicationsShe attempted to wake Resident #7 up to take her medications, but Resident #7 went back to sleep, so she left the medicationsResident #7 "always" asked MAs to leave the medications in her room, so that is why she left themShe was not aware there was anything wrong with leaving medications in the room.	D 366	Continued From page	e 77	D 366			
-Resident #7 complained a lot, so that is why she left the medications in her room without watching her take them. Refer to interview with Resident Care Coordinator (RCC) on 05/09/24 at 11:05am. Refer to interview with Owner #1 on 05/09/24 at 1:22pm. 2. Review of Resident #6's current FL2 dated 12/29/23 revealed diagnoses included cerebral infarction, acute kidney failure, diabetic neuropathy, hypertension and hypotension.	D 366	-There was one bubb 75mg take one tablet -There was one bubb 30 mg take one tablet -There was one bubb 10mg take one tablet -There was one bubb 81mg take one tablet -There was one bubb 81mg take one tablet Interview with the MA revealed: -She worked 5/07/24 medications to reside -She put the medications to reside -She put the medications, but sleep, so she left the -Resident #7 "always medications in her root themShe was not aware twith leaving medications in her root themShe was not aware twith leaving medications in her take them. Refer to interview with (RCC) on 05/09/24 at Refer to interview with 1:22pm.	ole pack labeled Clopidogrel daily. ole pack labeled Buspirone to twice daily. ole pack labeled Baclofen twice daily. ole pack labeled Aspirin daily. on 05/08/24 at 6:54am on 05/08/24 at 6:54am on and administered morning ent #7. ons in a cup and left them use she was sleeping. or take her medications. on on take Resident #7 up to take Resident #7 went back to medications. on asked MAs to leave the om, so that is why she left on the room. oned a lot, so that is why she on her room without watching one has resident Care Coordinator to the composite of the compos	D 366			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HAL011377			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
WILHAM RIDGE 30 DALEA I		A DRIVE .LE, NC 28805				
(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 CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
D 366	#6's bedside tableThere were 9 pills ins -No facility staff were Interview with Reside revealed: -His morning medicat table because his stowant to take them whorought them earlierThe MA left them with when he ate breakfast Review of Resident #12/29/23 revealed: -An order for aspirin (81mg dailyAn order for farxiga (progression of kidney-An order for levetiract convulsions) 500mg to the An order for metoprofelease (used to treat 25mg, 1/2 tablet daily) -An order for midodrift blood pressure) 5mg -An order for Vitamin deficiency) 100mg data Review of Resident #5/06/24 revealed and treat nerve pain) 600r order dated 05/06/24 times a day.	o7am revealed: nedicine cup on Resident side the medication cup. in the room with him. nt #6 on 05/07/24 at 9:05am ions were on his bedside mach hurt and he did not en the Medication Aide (MA) h him so he could take them it. 6's physician orders dated used as a blood thinner) used to slow the y failure) 10mg daily. setam (used to prevent wice daily. potassium (used to treat ure) 25mg daily. lol Succinate extended elevated blood pressure) . ne HCL (used to treat low twice daily. B1 (used to treat vitamin ily. 6's physician orders dated order for gabapentin (used to mg three times daily and an for gabapentin 600mg four	D 366			
	Review of Resident #	6's physician orders dated				

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Division of	of Health Service Regu	liation					
			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN (PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
	1101 044277				0.7/4	0/0004	
		HAL011377	B. WING		05/0	9/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE			
		30 DALE	A DRIVE				
WILHAM F	RIDGE		LE, NC 28805				
			<u> </u>			Ī	
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE	
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE	
	REGULATORY OR ESC IDENTIFY TING INFORMATION)		,,,,,	DEFICIENCY)			
D 366	Continued From page	e 79	D 366				
	03/30/24 revealed an	order for docusate sodium					
	(used to treat constip						
	(dood to trout concup	ation) roomg daily.					
	Review of Resident #	6's 05/07/24 electronic					
	medication administra						
	revealed:	audit record (eivin try)					
		for asnirin 81mg daily at 8am					
	-There was an entry for aspirin 81mg daily at 8am and documented as administeredThere was an entry for docusate sodium 100mg at 8am and documented as administered.						
	-	for farxiga 10mg at 8am and					
	documented as admir						
	-There was an entry for gabapentin 600mg at 8am and documented as administeredThere was an entry for levetiracetam 500mg at						
	8am and documented	_					
	-	for losartan potassium 25mg					
	at 8am and documen	· · · · · · · · · · · · · · · · · · ·					
		for metoprolol Succinate					
	_	ng, 1/2 tablet at 8am and					
	documented as admir						
		for midodrine HCL 5mg at					
	8am and documented	<u> </u>					
		for Vitamin B1 100mg at					
	8am and documented						
	Observation of Resid	ent #6's medications					
	available for administ	ration on 05/08/24 at					
	3:27pm revealed:						
		le pack labeled aspirin					
	81mg daily.	·					
		le pack labeled docusate					
	sodium 100mg daily.	•					
	-There was one bubb	le pack labeled farxiga					
	10mg daily.	J					
		le pack labeled gabapentin					
	600mg four times a d						
	-There was one bubb						
	levetiracetam 500mg						
		le pack labeled losartan					

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AND DIAN OF CORRECTION INTERPRETATION NUMBERS		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL011377			B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	05/09/2024	
WILHAM RIDGE 30 DALEA D			DRIVE			
WILLIAM	(IDGL	ASHEVIL	LE, NC 28805			
(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 COMPLE	ETE
D 366	Continued From page	e 80	D 366			
D 366	potassium 25mg daily. -There was one bubb Succinate extended r daily. -There was one bubb HCL 5mg twice daily. -There was one bubb 100mg daily. Interview with the MA revealed: -She worked third shi morning medications -She was not aware t with leaving medication interview with a medication interview was against factories with a medication interview with a medication interview was against factories with a medication interview was against factories with a medication interview with a medica	le pack labeled metoprolol elease 25mg, 1/2 tablet le pack labeled midodrine le pack labeled Vitamin B1 a on 05/08/24 at 6:54am ft on 05/06/24 and passed to residents on 05/07/24. here was anything wrong ons in the room. cation aide (MA) on evealed leaving medications in observing the resident take ility policy.	D 366			
	on 05/09/24 at 11:05a	, ,				
	-MAs should watch exmedications and not I room for residents to -She thought the medications in the not fully trained to pas	eave medications in the take later. lication aide might have left e room because they were ss the medications.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLI	
		A. BUILDING.				
HAL011377			B. WING		05/0	9/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILHAM RIDGE 30 DALEA ASHEVILL						
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETE DATE
D 366	Continued From page	e 81	D 366			
D 366	Interview with Owner revealed: -MAs were supposed medications and never residents to take later policyHe was not aware M resident take there mpills in the room for the believed lack of tincidents happenedThe staff that docume	#1 on 05/09/24 at 1:22pm to watch the Residents take er leave the medications for r; it was against facility As were not observing edication and leaving the nem to take later. raining could be why the ented she administered them at bedside, was not a	D 366			

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