124

STATEMEN	of Health Service Reg TOF 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	30 DALEA	DRESS, CITY, STA DRIVE E, NC 28805	IE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES SY 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 COMPLETE
D 000	Buncombe County D conducted an annua investigation on 05/0 complaint investigati	nsure Section and the epartment of Social Services I survey and complaint 7/24 - 05/09/24. The on was initiated by the epartment of Social Services	D 000		
D 125	aides, and their direct training, clinical skills written examination a 131D-4.5B. Persons occupational licensui medications are exer Readopted Eff. July This Rule is not met TYPE A2 VIOLATION Based on interviews facility failed to ensur aides (Staff A, B and medications, completed the state a or 15-hour medication	3 Qualifications Of staff who administer er referred to as medication at supervisors shall complete validation, and pass the as set forth in G.S. authorized by state re laws to administer npt from this requirement. 1, 2021. as evidenced by: N and record reviews, the re 3 of 3 sampled medication C) who administered ted the state approved fills validation checklist and approved 5-hour and 10-hour in training as required (Staff who did not complete her	D 125	See page 4	
	Ith Service Regulation DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE	1 1	TITLE	(X6) DATE
STATE FORM				wohle, Adm. A. strator HPO11	66/20/2 If continuation sheet 1 of 82

Reviewed and acknowledged 7/3/24

RP

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUI	(X	3) DATE SURVEY COMPLETED		
		HAL011377	B. WING		05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	30 DALE	T ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	(X5) COMPLE DATE		
D 125	 Review of Staff A -She was hired 03/2 (MA). There was no docu the 15-hour medica -There was no docu the medication clinic Interview with a res revealed Staff A adr sometimes. Interview with Staff revealed: She worked 05/06/ administered mornin on 05/07/24. She had not compl -She had been adm facility until she four (05/08/24), she coul medications. Review of a residen Medication Administ revealed: Staff A's initials wer administering medic -There was docume was not working adr 05/07/24. Refer to the intervier Coordinator on 05/0 	a's personnel record revealed: 27/24 as a medication aide amentation Staff A completed tion aide training. Imentation Staff A completed cal skills validation checklist. ident on 05/08/24 at 9:44am ministered her medications A on 05/08/24 at 6:54am 24 on third shift and ng medications to Residents eted her MA training. inistering medications at this nd out that morning id no longer administer t's May 2024 electronic tration Record (eMAR) re not documented as tations on 05/07/24. ntation a staff' member who ministered medications on	D 125	ee page 4			
		s personnel record revealed: /29/24 as a medication aide					

1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
	<	HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE	E, ZIP CODE		
WILHAM	RIDGE	30 DALEA ASHEVILLI	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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLE	
D 125	Continued From page	2	D 125			
	medication clinical sk 02/13/24, when she w previously.					
	at 11:05am.	with the RCC on 05/09/24				
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	-Staff C was hired on aide (MA). -There was no docum the 15-hour medicatio -There was no docum the medication clinica	entation Staff C completed I skills validation checklist. entation Staff C completed		See Page 4		
	Review of a Resident 2024, April 2024 and Medication Administra revealed there was do administered medicati	tion Record (eMAR)				
	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				
	Refer to Tag 0358 10A Medication Administra	NCAC 13F .1004(a) tion Type A2 Violation.				
	revealed:	C on 05/09/24 at 11:05am for completing part of the				

....

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the state of the state of the	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING	· · · · · · · · · · · · · · · · · · ·	05/09/2024
NAME OF F			DDRESS, CITY, S	TATE, ZIP CODE	
WILLINAW		ASHEVI	LE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	DBE COMPLET
D 125	Continued From pag	ge 3	D 125	All chaical staff have	
	testing was schedul -She did not know a requirements for val Interview with Owne revealed: -He was doing the tr -MAs were not authout until he completed th -He did not know ho the schedule if their The facility failed to the necessary medic clinical skills validation testing before they s medications. This fail the health, safety, ar and constitutes a Typ The facility provided accordance with G.S CORRECTION DAT	nything about the idation. r #1 on 05/09/24 at 1:23pm aining for the MAs. prized to pass medications neir training. w or why MAs were put on training was not completed. ansure 3 of 3 staff completed cation aide training and on and medication aide tarted administering flure was a substantial risk to not welfare of the residents		recieved extensive train according to NC require All staff have recieved appropriate training for Specific job functions accordance with NC regulations. In-house training has implemented for the C Procedures related to Staff qualifications. T new process is being implemented directly licensed healthcare p	Hions. Her Heir DHSR been nboarding Med This
D 129	2024.	(2) Qualifications Of Activity	D 129	see page 6.	
	Director Adult care homes sh who meets the follow (2) The activity direct 2022 shall complete, employment or assig	Qualifications Of Activity all have an activity director ring qualifications: for hired after September 30, within nine months of nment to this position, the for assisted living activity			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	6/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	FE, ZIP CODE		
VILHAM	RIDGE	and the second se	A DRIVE			
		ASHEVIL	LE, NC 28805		Å	К.
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID • PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 129	Continued From pag	je 4	D 129			
	comparable activity of Department based of content. An activity of the required basic activity of the following applit (a) be a licensed rec- eligible for certification specialist as defined Recreational Therap accordance with G.S. (b) have two years of programming for an program within the la- which was full-time in patients or residents care setting; (c) be a licensed occu- licensed occupationa accordance with G.S.	reational therapist or be on as a therapeutic recreation by the North Carolina y Licensure Act in 5. 90C; f experience working in adult recreation or activities ast five years, one year of n an activities program for in a health care or long term supational therapist or al therapy assistant in 5. 90, Article 18D; or Activity Director by the		See page 6.		
	failed to have an Acti	ns and interviews, the facility				
	The findings are:					
	posted in the hallway revealed: -There were various					
		inning or end times. d just had the wording, "Free tivity," or had "Free Day,"				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPL	
		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WILHAM	RIDGE	30 DALE	A DRIVE			
		ASHEVI	LLE, NC 28805			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	REGULATORY O	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		DATE
D 129	Continued From page	ge 5	D 129	New activity director	Starled	
	with no start or end	times.		w/ the facility on 5		
		n the calendar many times		14		
		times, or if it had a start time,		in accordance w/ NC	DHSR	
	there would be no e			regulations. Activity Calen		
		d one activity listed for the				
		Poker, Bingo, Birthday		has been altered to re		
		and Ice Cream Social.		Start and end times I		
		esident Care Coordinator		activities to appropriately	track	
	(RCC) on 05/08/24			the amount of hours o	f	
	-The person filling in	n for AD had not completed				
	her certification for A			activities held at the		
		to do activities sometimes		to meet the requireme	nt.	
		on was not at the facility.				06/08/
	activities when she	ed in as AD did more evening		In accordance with		
	Conservation of the construction of the second states and states	not have any activities.		IOA NEAC 13F. 0404 the		
				activity director has 9 m	ontas	
	revealed:	r #4 on 05/07/24 at 3:37pm		to complete the course a	after	
	-They did not have a			assignment to this posit	tion.	
	-They had someone	filling in to do activities.		The dates for enrollment	at	
		n finding someone certified to				
	AD.	rently they do not have an		in the basic activity c		
				are 07/08/2024 - 09/27/2	2024.	
	Interview with Owne revealed:	r #1 on 05/09/24 at 1:22pm				
	-They currently do no					
	-He was aware of no the residents.	t having enough activities for				
	-He was aware the c	alendar did not have start				
	and end times for all					
	-He was aware the fa	acility needed 14 hours a				
		ered to the residents.				
		dent on 05/08/24 at 9:44am				
		lid not have an activity				
	director; just a volunt	eer who was at the facility on				
sion of Heal	luesdays and Thurs	days to play Bingo in the				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100-0110 PM (0.0010 - 0.000 - 0.004	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	5/09/2024
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
VILHAM	RIDGE	30 DALE	A DRIVE			
		The state of the	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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 129	Continued From pag	je 6	D 129			
	evening.					
	5					
D 137	10A NCAC 13F .040 Qualifications	7(a)(5) Other Staff	D 137			
		7 Other Staff Qualifications n at an adult care home				
	(5) have no findings	listed on the North Carolina nel Registry according to G.S.				
				See page 8.		
	This Rule is not met	as evidenced by:		the page of		
	Based on interviews	and record reviews, the				
	facility failed to ensu	re 2 of 3 sampled staff (Staff				
	A and C) had no sub North Carolina Healt	stantiated findings on the h Care Personnel Registry				
	(HCPR) upon hire.	n ouro r orsonner registry				
	The findings are:					
	1. Review of Staff A's	s, medication aide (MA),				
	personnel record rev	ealed:				
	-There was a hire da	te of 03/22/24. nentation of a HCPR check				
	upon hire.	NETICATION OF A FIGHT CHECK				
	Refer to interview wit (RCC) on 05/09/24 a	h Resident Care Coordinator				
	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	check for Staff A on vas not provided.				

STATE FORM

4HPO11

If continuation sheet 7 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
WILHAM	PIDCE	30 DALEA	A DRIVE		
	NIDOL	ASHEVIL	LE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
D 137	Continued From page	7	D 137		
ק - -	personnel record reve -There was a hire date				1
	Attempted telephone i unsuccessful on 05/08 Refer to interview with 11:05am.	3/24 at 3:17pm.		HCPR checks have to Completed for all str at the facility. Since	aft
	1:22pm. Refer to the interview	0 Owner #1 on 05/09/24 at with Owner #4 on 05/09/24		annual survey, Wilham has experienced a 90%+ in Staff. All Staff have	Ridge turnaver e
	at 1:30pm. Request for a HCPR of 05/08/24 at 2:07pm wa	as not provided.		undergone HCPR Checks. Ha Chocks have been reaffirm in the enboarding process	formed 06/08/ cess,
	revealed:			and oversight of its (has changed to that a Owner.	sf an
	checks on staff she kn -She was aware that a have HCPR checks co	ew personally. Ill staff were required to ompleted.			
	revealed: -The RCC or any of th to complete HCPR che	#1 on 05/09/24 at 1:22pm e Owners were responsible ecks. ack of communication could			
	be reasons why the He completed on all staff.	CPR checks were not			
	Interview with Owner #	#4 on 05/09/24 at 1:30pm			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED	
		HAL011377	B. WING		05	05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
	DIDCE	30 DALE	A DRIVE				
	RIDGE	ASHEVI	LLE, NC 28805	42			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATÉMENT 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 APPP DEFICIENCY)	OULD BE	(X5) COMPLETI DATE	
D 137	Continued From page	e 8	D 137				
	revealed personnel re	ecords were not audited.					
	revealed personner re	ecolds were not addited.					
D 139	10A NCAC 13F .0407 Qualifications	7(a)(7) Other Staff	D 139				
	(a) Each staff person (7) have a criminal ba in accordance with G	7 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		See page 11			
	The findings are:						
	-Staff A was hired on -Staff A was hired as a	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 a						

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the second se	CONSTRUCTION	(X3) DATE SURV COMPLETE	
		HAL011377	B. WING	05/09/2	024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	TE, ZIP CODE		
WILHAM	RIDGE		EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIER	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE C	(X5) OMPLET DATE
D 139	Continued From pa upon hire.	ge 9	D 139			
	Refer to interview w 11:05am.	vith the RCC on 05/09/24 at				
	Refer to interview w 1:22pm.	vith Owner #1 on 05/09/24 at				
	Refer to the intervie at 1:30pm.	ew with Owner #4 on 05/09/24				
	3. Review of Staff C -Staff C was hired o -Staff C was hired a					
		inal background completed		see page 11		
	Refer to interview w 11:05am.	ith the RCC on 05/09/24 at				
	Refer to interview w 1:22pm.	ith Owner #1 on 05/09/24 at				
	Refer to the intervie at 1:30pm.	w with Owner #4 on 05/09/24				
	revealed: -The Owners were r criminal background	CC on 05/09/24 at 11:05am responsible for obtaining d checks on employees.				
		nything to do with making round checks were completed				
	revealed:	er #1 on 05/09/24 at 1:22pm esponsible to make sure				
	criminal background all employees.	criminal background checks				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000	E CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		06	/09/2024
			ADDRESS, CITY, ST EA DRIVE	ATE, ZIP CODE		
WILHAM	RIDGE	ASHEV	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 139	were not completed o -He believed lack of th communication could	n all staff. raining and lack of be the reason criminal	D 139	Background Check been completed a employees. The o	on all	
	employees. Interview with Owner	rere not completed on all #4 on 05/09/24 at 1:30pm cords were not audited.		of the backgrour Process has been to a member	of owners	06/68/2 h.p.
D 164	the care of residents v unlicensed staff prior t insulin as follows: (1) Training shall be p nurse, registered phar	Training On Care Of nall assure that training on with diabetes is provided to to the administration of provided by a registered	D 164	Audits of employed will occur at le going forward to compliance.	ast monthly	1
	 (a) basic facts about of in the management of (b) insulin action; (c) insulin storage; (d) mixing, measuring for insulin administration 	and injection techniques on; vention of hypoglycemia		See page 15		
	(f) blood glucose mon precautions;(g) universal precaution(h) appropriate admin(i) sliding scale insulin	ons; istration times; and	X			

6899

4HPO11

If continuation sheet 11 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and a second second second second	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
VILHAM	RIDGE					
(XA) ID	SLIMMADY	and the second	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATÉMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
D 164	Continued From page	ge 11	D 164			
	This Rule is not me					
	TYPE A2 VIOLATIO	N				
		and record reviews, the				
		re 3 of 3 sampled medication d C) completed training on				
	the care of diabetic	residents prior to the				
	administration of ins	ulin.				
	The findings are:					
	1. Review of Staff A	s, medication aide (MA),		500 0001 15		
	personnel record rev	vealed:		See page 15		
	-Staff A was hired or	n 03/27/24. mentation of training on				
	diabetic care for resi					
	Interview with Staff A revealed:	A on 05/8/24 at 8:00am				
	-She worked in the f	acility as a MA and				
	administered insulin	-				2
	-There was no docu					
		edications because she used code to document in the				
		administration records				
	(eMAR).					
	-She only had some Resident Care Copro	diabetic training from the				
		ised when she administered				
	medications.					
	Review of a resident	's eMAR for March and April				
	2024 revealed:					
	-In March there were	120 opportunities for sliding Iministration and 20 times				
	the SSI was given in	correctly or not at all.				
	-In April there were 1	14 opportunities for SSI				
	administration and 4 th Service Regulation	times the SSI was given				

4HPO11

If continuation sheet 12 of 82

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
		HAL011377	B. WING		05	/09/2024
AME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
ILHAM I	RIDGE	30 DALEA				
			LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
D 164	Continued From page	ge 12	D 164			
	incorrectly.					
	Review of a second	resident's eMAR for March				
	2024 revealed:					
		ntation the scheduled insulin				
1. J. J.	was not administere	it was not administered.				
		ntation the sliding scale scale				1
	insulin (SSI) was no	t administered 5 times and no				
	documentation why	it was not administered.				
	Refer to the interview	w with the Resident Care				
		on 05/09/24 at 11:05am.				
	Refer to the interview	w with Owner #1 on 05/09/24		See and it		
	at 1:23pm.			See page 15		
		s, medication aide (MA),				
	personnel record rev					
	-Staff B was rehired	on 04/29/24. mentation of training on				
	diabetic care for resi					
	Review of a resident	's March 2024 electronic				
	20 20	ration Record (eMAR)				
	revealed: -There was docume	ntation that Staff P	d projection			
	THE PARTICULAR AND ADDRESS OF A DECEMBER OF	on 03/01/24 at 11:30am.				
	03/06/24 at 7:30am	and 11:30am, 03/12/24 at				
		n, 03/17/24 at 4:30pm and				
	03/27/24 at 4:30pm.					
	Interview with Staff E revealed:	3 on 05/07/24 at 2:25pm				
		edications to the residents				
	including diabetic me	edications				
	10 M Cont 11 12	h medication to administer				
	because she double -She had diabetic tra					
		9.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	×	
WILHAM	RIDGE		EA DRIVE LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLET	
D 164	Continued From pa	ge 13	D 164			
		w with the Resident Care on 05/09/24 at 11:05am.				
	Refer to the intervie at 1:23pm.	ew with Owner #1 on 05/09/24				
	personnel record re -Staff C was hired (01/31/24.				
	diabetic care for res	umentation of training on sidents.				
	Administration Reco 8:00am revealed St	nt's electronic Medication ord (eMAR) for 03/23/24 at taff C documented she correct dose of sliding scale		See page 15		
		e interview with Staff C on				
		w with the Resident Care on 05/09/24 at 11:05am.				
	Refer to the intervie at 1:23pm.	w with Owner #1 on 05/09/24				
		0A NCAC 13F .1004(a) tration Type A2 Violation.				
8	(RCC) on 05/09/24	esident Care Coordinator at 11:05am revealed: hired MAs by having the MAs				
	observe her during days then on the for administer medication	the medication pass for three urth day the MA was able to ons.				
	document it. -She did not know w	training on insulin but did not vho was responsible for				
	providing the require	ed diabetic training.				

STATE FORM

4HPO11

If continuation sheet 14 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
		30 DALE			
NILHAM	RIDGE		LE, NC 28805		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 164	Continued From page	e 14	D 164	All staff who admin	
	Interview with Owner	#1 on 05/09/24 at 1:23pm		Insulin have Undergon	e
	revealed:	#1 01 05/09/24 at 1:23pm		training on care of	dippeter
		for diabetic training on newly		3	
		ssed some of the trainings.		residents in accordance	- with
		uthorized to administer		State regulations. A gu	ality
	medications until they	had all the required			
	training.			Improvement plan aroun	0
				this care has been 1	mplemented
		nsure 3 of 3 sampled staff		that consists of refr	
		ted training on the care of es, resulting in the MAs			
	giving incorrect doses			instruction every quarte	r.
		lin as ordered. This failure		All instruction provide.	
		I risk to the health, safety,			1
		idents and constitutes a		License Health Care Pi	ofessend
	The facility provided a	plan of protection in			
		131D-34 on 05/09/24 for			
-	this violation.				
	CORRECTION DATE				
		OT EXCEED JUNE 8,			
	2024.				
D 182	10A NCAC 13F .0602	(b) Monogoment Of	D 400		
0 102	Facilities with a Capac		D 182	To immediately rectify -	this
	r donnoo mar a oapac			Fonding, Witham Ridge h	
	10A NCAC 13F .0602	Management Of Facilities			
	With A Capacity Or Ce			ensured at least one A-1.	·C/SIC
	Residents			has been present at all	times.
	/1.5.1AB			Many instances, there has	44
		trator is not on duty in the		been two liggers I	
		a person designated as		been two licensed admin	stratovs
		e on duty in the facility who for the overall operation of		The Duilding at all	times.
	the facility and meets t			at the building at all A pharm D or RN have	been
		e required in Rule .0602 of		present full time at the	
	and a share and a share			building.	e e

4HPO11

If continuation sheet 15 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
and the second second second		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	
WILHAM	RIDGE	30 DALE	A DRIVE		
		ASHEVI	LE, NC 28805		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (NC)
PREFIX TAG	(EACH DEFIGIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLE
D 182	Continued From page	15	D 182	To prevent this issue	from
	this Section. The per	sonal care aide supervisor,			
	as required in Rule .0	605 of this Subchapter, may		occurring again in th	e titure
	serve simultaneously	as the	1	on day Shift, there w	
	administrator-in-charg			al my moth, there w	
				always be an sic o	A.C.a.W
				The facility administrator	TI SIGH
				and administrator	15
				be at the bu	ildian
				daily to stabilize the	5
			- 1	with and	operations,
	T			an KN Generation	1.
	This Rule is not met a	as evidenced by:		when advant	
	TYPE A1 VIOLATION			unable to be present.	N'EY End
	Popod on observation	- list		requirements to present.	SIC
	reviews the facility fai	s, interviews, and record led to ensure there was		requirements have been	met 06/8/2
	always one Administra			for other staff memb	ers
		ge (AIC) in the facility at all		as well.	
	times who was respon	sible for the overall			
	operations of the facili	ty related to qualifications			
	of medication aide star				
		g diabetic care training and			
	correct administration	of insulin, not notifying			
	primary care providers	when medications were			
	administered incorrect	y or not at all, and resident			
	rights related to third s	hift staff sleeping in the			
	facility during their shif				
	The findings are:				
	Review of the facility c	ensus dated 05/07/24			
		residents residing in the			
	facility as of 05/07/24.				
		ity Owner #4 on 03/07/24			
	at 3:15pm revealed:				
	-Since January 2024, s	he was on site at the			
	facility from 8:00am - 2	:00pm daily during the			
	week except for Tuesd	ay and Fridays because			
	she owned another bus	siness.			

i

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377	Contraction of the second second	CONSTRUCTION	СОМ	E SURVEY PLETED	
				Wannessen	05	05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE			
VILHAM	RIDGE		LLE, NC 28805				
(14.0) 15	STIMMADY S	The local division of the second s					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLE ⁻ DATE	
D 182	Continued From pag	e 16	D 182				
	the facility. -When she was at the out", help clean the H bathrooms, and assi Coordinator (RCC) w -She was not a "meo- understand the proce administration. -She did not know with they contacted the re- the RCC was respon- -No one in managem -She did not know how was in the facility. Interview with Facility 4:00pm revealed -She was a Registered -She was a Registered -She was a the facility board meeting with the -She did not know if the ensure the residents the right medications -She did not have a re- the facility. Interview with Facility 9:17am and 11:50am -He was at the facility meetings with the other -Initially, the facility w "investment opportune more of a day to day -He thought the faciliti it was when it was put	lical person" and did not esses related to medication here staff would document if esidents' PCPs but she knew sible for it. nent knew the process. ow often the Administrator / Owner #3 on 03/07/24 at ed Nurse (RN). ty one time per week for a ne other Owners. her Owner for assistance if there was a process to at the facility were receiving ole in the daily operations of / Owner #2 on 05/08/24 at revealed: / on weekly for board her Owners. // as purchased as an ity", but now he knew it was		See Page 16			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	a company and and		(3) DATE SURVEY COMPLETED
			A. BUILDING:		
		HAL011377	B. WING		05/09/2024
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
	NDOG	30 DALE	A DRIVE		
/ILHAM I	RIDGE	ASHEVI	LLE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATÉMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
D 182	Continued From page	e 17	D 182		
	He never met the Ar	ministrator but may have			
	spoken to her on a co				
		v often the Administrator was			
		did not expect her to be			
	there.				
		ner #1) was working on			
	becoming a licensed				
		uch with the owner of a local			
	the second se	dance on rules they were not			
clo In 1: -H	clear on.				
		/ Owner #1 on 05/09/24 at			
	1:23pm revealed:				
	-He was a Pharmacis			C Deve 11	
		/ at least 3 days per week		See Page 16	
		purchased in July 2023.			
		facility, he worked on staff			
	certifications and faci	in the facility 4 days per			
	week.	in the facility 4 days per			
	-The RCC was respo	nsible for the daily			
	operations of the faci				
	 South and a stand stand standing of strength and stands 	o obtain his Administrator			
		nt Administrator trained him.			
	Telephone interview	with the Administrator on			
	05/09/24 at 12:20pm				
		e Administrator of the facility			
	since the end of 2023				
		the Owners with obtaining			
	12 12 21	nse but there was a delay			
	with the paperwork.				
		e of numerous medication			
	and it was "overwhelr	y audit that was conducted,			
		ning . nformed her they were			
		s" and had made a chart			
	checklist.	o and had made a blatt			
		RCC several times the past			
		er resources about putting a			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
VILHAM	RIDGE		A DRIVE LLE, NC 28805			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES				
PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 182	Continued From page	e 18	D 182			
	resident record toget	her				
		ty monthly and was there				
	more often when she	was precepting the Owner.				
	-She assumed the R	CC and the Owners were				
		ay to day operations of the				
	facility.	ay to day operations of the				
	Interview with the PC	C on 05/07/24 at 4:06pm				
	and 05/09/24 at 11:05	5 on 05/07/24 at 4:06pm				
		facility 3-4 times per week	×			
	to file clean interact	with residents and staff, and				
	would come to the fact	cility and assist her if she				
	telephoned for assista					
		e to the facility 2- 3 times per				
	week and belood with	resident haircuts, cleaning,				
	nanenwork and assis	ted with emails from the		610 Dec. 11		
	pharmacy.	led with emails from the		See Page 16		
		ministrator at the facility two				
	times since January 2					
		qualifications to be the AIC				
	of the facility and she	had a lot sho was				
	responsible for.	had a lot sile was				
	Non-compliance was i	identified at a violation level				
	in the following areas:					
	Based on observation	s, interviews, and record				
13	reviews, the facility fai	led to ensure medications				
	were administered as	prescribed for 3 of 6				
	sampled residents (#3	, #5, and #6) related to				×
	medications used to co	ontrol elevated blood				
	glucose (#3, #5, and #	6), a medication that treats				
	depression (#5), and n	nedications used to control				
-]]	pain and an elevated h	neart rate (#3). [Refer to				
	Tag 0358 10A NCAC 1 Administration Type A2	3F .1004(a) Medication				
l	Based on interviews a	nd record reviews, the				
1	acility failed to ensure	notification to the primary				
1	care provider (DCD) fo	r 4 of 6 sampled residents	10			

Division of Health Service Regulation STATE FORM

6699

4HPO11

If continuation sheet 19 of 82

PRINTED: 05/31/2024 FORM APPROVED

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05	5/09/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
WILHAM	RIDGE		EA DRIVE LLE, NC 28805			
(X4) ID	D SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRE	OTION	
PREFIX TAG	(EACH DEFIGIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 182	Continued From page	e 19	D 182			
	(Residents #3, #4, #8	5 and #6) related to	E. C			
	medications to treat e	elevated blood sugar not				
	administered (#3, and	d #5), inaccurate doses of				
	medications to treat e	elevated blood sugar, blood				
	sugar readings greate	er than 400, a pain				
	medication not admir	nistered, a heart medication				
	given outside of para	meter (#3), and refusals of				
	medications that treat	t high ammonia levels (#4)				
	and blood sugar (#6).	[Refer to Tag 0273 10A				
	NCAC 13F .0902(b) H Violation].	Health Care Type A2				
	Based on observatior	ns and interviews, the facility				
	failed to ensure all res	sidents were free from				
	neglect related to third	d shift staff sleeping and a				
	delay in residents get	ting medications or not		See page 16		
	getting their medication	ons.		1 5		
	[Refer to Tag 0338 10	0A NCAC 13F .0909				
1	Resident Rights Type	A2 Violation].				
	Based on interviews a	and record reviews, the				
	facility failed to ensure	e 3 of 3 sampled medication				
	aides (Staff A, B, and	C) completed training on				
	the care of diabetic re					
	NCAC 12E OFOF THE	in. [Refer to Tag 0164 10A				
	Residents Type A2 Vid	ning on Care of Diabetic olation].				
		and record reviews, the				
	facility failed to ensure	e 3 of 3 sampled medication				
	aides (Staff A, B and C	C) who administered				
	medications, complete	ed the state approved				
	completed the state at	lls validation checklist and				
	or 15-hour medication	oproved 5-hour and 10-hour training as required (Staff				
	A. B. C) and 1 staff wh	training as required (Staff no did not complete her				
		Staff C). [Refer to Tag 0125				
	10A NCAC 13F .0403((a) Qualifications of				
	Medication Staff Type					
	1					

4HPO11

If continuation sheet 20 of 82

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HAL011377	B. WING		05/	09/2024	
NAME OF P	ROVIDER OR SUPPLIER	30 DALE	DDRESS, CITY, STA A DRIVE .LE, NC 28805	TE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR(DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
D 182	Based on interviews failed to ensure a lic participated in the re- residents (#3 and #5 Tag 0280 10A NCAO Health Professional The facility failed to Administrator or Adm facility at all times w daily operations of th third shift staff sleep residents that were a of medications, resid administered doses providers were not n and refusals of medi staff administering m required training. Th neglect and constitu	and record review the facility ensed health professional eview and evaluation for 2 of 5 5) at least quarterly. [Refer to C 13F .0903(c) Licensed Support Type B Violation]. ensure there was an ninistrator-In-Charge in the ho was responsible for the ne facility which resulted in ing during their shift, administered incorrect doses	D 182	see page 16			
D 273	accordance with G.S. violation. CORRECTION DAT VIOLATION SHALL 10A NCAC 13F .090 10A NCAC 13F .090 (b) The facility shall to meet the routine a of residents. This Rule is not meet TYPE A2 VIOLATIO	5. 131-34 on 05/08/24 for this E FOR THE TYPE A1 NOT EXCEED JUNE 8, 2024 92(b) Health Care 92 Health Care assure referral and follow-up and acute health care needs	D 273				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMF	SURVEY
		HAL011377	B. WING		05	/09/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	FE, ZIP CODE		
NILHAM	RIDGE	30 DALE	A DRIVE			
		ASHEVI	LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
D 273	facility failed to ensu care provider (PCP) (Residents #3, #4, # medications to treat administered (#3, an medications to treat sugar readings great medication not admin given outside of para medications that trea and blood sugar (#6) The findings are: Review of the facility Procedure dated 06// -The resident's prima would be notified after medications. -In the event of medi- would notify the PCP professional. 1. Review of Resident 12/29/23 revealed dia chronic condition that process blood glucos Review of Resident # revealed an admissio a. Review of physicia dated 12/21/23 revea blood sugar) 100units sliding scale insulin (S continuous glucose m 151-200 = 2 units 20	re notification to the primary for 4 of 6 sampled residents 5, and #6) related to elevated blood sugar not ad #5), inaccurate doses of elevated blood sugar, blood ter than 400, a pain nistered, a heart medication ameter (#3), and refusals of at high ammonia levels (#4)). 's Medication Policy and 21/23 revealed: ary care provider (PCP) er 3 missed/refused doses of cation errors, facility staff or appropriate health ht #3's current FL2 dated agnoses included diabetes (a t impairs the body's ability to se). f3's Resident Register on date of 07/26/23. an's orders for Resident #3 iled Novolog insulin (reduces s/ml three times daily per SSI), parameters for nonitoring device (CGM) 11-250 = 4 units, 251-300 = 6 400 = 10 units, greater than	D 273	See Page 34		

4HP011

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			E SURVEY PLETED
		HAL011377	B. WING		05	6/09/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	RIDGE	30 DALE	A DRIVE			
		ASHEVI	LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES 7 MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLET
IAG		SCIDENTIF HING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE
D 273	Continued From page	22	D 273			
	Review of Resident #3	3's March 2024 electronic				
	Medication Administra	tion Record (eMAR)				
	revealed:					
	-There was document	ation on 03/02/24 at				
	4:00pm of CGM result					
	12:00pm of 443 and n was notified.	o documentation the PCP				
	-There was documenta	ation for 13 times out of 90				
	opportunities of incorre					
	administered and no d	locumentation the PCP was				
	notified.					
	Review of Resident #3	s' April 2024 eMAR		See page 34		
	revealed:					
	-There was documenta					
	4.00pm of CGIVI result	of 410, and 04/04/24 at documentation that the				
	PCP was notified.	documentation that the				
		entation of a CGM result or				
	SSI administered on 0					
	documentation that the					
	Telephone interview w	ith Resident #3's Primary				
	Care Provider (PCP) o	n 05/07/24 at 4:20pm				
	revealed:					
		cribed insulin for labile				
	blood glucose.					
	-He was not notified of	BG readings greater than				
		of SSI which could cause				
	complications like visio					
	changes, kidney dama	ge, coma, or death.				
	Refer to the interview w	with the Resident Care	5.			
	Coordinator (RCC) on	05/09/24 at 11:05am				
	Refer to the interview w	vith Owner #1 on 05/09/24				
	at 1:23pm.	Nor Owner #1 011 00/09/24				
-	b. Review of physician'	s orders for Resident #3				
		d Novolog insulin	1			3

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377		CONSTRUCTION	СОМ	E SURVEY PLETED
NAME OF P	ROVIDER OR SUPPLIER	30 DALE	DDRESS, CITY, STAT	E, ZIP CODE	05/09/2024	
		ASHEVI	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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 273	Continued From page	e 23	D 273			
	(SSI), parameter cont device (CGM) result 2 4 units, 301-350 = 6 u greater than 400 notif Review of Resident # Medication Administra revealed there was no result or SSI on 03/01 and no documentation Review of Resident #3 revealed there was do result of 416 on 04/11, the PCP was notified. Telephone interview w Care Provider (PCP) of revealed: -Resident #3 was press blood glucose. -He was not notified of	3's March 2024 electronic ation Record (eMAR) o documentation of a CGM /24 - 03/07/24 at 7:00pm in the PCP was notified. 3's April 2024 eMAR ocumentation of a CGM /24 and no documentation		See Page 34		
	vision changes, vascular changes, kidr death.					
	Coordinator (RCC) on	05/09/24 at 11:05am				
	Refer to the interview v at 1:23pm.	with Owner #1 on 05/09/24				8
	dated 12/21/23 revealed	ophen (used to treat pain)				
	Review of Resident #3' h Service Regulation	's March 2024 electronic				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL011377	B. WING		05/	09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE	•	
WILHAM	RIDGE		A DRIVE LLE, NC 28805			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	OBDECTION	1
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
D 273	Continued From page	e 24	D 273			
	revealed: -There was documen hydrocodone-acetam	inophen was not of 93 opportunities in March				
	Review of Resident # revealed there was de 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-acetami administered 5 out of	3's eMAR for 05/01/24 - ere was documentation the nophen was not 19 times 05/01/24 - umentation the PCP was		See Page 34		
	05/07/24 at 4:20pm re -He was not notified R doses of hydrocodone -He was concerned be	tesident #3 had missed any e. ecause she had intractable 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 reveale (reduces heart rate and	's orders for Resident #3 ed metoprolol tartrate d blood pressure) 25mg twice daily. Hold for heart				

6899

If continuation sheet 25 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
· · · · · · · · · · · · · · · · · · ·		HAL011377	B. WING		0	5/09/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
WILHAM	BIDOF	30 DAL	EA DRIVE			
	RIDGE	ASHEV	LLE, NC 28805			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
D 273	Continued From pag	e 25	D 273			
	rate less 60, systolic	blood pressure (SBP) less				
	than 100, and/or dias	stolic blood pressure less				
	than 50.					
		≴3's March 2024 electronic ation Record (eMAR)				
	-There was documer	tation 4 out of 62				
		less than 100 and the				
	metoprolol was admi					
	documentation the P	CP was notified.				
	-There was documen					
	8:00am of a BP of 90	/76 and the metoprolol was				
	administered.					
	-There was documen					
	administered.	/70 and the metoprolol was		See page 34		
	-There was documen					
	administered.	/72 and the metoprolol was				
	-There was documen					
1	8:00am of a BP of 92	/62 and the metoprolol was				
	administered.					
	Review of Resident # revealed:	3's April 2024 eMAR for				
	-There was document	tation 10 out of 60				
		ess than 100 in April 2024				
	and the metoprolol wa	as administered and no				
	documentation the PC					
	-There was document					
		73 and the metoprolol was				
	administered.					
	-There was document	ation on 04/12/24 at				1
		56 and the metoprolol was				
	administered.					
	-There was document					
		32 and the metoprolol was				
	administered.					
	-There was document	ation on 04/28/24 at				

STATE FORM

4HPO11

If continuation sheet 26 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		e survey IPleted
et fondet i mai te internet anni jua		HAL011377	B. WING		0	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	14	
WILHAM	RIDGE	30 DALE	A DRIVE			
		ASHEVI	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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From page	e 26	D 273			
		/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 and the metoprolol was documentation the PCP was				
	05/07/24 at 4:20pm re	vith 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		See page 34		
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
		t #5's current FL2 dated gnoses included diabetes.				
	Review of Resident # revealed an admission					
	dated 02/15/24 reveal	n's orders for Resident #5 ed Lispro insulin (reduces 100units/ml inject 8 units				
	Medication Administra revealed:					
	11:30am, 03/11/24 at	2/24 at 7:30am, 03/04/24 at 11:30am, 03/15/24 at				
	7:30am and 11:30am, 03/26/24 at 11:30am a	03/19/24 at 11:30am, and and πο documentation the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	5/09/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE		
WILHAM	RIDGE					
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	LLE, NC 28805	PROVIDER'S PLAN OF C		
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
D 273	Continued From pag	e 27	D 273			
	PCP was notified.					
	05/07/24 revealed th the insulin was admin 4:30pm, and there w PCP was notified.	≴5's eMAR for 05/01/24 - ere was no documentation histered on 05/07/24 at as no documentation the				
	-Resident #5 was pre- history of poorly cont -He was not notified of and the resident was	5/09/24 at 10:30am revealed: scribed insulin due to a long		See page 34		
	Coordinator (RCC) or	with the Resident Care 05/09/24 at 11:05am				
	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 (CC	sliding scale insulin before for continuous glucose SM) parameters 250-299 = nits, greater than 350 = 8				
	Medication Administra revealed there was no result or SSI on 03/02 12:00pm, 03/11/24 at	documentation of a CGM /24 at 8:00am, 03/04/24 at				
	Review of Resident #5					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		HAL011377	B. WING		05/09/2024			
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE ASHEVILLE, NC 28805						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLET			
	a CGM result or SS 05/07/24 at 4:00pm PCP was notified. Interview with Resid 10:30am revealed: -Resident #5 was pr history of poorly cor -He was not notified and the resident way vision changes, and death. Refer to the interview at 11:05am Refer to the interview at 1:23pm. 3. Review of Resident in 03/11/24 revealed di schizophrenia. Review of Resident in 01/02/24 revealed ar reduce ammonia lev Review of Resident in medication administr revealed: -There was an entry daily.	here was no documentation of I on 05/06/24 at 8:00pm, and no documentation the lent #5's PCP on 05/09/24 at rescribed insulin due to a long ntrolled diabetes. of missed doses of insulin s at risk of skin infections, organ damage, coma, or w with the RCC on 05/09/24 w with Owner #1 on 05/09/24 w with Owner #1 on 05/09/24 agnoses included #4's physician's orders dated n order for lactulose (used to els) 10ml daily. #4's February 2024 electronic ration record (eMAR) for lactulose 10ml, once	D 273	See page 34				
	-There was documer from 02/23/24 throug -There was no docum administered on 02/2	itation lactulose was refused h 02/27/24. nentation lactulose was						

STATE FORM

4HPO11

If continuation sheet 29 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377			СОМ	E SURVEY PLETED
		and the second se	a man ha come anno anno anno anno an		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
WILHAM	RIDGE	30 DAL	EĂ DRIVE			
		ASHEVI	LLE, NC 28805			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	EAPPROPRIATE	COMPLE DATE
D 273	Continued From page	20	D 273	DEFICIENCY)		
			0213			
	the hospital on 02/28/2					
	-There was no docume	entation the Primary Care				
	Provider (PCP) was no	otified of the lactulose				1
	refusals.					
	Review of Resident #4 revealed:	's March 2024 eMAR				
	-There was an entry fo daily.	r lactulose 10ml, once				
		ation Resident #4 was in				1.1
	the hospital from 03/01					
	-There was documenta	1/24-03/13/24.				
	administered as orders	ed six times: on 03/15/24,				
	03/16/24 03/10/24 02	21/24 02/28/24 and				
	03/16/24, 03/19/24, 03/03/29/24.	121/24, 03/28/24 and				
	-All other days of the m	onth Instalas -				
	documented as not adr	ministered due to resident		See page 34		2
	refusal or medication w			see page s,		
	pharmacy.	as on order nom the				
	-There was no docume	intation the PCP was				
	notified of the lactulose					
	Review of Resident #4'	s April 2024 eMAR				
	revealed:					
	-There was an entry for daily.	actulose 10ml, once				
	-There was documenta	tion lactulose was				
		d six times: on 04/06/24,				
	04/17/24, 04/19/24, 04/					
	04/30/24.	, ensere rund				
	-All other days of the m	onth lactulose was				
	documented as not adn	ninistered due to resident				
	refusal or medication wa					
	pharmacy.					
1	-There was no documer	ntation the PCP was				
	notified of the lactulose					
	Review of Posident #4	May 2024 -MAD				
	Review of Resident #4's	s may 2024 eMAR				
	revealed:	lookulaas 40 l				
	There was an entry for	lactulose 10ml, once				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY IPLETED
		HAL011377	B. WING		0	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
WILHAM	RIDGE	30 DALE	EA DRIVE			
			LLE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
D 273	Continued From pag	e 30	D 273			
	dailu					
	daily.					
	- There was documer	ntation lactulose was not				
	administered due to					
	medication was on o	rder from the pharmacy on				
		03/24 and 05/05/24 through				
	05/07/24.					
	-There was no docur	nentation the PCP was			6	
	notified of the lactulo	se refusals.				
	Telephone interview	with a pharmacist from the				
	facility's contracted p	harmacy on 05/07/24 at				
	1:56pm revealed:					
	-A 300ml bottle (30 d	oses) of lactulose was				
	dispensed and delive	red to the facility on				
	01/02/24.					
	-A refill request was r	eceived from the facility on		Ere Mar 34		
	03/20/24 and another	300ml bottle of lactulose		See Page 34		
	was dispensed and d	elivered to the facility on				
	03/20/24.					
	Interview with Reside	nt #4 on 05/08/24 at 8:13am				
	revealed:			6		
	-He did not need the	lactulose daily.				
	-He took lactulose 2 t	imes a week, when he felt				
	like he needed it.					
	Interview with the Res	sident Care Coordinator				
	(RCC) on 05/07/24 at					
	-Resident #4 usually i					
	-She attempted to get	the lactulose discontinued				
ł	because he rarely too	k it				
		f it could be discontinued				
		wanted to keep it ordered				
	as Resident #4 would	occasionally take it				
1.	She had a conversati	ion with the PCP in the hall				
		documented anywhere that				
	she had asked him ab	out it.				
		r waiting on the medication				
1	rom the pharmacy an	d if it was documented that				
	vav it was because th	e medication aides (MAs)				

4HP011

If continuation sheet 31 of 82

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		ATE SURVEY DMPLETED
		HAL011377	B WING	Advi u martina anti anti anti anti anti anti anti		05/09/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM	PIDGE		ADRIVE	,		
	NIDGE	ASHEVI	LLE, NC 28805			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	REGULATORY OR	2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET
D 273	Continued From page	e 31	D 273			
	documented it incorre	ectly.				
	05/07/24 at 4:10pm n -He was not told by s refusing to take his la -He did not remembe	taff that Resident #4 was actulose. r a conversation with the nat Resident #4 refused his				
	-He expected to be no being refused. -Resident #4 was ord increased ammonia le -Increased ammonia and/or neurological do	evels. levels may cause mental eficits. ident #4's hospitalization in		See Page 34		
	revealed: -The RCC was respon- notifying the PCP of m -The RCC was respon- eMAR and checking for 4. Review of Resident 12/29/23 revealed dia	nsible for monitoring the or medication refusals. : #6's current FL2 dated gnoses included diabetes (a impairs the body's ability to				
	01/12/24 revealed the scale (SSI) insulin asp sugar levels) inject sul fingerstick blood sugar 150 = 0 units, 150-200 units, 251-300 = 3 unit	5's physician's orders dated re was an order for sliding part (used to control blood boutaneous before meals: r (FSBS) checks less than 0 = 1 unit, 201-250 = 2 ts, 301-350 = 5 units, 0 or greater = call provider.				

6899

If continuation sheet 32 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377		CONSTRUCTION	СОМ	SURVEY PLETED
	ROVIDER OR SUPPLIER				05	/09/2024
	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM	RIDGE		A DRIVE			
			LLE, NC 28805		1.2	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)	(X5) COMPLE DATE
D 273	Continued From page	e 32	D 273			
	Medication Administr revealed: -There was an entry is subcutaneous before units, 150-200 = 1 un 251-300 = 3 units, 30 units, 450 or greater -There was documen his insulin on 05/1/24 05/04/24-05/07/24. -There was no documen notified. Interview with Reside 10:33am revealed: -No one from the facil that Resident #6 regu -He saw Resident #6	meals: less than 150 = 0 it, 201-250 = 2 units, 1-350 = 5 units, 351-400 = 7 = call provider. tation Resident #6 refused , 05/02/24, mentation the PCP was nt #6's PCP on 05/9/24 at lity had ever reported to him larly refused his insulin.		See page 3	4	
	Interview with the RCG revealed: She was responsible f a resident refused me -She documented it w was unable to retrieve print out the report at f -She reviewed the eM medications were beir mostly focused on new Telephone interview w 05/09/24 at 12:28pm n was aware recently the	ith a telehealth visit but she that report and she did not the time. ARS to be sure ng administered but she				

	PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF PROVIDER C	R SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE	3	
VILHAM RIDGE			EA DRIVE LLE, NC 28805			
(X4) ID PREFIX (TAG R	EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET	
Refer to at 1:23p Interview revealed -She wa resident doses o -She do in the "ta how to a notificati Interview revealed -The RC medicati -He did PCP abo doses. The facil provider administ missed o medicati risk of co damage, narcotic which pu coma, or ammonia insulin w damage, substant of the res Violation	m. v with the RC0 is responsible s were admini r medications cumented the elehealth' reco iccess the hist ons. v with Owner # C was respon on administrat hot know why but missed me ity failed to no (PCP) for insu- ered and inacc loses of a pair on for heart ra implications of coma, or dea withdrawal, mi t Resident #5 death, refusa a levels for Re- hich put Resid coma, or dea al risk to the hist sidents and co ty provided a	 33 with Owner #1 on 05/09/24 C on 05/09/24 at 11:05am for notifying the PCP when stered incorrect medication were not administered. notifications electronically ord but she did not know tory to retrieve the #1 on 05/09/24 at 1:23pm sible for monitoring tion and notifying the PCP. the RCC did not notify the dications and incorrect tify the primary care use of insulin, a medication, and a te which put Resident #3 at f diabetes which are kidney th, increased pain and issed doses of insulin at risk of kidney damage, Is of a medication to lower sident #4, and refusals of a medication to lower sident #4, and refusals of a medication to lower sident #4, and refusals of the the the there in the failure resulted in the the there institutes a Type A2 	D 273	Facility meets weekly the primary care provid The meeting is held either the administrat or an alternative des The facility has imple a "care audit" proce overseen by the adm Pharmp that covers medical related issue Pertaining to all partie of these care audit communicated weekly clinical subgement of health care profession earlier contact is req All staff has received training related to S functions, medication c and provider follow = up Process continues to relined for gaps in care delivery. Further training will be provident immedicately when these are identified. All	er. by by wor exgnee. comented ess numistrator/ any es 5. Findings core , unless licensed al deems ured. d be health ided	

6899

4HPO11

If continuation sheet 34 of 82

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WILHAM RIDGE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) D D 273 Continued From page 34 D 273 Staff has recreated fraining on the use of the teleformulticate with tool to communicate with the provider's of residents. Tool to communicate with the provider's of residents. D 276 10A NCAC 13F. 0902(c)(3-4) Health Care (c) The facility shall assure documentation of the D 276 D 276		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
WILLAM RIDGE SUMMARY STATEMENT OF DEFICINCIES ASHEVILLE, NC 28805 PREMIMARY OF LEAR DRIVE REGULTORY OF LEAR DEFICIENCIES (EACH DEFICIENCY MIST BE PRECIDED BY FULL TAG ID PREVIDENTS PLAN OF CORRECTION (EACH DEFICIENCY TAG D PREVIDENTS PLAN OF CORRECTION (EACH DEFICIENCY TAG 000000000000000000000000000000000000			HAL011377	B. WING	05/09/2024	
WILHAM RIDGE 30 DALEA DRIVE ASHEVILE, NO 28805 (P4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY VILL (EACH DEFICIENCY MUST BE PRECIDED BY VILL TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY TAG 000000000000000000000000000000000000	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE	
ASHEVILLE, NC 28805 AND OF CORRECTION: IS OWID: SUMMARY STATEMENT OF OPERCENCIES ID PREFIX (EACH DERIGENCY MUST BE PRECIDENCIES) ID D PREVIDENT STATEMENT OF OPERCENCIES ID PREFIX REGULTORY OR LSC IDENTIFYING INFORMATION) ID ID </th <th></th> <th>PIDGE</th> <th></th> <th></th> <th></th> <th></th>		PIDGE				
PREFX read interview of Resident #5's Resident Register revealed an anditisonal diagnosis of edema and congestive heart failure (CHF).		NIDGE	ASHEVILI	E, NC 28805		
MethodDeficiencyDeficiencyControlD 273Continued From page 34D 273Staff has (ccremed fraining conserver, multicule with the percenter)D 273D 273Continued From page 34D 273Staff has (ccremed fraining conserver, multicule with the percenter)D 273D 274Continued From page 34D 273Staff has (ccremed fraining conserver, multicule with the percenter)D 273D 27610A NCAC 13F. 0902(c)(3-4) Health Care (c) The facility shall assure documentation of the following in the resident's record: (c) The facility shall assure documentation of the following in the resident's record: (c) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule.D 276D 276This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to fail and (2) 2123D 276D 276Review of Resident #55 current FL2 dated 122/123 revealed diagnoses included diabetes and chronic obstructive pulmonary disease.Review of a physician's progress note for Resident #55 kesident Register revealed an admission date of 07/26/23.Review of a physician's progress note for Resident #55 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 and and additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF).D 276		SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN (YE)
CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 8, 2024 D276 10A NCAC 13F. 0902(c)(3-4) Health Care (c) The facility shall assure documentation of the following in the resident's record: (a) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5% current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of a physician's progress note for Resident #5 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF).		REGULATORY OR	ST MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED JUNE 8, 2024 D 276 10A NCAC 13F. 0902(c)(3-4) Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #55 current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of a physician's progress note for Resident #5 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF).	D 273	Continued From page	e 34	D 273	staff has recieved	fraining
 VIOLATION SHALL NOT EXCEED JUNE 8, 2024 D 276 10A NCAC 13F. 0902(c)(3-4) Health Care 10A ncare 10A n					on the use of the	telehoult
D 276 10A NCAC 13F. 0902(c)(3-4) Health Care D 276 10A NCAC 13F. 0902(c)(3-4) Health Care D 276 10A NCAC 13F. 0902(c)(3-4) Health Care Training with reaccur every (c) The facility shall assure documentation of the following in the resident's record: Training with reaccur every (3) written procedures, treatments or orders from a physician or other licensed health professional; and Administrator, health care (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. Professionals, and staff management have, and will continue to, work This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents With providers to implements. The findings are: Review of Resident #5's current FL2 dated 12/2/1/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of a physician's progress note for Resident #5's had an additional diagnosis of edema and congestive heart failure (CHF). Review of a physician's progress note for Resident #5 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF).						
 D276 To NICAC 13F . 0902(6)(3-4) Health Care 10A NCAC 13F . 0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (a) written procedures, treatments or orders from a physician or other licensed health professional; and (d) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). 		VIOLATION SHALL	NOT EXCEED JUNE 8, 2024		tool to communicat	te with
 10A NCAC 13F. 0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (a) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). 	D 276	10A NCAC 13F .0902	2(c)(3-4) Health Care	D 276		
 TOA NCAC 13F. 0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 appeared stable though she was a 				-	Training will reoccur	every
following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a				1	-	
 (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a 		(c) The facility shall a	ssure documentation of the			
 a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a 					Administrator, health cure	06/8/2
 and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). Resident #3 appeared stable though she was a 		a physician or other li	censed health professional:		Professionals, and staff	600000000000000000000000000000000000000
orders specified in Subparagraph (c)(3) of this Uith Providers to implemented Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edem and congestive heart failure (CHF). -Resident #3 appeared stable though she was a a			censed health professional,			
orders specified in Subparagraph (c)(3) of this b th providers to implement, Rule. Appropriate purameters. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #3 had an additional diagnosis of edem and congestive heart failure (CHF). -Resident #3 appeared stable though she was a a		(4) implementation of	procedures, treatments or		nave, and will continue to	o, work
This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		orders specified in Su	bparagraph (c)(3) of this		with providers to impl	ement
This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		Rule.			appropriate parameters	
Based on interviews and record reviews, the facility failed to ensure physician orders were implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		This Rule is not met	as evidenced by:	Perel 1		
 implemented for 1 of 5 sampled residents (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF)Resident #3 appeared stable though she was a 		Based on interviews a	and record reviews, the			
 (Resident #5) related to daily and weekly weights. The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a 		facility failed to ensure	e physician orders were			
The findings are: Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		implemented for 1 of	5 sampled residents			
Review of Resident #5's current FL2 dated 12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		(Resident #5) related	to daily and weekly weights.			
12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		The findings are:				
12/21/23 revealed diagnoses included diabetes and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		Review of Resident #	5's current FL2 dated			
and chronic obstructive pulmonary disease. Review of Resident #5's Resident Register revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		12/21/23 revealed dia	gnoses included diabetes			
revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		and chronic obstructiv	e pulmonary disease.			
revealed an admission date of 07/26/23. Review of a physician's progress note for Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		Review of Resident #	5's Resident Register			
Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		revealed an admission	date of 07/26/23.			
Resident #5 dated 01/25/24 revealed: -Resident #3 had an additional diagnosis of edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		Review of a physician	s progress note for			
edema and congestive heart failure (CHF). -Resident #3 appeared stable though she was a		Resident #5 dated 01/	25/24 revealed:			
-Resident #3 appeared stable though she was a		-Resident #3 had an a	dditional diagnosis of			
high risk for exacerbation of CHE due to bigh		-Resident #3 appeared	e neart failure (CHF).			
		high risk for exacerbat	ion of CHF due to high			
chronic disease burden and poor health.		chronic disease burde	n and poor health			
-Resident had been evaluated recently and daily		-Resident had been ev	aluated recently and daily			

.

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NET OF NEU-OND (NEU-DE AND COD)	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/0	09/2024
NAME OF F	ROVIDER OR SUPPLIER	30 DALEA		TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
	weights were ordered (swelling). -No daily weights we -There was an order then weekly. Review of Resident # Administration Recor March, and April 202 revealed there was n weekly weights and r Interview with the Re (RCC) on 05/09/24 at -Physician's progress faxed to the pharmacy -The pharmacy would onto the eMAR electr -It was her responsib with orders to the pha -She missed faxing R weights to pharmacy. -Resident #5 was not order. Interview with Reside Provider (PCP) on 05 -Resident #5 had a di -Weights were ordere to assess for worsenii -He expected the staf ordered. Interview with Resider revealed staff did not	d for chronic edema 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 t 11:05am revealed: notes with orders were y. I enter the order for weights onically. lity to fax the progress notes tirmacy. esident #5's order for weighed according to the nt #5's Primary Care /09/24 at 10:30am revealed: agnosis of CHF. d for fluid accumulation and ng cardiac function. f to obtain the weights as ht #5 on 05/09/24 at 9:25am weigh her. #1 on 05/09/24 at 1:23pm	D 276	Resident orders have incorporated into a r filing system with a and balances from Any order for wea While using current System are being dow Checked by RCC and Checked by Admin	iew checks owners ghts quickma ible	r
	revealed the RCC was	orders to the pharmacy.				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 P. 1 P.	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
--------------------------	---	---	--	---	--	
		HAL011377	B. WING	05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	30 DALE	DDRESS, CITY, S ⁻ A DRIVE .LE, NC 28805	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET	
D 280	Continued From page	ge 36	D 280			
	Professional Suppor 10A NCAC 13F .090 Professional Suppor (c) The facility shall registered nurse, occ physical therapist in evaluation of the ress plan and care provid (a) of this Rule, is co days of admission or a resident develops t least quarterly thereat following: (1) performing a phy resident as related to current condition req tasks specified in Pa (2) evaluating the re being provided; (3) recommending c resident as needed to assessment and eva resident; and (4) documenting the (1) through (3) of this This Rule is not met TYPE B VIOLATION Based on interviews a failed to ensure a lice participated in the rev residents (#3 and #5) The findings are:	 Base of the progress of the progress	D 280	New process of comp LHPS reviews has be implemented. The pro Was begun in May or following state surver residents in fucility in new LHPS review by RN, regardless of last next due LHPS. This Performed to "reset" LHPS reviews on the Same cycle. All rev Wrill now occur during Same month, with residents receiving a with 30 days and - another during the n cycles LHPS review This process ensures resident will miss to leview.	en press f 2024, y-A1 production qualified or was all re riews ng Hre new review then press	

Division of Health Service Regulation STATE FORM

6699

4HPO11

If continuation sheet 37 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF PROVIDER OR SUPPLIER		STREET	DDRESS, CITY, ST	ATE, ZIP CODE		
WILHAM	BIDOF					
	RIDGE		LLE, NC 28805	31		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
D 280	Continued From page	9 37	D 280			
	12/29/23 revealed dia	ignoses included chronic				
		y disease and diabetes.				
	Review of Resident #	3's Resident Register				
	revealed an admission	n date of 07/26/23.				
	Review of Resident #	3's record revealed				
	-There was a License					
		w and evaluation dated		•		
	-There was document	tation of a review of				
		status and care provided				
	and to continue currer	at plan of care				
		blood glucose checks and				
	insulin injections.	3				· · ·
		eview and evaluation dated				
	01/26/24.		18 M.	1		
e a	-There was document			See page 37		
	and to continue currer	status and care provided				
		blood glucose checks and				
	insulin injections.	blood glacose checks and				
	-There were no other	LHPS reviews after				
	01/26/24.					
	Refer to the interview	with the Resident Care				
1	Coordinator (RCC) on					
		4				
	Refer to the telephone					
	Administrator on 05/09	9/24 at 12:28pm.				112
	2 Review of Resident	#5's current FL2 dated				
		gnoses included chronic				
		disease, diabetes, and				
	anemia.					
	Review of Resident #5	's Resident Register				
	revealed an admission					
	Review of Resident #3					
Concernation of the second sec	th Service Regulation	s record revealed:				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		TE SURVEY MPLETED	
		HAL011377	B. WING			05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA				
WILHAM	PIDCE		A DRIVE	*			
	NDGE	ASHEVIL	LE, NC 28805				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET	
D 280	Continued From page	38	D 280				
	- There was a License	d Health Profession Support					
	Thore was decime and ev	valuation dated 01/26/24.					
	-There was document						
	resident #3's nealth s	status and care provided					
	and to continue current						
		blood glucose checks,					
	insulin injections, and -There were no other	USYGEN as needed.					
	01/26/24.						
	Pofor to the interview	with the Resident Care					
		05/09/24 at 11:05am.					
	Refer to the telephone Administrator on 05/09						
	Interview with the Res (RCC) on 05/09/24 at	ident Care Coordinator		See page 3	7		
	-She knew residents r						
	review.	leeded a LHPS hurse					
		uary 2024 and did not know					
	when the last time the	I HPS reviews were					
	completed.						
	-She was busy with ot	her things.					
	Telephone interview w	ith the Administrator on					
	05/09/24 at 12:28pm r	evealed:					
	-She was a Registered	Nurse (RN) and was					
	responsible for comple	ting the LHPS reviews.					
	-She had just been bu	sy with so many other					
		and did not have the time					
	to do the LHPS review	s since January 2024.					
	The facility failed to en	sure the LHPS Registered					
	Nurse performed a phy	sical assessment at least					
	quarterly to Residents	#3 and #5 who had a					
	diagnosis of diabetes a	and required blood glucose					
	checks and insulin inje	ctions. This failure was					
	the residents and real	th, safety, and welfare of					
	the residents and cons	titutes a Type B violation.					

4HPO11

If continuation sheet 39 of 82

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 05/09/2024	
200 million apartas atragense		HAL011377				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WILHAM	PIDGE	30 DALEA	DRIVE			
	RIDGE	ASHEVILL	.E, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETE DATE
D 280	Continued From pag	e 39	D 280		1	
	accordance with G.S	a plan of protection in 3. 131D-34 on 05/30/24. E OF THE TYPE B NOT EXCEED 06/23/24.				
D 296	Service	4(c)(7) Nutrition And Food 4 Nutrition And Food Service	D 296	Wilham Ridge has pi the Services of registe		
	(c) Menus in Adult C(7) The facility shall diet menu for any res		54 - 10 - 52	dictician to fully over the menus for our	rhaul reside	nts
				to ensure compliance. Will be reviewing/crea	RO	
				the menus for Wilho	40	
	reviews the facility fai diet menus were avai	ns, interviews and record iled to ensure therapeutic ilable for 2 of 2 sampled tho had orders for a no		Ridge moving forward. RD began working ou menu obloy/2024. The menus are expected to be returned by oble	~	
	the food pantry door. -The menu was for a	a glance menu posted on				expected 06/28/20

6899

4HPC11

If continuation sheet 40 of 82

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the second	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING	05/09/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
WILHAM	RIDGE		A DRIVE			
	0.000	ASHEVILLE, NC 28805 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORR				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ALEMENT 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 APPROF DEFICIENCY)	D BE COMPLET	
D 296	Continued From page	: 40	D 296			
	12/29/23 revealed dia chronic condition that process blood glucose Review of Resident #3 02/15/24 revealed an Review of the facility's	3's physician's orders dated				
	sandwich with lettuce potato salad, 6 round pineapple, and glasse punch. -Without a therapeutic	evealed: /ed a bologna and cheese on white bread, a scoop of		See page 40		
	Refer to interview with (FSD) on 05/07/24 at	the Food Service Director 11:02am.				
	Refer to interview with 05/08/24 at 9:17am.	an Owner of the facility on				
	Refer to interview with Coordinator (RCC) on					
	12/21/23 revealed: -Diagnoses included d	#5's current FL2 dated iabetes (a chronic condition ability to process blood				
	Review of Resident #5 01/04/24 revealed an c	's physician's orders dated order for a NCS diet.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL011377 B. WING		05	5/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	30 DALE	ET ADDRESS, CITY, STATE, ZIP CODE ALEA DRIVE EVILLE, 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) COMPLE ⁻ DATE	
D 296	Review of the facility's	s undated therapeutic diet #5 received a NCS diet.	D 296				
	05/07/24 at 12:30pm -Resident #5 was sen cheese sandwiches w scoop of potato salad pineapple, and glasse -Without a therapeutic	revealed:					
	(FSD) on 05/07/24 at	the Food Service Director 11:02am. an Owner of the facility on		See page 40		11. 1	
	Refer to interview with Coordinator (RCC) on						
	05/07/24 at 11:02am m -The facility had one m residents. -No added sugar items	nenu that was used for all s and sugar free items were the facility used so they Il diets.					
	at 9:17am revealed: -He had been in contar provider who supplied -The same menu was were ordered either an because they only pure contain added sugars.	er of the facility on 05/08/24 ct with another local facility him with a menu. used for residents who regular diet or a NCS diet chased foods that did not eparate menu was needed					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING	05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM	RIDGE		A DRIVE 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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 296	Continued From page	ə 42	D 296			
	for a NCS diet order.					
	(RCC) on 05/08/24 at -The facility did not had orders. -She did not think NC only "something" like considered therapeut -She thought the men facility was appropriat	ave any therapeutic diet S was a therapeutic diet, a puree or ground was ic. hu that was used at the te for everyone because food items that were sugar		See page 40		
	10A NCAC 13F .0905 (a) Each adult care h program of activities of residents' active invol- their families, and the (b) The program shal active involvement by require any individual against his or her will. a resident's ability to p resident's physician sl statement regarding th This Rule is not met a Based on observation failed to ensure 33 of activities designed to p involvement with each The findings are:	ome shall develop a designed to promote the vement with each other, community. I 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. as evidenced by: s and interviews, the facility 33 residents were offered promote active resident nother and the community.	D 315			
	Interview with a reside	ent on 05/07/24 at 8:49am				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY IPLETED
		HAL011377	B. WING	0	05/09/2024	
NAME OF P	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
NILHAM	RIDGE		A DRIVE			
		AND DESCRIPTION OF A DE	LE, NC 28805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP DEFICIENCY)			(X5) COMPLETE DATE
D 315	Continued From page	e 43	D 315			
			-			
	revealed:					
	- The facility did not pi	rovide activities he liked.				
		and prayer time, but those				
	types of activities wer					
	and he would like mo	offered most of the time,				
	-He was bored a lot d					
	-rie was bored a lot d	iuning the day.				
	Interview with a seco	nd resident on 05/07/24 at				
	9:11am revealed:					
		hat they did most of the				
	time.					
	-He had not been out	side of the facility for an				
	outing.					
	-He was never asked	to go out in the community	the start in	See page 41	r	
	for outings.			see page is		
			Environment (
		resident on 05/07/24 at				
	9:19am revealed:					
		cility for almost 14 years.				3
		nad participated in was				
	Bingo.	any other types of activities				
	that were offered.	any other types of activities				
	that wore energy.					
	Interview with a fourth	n resident on 05/08/24 at				
	7:56am revealed:					
	-She was only aware	of Bingo as an activity that				
	was offered.					
		rafts, but she had never				
		at the facility because she				
	was unsure if they offe					
		wn crafts in her room that				
	she enjoyed giving to -She did not see activ	people as gifts. ities happening often.				
	Interview with a fifth re	esident on 05/07/24 at				
	8:47am revealed:					
		es director was in a different	1.0			
	role, and no longer led	d activities.				

STATE FORM

6899

4HPO11

If continuation sheet 44 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING	0	05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY STA	ATE, ZIP CODE			
WILHAM	RIDGE	30 DALE	A DRIVE				
		ASHEVI	LLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE	
D 315	Continued From pag	e 44	D 315				
	-There were not any busy, so he just lister	good activities to keep him					
		resident on 05/07/24 at					
		staff who was in charge of					
		equently ended up doing					
		the floors or doing laundry					
	rather than providing	activities for residents.					
	Interview with a seve	nth resident on 05/08/24 at					
	9:44am revealed:						
	-Bingo was usually pl	layed on Tuesdays and					
	Thursdays in the eve						
		e and in their rooms as there		e			
		ning to do during the day.		See page 46			
	-It would be nice to ha						
	because usually just	pass the day bored.				-	
	Observation of of the	facility on 05/07/24.					
		24 from 8:00am - 4:00pm					
	revealed:						
	-No activities were ob	served during the day.					
		er in their rooms or watching					
		ut no structured activities					
	were taking place.	served jogging around the					
	building alone.	served jogging around the					
	Interview with a perso 05/09/24 at 9:24am re	onal care aide (PCA) on					
		ies offered during the day.					
	-Most of the residents	complained of being bored.					
	-The person who cove	ered activities was not there					
	much.						
		es during the day about					
	twice a week.						
	-She observed only of a week.	ne activity per day two times					
		as the activity that occurred					
	twice a week, and had	the activity that occurred					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
No. of the Owner, State of the owner,		HAL011377	B. WING		05/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
VILHAM	RIDGE		A DRIVE LE, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	ECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLETI DATE
D 315		e 45	D 315			
	 (RCC) on 05/08/24 at There were not many the day. Bingo was offered at Some days they did The person filling in a certification for Activities. Interview with Owner revealed: They did not have ar They do have a person they do have a person they do have a person to certified. Interview with Owner revealed: They had a person wo official role was qualities. He was aware activities and more going on not certified at they are making and more going on not certified. 	y activities going on during 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 AD. getting an AD. on filling in as AD, but was #1 on 05/09/24 at 1:22pm /ho did activities, but her y coordinator. ies had been an issue and		Wilham Ridge has offered more activity Just "Bingo" as inc this Survey. Wilham has, and Will contr offer bible Study, i Club, community vo holiday events (i.e. b. easter, independence day, adopt a grandparent by local news), and evidence of these at each occurrice has, and will contra offer othe activity Such as crafts, five	ties than licated on Ridge inve to, Motorcycle lunteers, alloween, cte.), (covered solains activities . Facility ie to,	
D 338	more activities for the 10A NCAC 13F .0909 10A NCAC 13F .0909	residents. Resident Rights	D 338	Smores, water balloo Karcoke, outsoor fun a Days, easter egg hur more. We are wan	and game	
	all residents guarante	ed under G.S. 131D-21, nts' Rights, are maintained		transport residents the community due financial constraint	to	

Division of Health Service Regulation STATE FORM

6899

4HPO11

If continuation sheet 46 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE S COMPL		
		HAL011377	B. WING			05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE			
WILHAM	RIDGE	30 DALE ASHEVIL	A DRIVE LE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 338	Continued From pag	e 46	D 338	have brought the	- community	/	
	This Rule is not met TYPE A2 VIOLATION			have brought the to Wilham Ridge.		06/8/21	
	failed to ensure all re neglect related to thir	ns and interviews, the facility sidents were free from d shift staff sleeping and a tting medications or not ons.					
	The findings are:				č.		
		cility front entrance on evealed one staff sitting in a noking a cigarette.		к			
	revealed:	ff on 05/08/24 at 5:02am	•				
	aide (PCA).	cility as a personal care					
	work third shift. -The facility medication and she would go and	on aide (MA) was in a room d get her.					
	Observation of the factors of the fa	cility 100 hall on 05/08/24 at		See page 50			
	-The MA walked out o	of the room and she was and appeared disoriented as					
	revealed:	105 on 05/08/24 at 5:10am	-				
	in the room.	ents or resident belongings					
		ed, blanket, and pillow.					
	Interview with the MA revealed:	on 05/08/24 at 5:05am			14946		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER				05/09/2024		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST.	ATE, ZIP CODE			
WILHAM	RIDGE	30 DALEA	DRIVE E, NC 28805				
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOULD BE		
D 338	Continued From page	ge 47	D 338				
	"decorating" the roo -She used to sleep of management sleepin longer allowed. Interview with a resine revealed: -Staff slept on office night. -She needed some for and could not locate back to bed. -She did not remement anxiety medication a -Usually two people slept. Interview with a sect 9:44am revealed: -Staff sometimes sle rooms on the 100 ha -If two staff were wo alternate sleeping in Interview with a third 7:56am revealed: -She woke up on 04 night in pain and wa -She could not find s and a half. -She stated her pain with 10 being the wo -After looking for an staff in 2 different re	on her break but was told by ng during her shift was no dent on 05/07/24 at 9:15am floors or on the couch at medication at night for anxiety any staff so she just went ber the date she needed the at night. work at night and they both ond resident on 05/08/24 at ept on third shift in the vacant all. rking on third shift they would the vacant room. d resident on 05/08/24 at /26/24 in the middle of the s looking for staff. staff anywhere for one hour h level was an 8 or 9 out of 10, orst. hour and a half, she found sident rooms, in bed, asleep.		See Page	50		
	she was in pain. -The staff member to and rolled back over	member up and told them old her to ask someone else, r and went back to sleep. staff member in the adjoining					

4HPO11

If continuation sheet 48 of 82

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED	
		HAL011377	L B. WING	19 mm / 11 mm /	05	05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	TE, ZIP CODE			
WILHAM	RIDGE	30 DALE					
			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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE	
D 338	Continued From page	e 48	D 338		0.49		
	room in bed asleep.						
	the second s	aff member and they got up					
	and gave her someth						
	only 3rd shift staff.	ssues with 1st shift staff,					
	Interview with fourth r	resident on 05/08/24 at					
	2:13pm revealed:						
	-She had seen 3rd sh	ift med aids (MA) asleep on					
	the job.						
	-She had observed a	MA asleep on the couch in					
	the living area about a	a month ago, but was					
	unsure of the exact da						
	-She had heard comp	plaints from other residents					
	about them seeing sta		1				
		mes of the staff who sleep		See Drive ED			
	because they "come a			See Page 50			
	Interview with fifth res	ident on 05/08/24 at 2:19pm					
		an inte une seuvie d'antidant					
	rooms and sleep on 3	go into unoccupied resident					
	for awhile.	t and could not find any staff					
	-She had gotten up to did not see staff anyw	get some water and she here.					
	Interview with sixth re	sident on 05/08/24 at					
	2:25pm revealed:						
		members on 3rd shift					
	sleeping in the office.						
	-She could not recall t	he date when it occurred.					
	Interview with a sever 10:15am revealed:	nth resident on 04/30/24 at					
	-Staff sleep day and n	ight in empty resident					
	rooms.						
	-She frequently obser	ved staff sleeping in empty					
	resident rooms next d						
	-Staff did not check or						
	th Service Regulation	residents at night.					

STATEMENT OF DEFICIENC			- I do arreado care	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL01137	77	B. WING		05/09/2024
IAME OF PROVIDER OR SI	IPPLIER	30 DALEA	DRESS, CITY, ST A DRIVE LE, NC 28805	ATE, ZIP CODE	
PREFIX (EAC	UMMARY STATEMENT OF DEFICI H DEFICIENCY MUST BE PRECED LATORY OR LSC IDENTIFYING IN	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
-If resident to wake the -She was of unlocked a there were safe. Interview w 9:45am rev -A staff tha -Another st -He needed neuropathy to wake sta Interview w (RCC) on 0 not allowed Interview w revealed: -Staff were shifts and 1 -The two ro locked in th in, but ther someone u -It was rep rounds on found by fil full of urine The facility were maint shift staff s residents to caused a of medication	oncerned that the front do nd anyone could enter the no staff awake to keep the ith an eighth resident on 0 ealed: worked at night slept duri aff slept on the couch at ni l pain medication for hip p in his legs in the night and ff up in the night to get his ith the Resident Care Coo 5/08/24 at 4:06pm reveale to sleep on third shift. ith Owner #1 on 05/08/24 not authorized to sleep du had addressed it severa oms staff were sleeping in e past to prevent the staff when he came back into the nlocked the doors. orted to him that staff were hird shift and some reside st shift with their incontine	ors were facility and e resident 44/30/24 at ng her shift. ight. ain and d always had medication. Ardinator ed staff were at 7:00am aring their al times. In were from going the facility e not making nts were nce briefs hts rights ue to third hich caused rch for staff, her pain anxiety	D 338	Administrator and owners have instituted 2 ho checks around the cl W/ a notification b Sent to all staff dev When the check Show Occur. Ownership has Making random visit the facility over nu- to address the issu	ur uck eing nces ild been s to ant

6899

4HPO11

If continuation sheet 50 of 82

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
WILHAM	RIDGE	30 DALE	ADRIVE			
		ASHEVI	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)	D BE COMPLET	
D 338	Continued From page	9 50	D 338			
	the health, safety, and and constitutes a Typ	d welfare of the residents e A2 Violation.				
	The facility provided a	a plan of protection in				
	accordance with G.S. violation.	131-34 on 05/08/24 for this		Sec page 50		
	CORRECTION DATE	FOR THE TYPE A2 OT EXCEED JUNE 8, 2024				
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358			
	 (a) An adult care hon preparation and admin prescription and non-p by staff are in accordar (1) orders by a licens which are maintained 	Medication Administration ne shall assure that the nistration of medications, prescription, and treatments ance with: ed prescribing practitioner in the resident's record; and on and the facility's policies				
	This Rule is not met a TYPE A2 VIOLATION					
	reviews, the facility fai were administered as sampled residents (#3 medications used to c glucose (#3, #5, and #	9, #5, and #6) related to ontrol elevated blood (6), a medication that treats nedications used to control				
	The findings are:					
		Medication Administration dated 06/21/23 revealed:				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY IPLETED	
		HAL011377	B. WING		0!	5/09/2024	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE			
		30 DALE					
VILHAM	RIDGE		LE, NC 28805				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	0(5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 358	Continued From pag	e 51	D 358				
	-Medications would b	a administered in					
		prescribing practitioner's					
	orders.	prescribing practitioners					
		onstrated competency					
		and the second					
	according to State ru medications.	nes may administer					
		ld be provided by staff whe					
	administered the me	ld be provided by staff who					
		e that all medications were in					
		use at the time the prescribed					
		nary care provider (PCP).					
	1. Review of Resider	nt #3's current FL2 dated					
	12/29/23 revealed dia	agnoses included diabetes (a					
	chronic condition tha process blood glucos	t impairs the body's ability to se).					
	Review of Resident # revealed an admission	#3's Resident Register on date of 07/26/23.					
		nt #3's physician's orders					
		ot an order for Semglee					
	insulin (used to lower	r elevated blood sugar).					
	Review of Resident #	43's March 2024 electronic					
	Medication Administr revealed:	ation Record (eMAR)					
		for Semglee insulin 100					
	unit/ml inject 32 units					1	
		of 8:00am and 6:00pm.					
		nentation the Semglee					
		administered on 03/29/24 at					
	6:00pm or reason wh	y it was not administered.					
	Review of Resident #	3's April 2024 eMAR					
	revealed:						
		for Semglee insulin 100					
	unit/ml inject 32 units						
		of 8:00am and 6:00pm.					
	-There was documen	tation the Semglee insulin					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The construction of the		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI			
		30 DALE	1/	-,,		
VILHAM F	RIDGE		LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLET	
D 358	Continued From pa	ge 52	D 358			
	32 units was not ad	ministered on 04/10/24 -				
	04/11/24 at 8:00am					
	medication on orde					
	Review of Resident	#3's eMAR for 05/01/24 -				
	05/07/24 revealed:					
		y for Semglee insulin 100				
	unit/ml inject 32 uni		8			
		s of 8:00am and 6:00pm.				
	 Comparison of a constraint of a constraint of the con	entation the Semglee insulin ministered on 05/05/24 at				
		t 8:00am and 6:00pm, and				
		due to medication on order		6, 0, 74		
	from pharmacy.			See Page 74		
		umentation the Semglee				
	insulin 32 units was	administered on 05/07/24 at				
	6:00pm or reason w	vhy.				
	Observation of Res	ident #3's medications				
	- 영화 요구는 전쟁이 잘 가지 않는 것이 같이 많이 많이 많이 없다.	stration on 05/08/24 at				
		ere was not any Semglee	of the second			
	insulin available for					
	the state of the state		a grant			
		Resident Care Coordinator				
		at 2:50pm revealed:	- printer takes		A1	
		it #3 did not have any				
	Semglee insulin to	administer. efill of the insulin electronically				
		5/05/24 and the pharmacy				
	 Second second s second second s second second s second second se	edication was on back order.				
		he pharmacy was closed on				
	Sundays and that th					
	pharmacist on call	who would be able to dispense				
	the medication.					
		ions should be refilled before				
	they ran out.					
	Telephone interview	v with a pharmacist at the				
		pharmacy on 05/07/24 at				
	2:57pm revealed:					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05/09/202	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STAT	E, ZIP CODE		
WILHAM	RIDGE	30 DALE/ ASHEVIL	A DRIVE 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 OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
D 358	Continued From pag	e 53	D 358			1
	physician's order for On 03/13/24 for Resi a 30 day supply on 0 -The pharmacy recei request via the eMAF Sunday when the ph -The Semglee insulin -The facility should h pharmacy telephone the 24-hour pharmacy dispense the insulin f -The pharmacy enco reorder medications f Telephone interview of Health Registered Nu 11:38am revealed Ref (test that measures the glucose for the past 3 results on 05/08/24 w below 5.7).	a was not on back order. ave telephoned the on-call number on the weekend and ist would have been able to the same day. uraged staff at the facility to before they ran out. with Resident #3's Home urse (RN) on 05/09/24 at esident #3's hemoglobin A1C he average range of blood 8 to 4 months) laboratory vere 8.1 (normal range is with Resident #3 Primary		Sée Page 74		
	Care Provider (PCP) revealed: -Resident #3 had a d blood glucose levels -Resident #3 not rece insulin could cause c	on 05/07/24 at 4:20pm iagnosis of diabetes and her were labile. siving the ordered doses of omplications with her hanges, vascular changes,				
		nt #3 on 05/09/24 at e did not know if there were ot receive her Semglee				
	Refer to the interview on 05/07/24 at 2:24pr	with a medication aide (MA) n.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
		30 DALE	A DRIVE			
WILHAM	RIDGE	ASHEVIL	LE, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLET DATE
D 358	Continued From page	9 54	D 358			
	Refer to the interview 05/07/24 at 2:28pm.	with a second MA on				
		with the Resident Care 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 revea treat elevated blood s sliding scale insulin (S parameters for contin- device (CGM) reading 201-250 = 4 units, 25	t #3's physician's orders led Novolog insulin (used to ugar) 100units/ml use SSI) three times daily with uous glucose monitoring js 151-200 = 2 units, 1-300 = 6 units, 301-350 = 8 nits, greater than 400 notify		See page 74		
	PCP.	inte, greater than too neary	1 ¹			
	Medication Administra revealed:					
	times daily with param units, 201-250 = 4 uni	g scale insulin (SSI) three neters for CGM 151-200 = 2 ts, 251-300 = 6 units,	2			
	12:00pm of a CGM re insulin was administer have been administer	sult of 299 and no Novolog ed; Novolog 6 units should ed.				<
		ults of 450 and 8 units were re was no order for CGM				
	-There was no docum	entation on 03/04/24 at				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
VILHAM	PIDCE	30 DALE	A DRIVE		
	RIDGE	ASHEVI	LLE, NC 28805		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
D 358	Continued From page	9 55	D 358		
	12:00pm of a CGM re	esult or insulin administered.			
	-There was document				
		sult of 257 and 4 units were			
		g 6 units should have been			
	administered, Novolo	g e ante enoure nave been			
	-There was document	tation on 03/06/24 at			
		ult of 215 and 2 units were			
		g 4 units should have been			
	administered, Novolo	g 4 units should have been			
	There was documenta	ation on 03/06/24 at			
	and the second	sult of 245 and no Novolog			
		red; Novolog 4 units should			
	have been administer				
	-There was document		10 m		
		sult of 242 and 2 units were			
	administered, Novolog	g 4 units should have been		See page 74	
		tation on 02/08/24 at			
	-There was document	ult of 322 and 6 units were			
	the second s	g 8 units should have been			
	administered, Novolog	g o units should have been			
	-There was document	tation on 02/09/24 at			
		sult of 277 and no Novolog			
		red; Novolog 6 units should			
	have been administer				
	-There was document				
		ult of 253 and no Novolog			
		red; Novolog 6 units should			
	have been 6 administ				
		ation on 03/23 at 8:00am of			
	a CGM result of 150 a				
		o Novolog insulin should			
	have been administer				
	Review of Resident #	3's April 2024 eMAR			
	revealed:				
	-There was an entry for	or Novolog insulin			
		g scale insulin (SSI) three			
	times daily with param				
		evice (CGM) readings			

4HPO11

If continuation sheet 56 of 82

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
					0010012024	
NAME OF PR	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
WILHAM F	RIDGE	30 DALEA	DRIVE E, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	
D 358	Continued From pa	ge 56	D 358			
	units, 301-350 = 8 greater than 400 no times of 8:00am, 12 -There was docume 4:00pm of a CGM r administered and th result greater than -There was docume 4:00pm of a CGM r administered and th result greater than -There was docume 12:00pm of a BG o administered and th result greater than Observation of Res available for admin 9:25am revealed th pen available for admin	entation on 04/04/24 at result of 562 and 10 units were here was no order for CGM 400. entation on 04/21/24 at f 410 and 10 units were here was no order for CGM 400. sident #3's medications istration on 05/08/24 at here was one Novolog insulin dministration. w with Resident #3 Primary P) on 05/07/24 at 4:20pm a diagnosis of diabetes and her is were labile. eceiving the ordered doses of a complications with her o changes, vascular changes, oma, or death. ew with a medication aide (MA) 4pm. ew with a second MA on		See page 74		
		n. ew with the Resident Care on 05/07/24 at 2:50pm and				

4HPO11

.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE	
	BIDGE	30 DALE	ADRIVE		
NILHAM F	NDGE	ASHEVIL	LE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLET
D 358	Continued From pa	ge 57	D 358		
	05/09/24 at 11:05ar	n.			
	Refer to the intervie at 1:23pm.	w with Owner #1 on 05/09/24			
	dated 12/21/23 reve daily at bedtime with glucose monitoring 201-250 = 2 units, 2	ent #3's physician's orders ealed Novolog 100units/ml SSI h parameters for continuous device (CGM) readings 251-300 = 4 units, 301-350 = 6 units, greater than 400 notify			
	Medication Adminis revealed:	#3's March 2024 electronic tration Record (eMAR) / for Novolog 100units/ml SSI		Geo Anno 74	
	251-300 = 4 units, 3	t bedtime 201-250 = 2 units, 301-350 = 6 units, 351-400 = 8 400 notify PCP with an of 7:00pm.		See page 74	
	03/07/24 that the N	ere was no documentation of			
	administered.	#3's April 2024 eMAR			
	revealed:				
	CGM parameters a	y for Novolog 100units/ml SSI t bedtime 201-250 = 2 units, 301-350 = 6 units, 351-400 = 8			
	administration time	400 notify PCP, with an of 8:00pm. entation on 04/11/24 at 8:00pm			
	of a CGM result of	416 and 8 units were here was no order for CGM			
	Review of Resident	#3's eMAR for 05/01/24 -			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
NILHAM I	RIDGE	ASHEVI	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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETI DATE
D 358	Continued From page	58	D 358	ti.		
	CGM parameters at b 251-300 = 4 units, 30 units, greater than 40 administration time of -There was document 8:00pm of a CGM res administered and the result greater than 40 Observation of Resid- available for administ 9:25am revealed ther pen available for administ 9:25a	 8:00pm. tation on 05/04/24 at sult of 409 and 8 units were re was no order for CGM 0. ent #3's medications ration on 05/08/24 at e was one Novolog insulin inistration. with Resident #3 Primary on 05/07/24 at 4:20pm tagnosis of diabetes and her were labile. tiving the ordered doses of omplications with her nanges, vascular changes, a, or death. with a medication aide (MA) m. with the Resident Care n 05/07/24 at 2:50pm and 		See page 74		
	at 1:23pm.	nie endere fer Desident #0				
	d. Review of physicia ealth Service Regulation	in's orders for Resident #3				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
NILHAMI	PIDCE	30 DALE	A DRIVE			
	NIDOL	ASHEVIL	LE, NC 28805			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLET DATE
D 358	Continued From page	59	D 358			
	dated 12/21/23 reveal	od				
		nophen (used to treat pain)				
	7.5-325mg 1 tablet thi	ee unies dally.				
	Poview of Posidort #	3's March 2024 electronic				
	Medication Administra					
	revealed:	aon Record (eMAR)				
	-There was an entry for	nophen 7.5-325mg 1 tablet				
		administration times of				
	8:00am, 1:00pm, 6:00					
	-There was document					
	hydrocodone-acetami					
		2/24 at 8:00am and 1:00pm,				
		nd 03/29/24 - 03/31/24 due	and the second			1.
	to medication on orde					
		i i oni priamacy.		<i>c</i>		
	Review of Resident #3	3's April 2024 eMAR	2	See page 74		
	revealed:			- 11-		2.0
	-There was an entry for	or	1.1.1.1			
		nophen 7.5-325mg 1 tablet				
		administration times of				
	8:00am, 1:00pm, 6:00	pm.				
	-There was document	ation the				
	hydrocodone-acetami					
		/24 at 8:00am, 1:00pm,				
	04/02/24 at 8:00am, 1	:00pm, and 04/03/24 at				
	8:00am due to medica	tion on order from				
	pharmacy.					
	Observation of Reside	ent #3's medications				
	available for administr	ation on 05/08/24 at				
	9:25am revealed there	was				
	hydrocodone-acetami					
	available for administr	ation.				
	Telephone interview w	ith a pharmacist at the				
		armacy on 05/07/24 at				
	2:57pm revealed:					
	the second se	t receive a refill request for				

STATE FORM

4HPO11

If continuation sheet 60 of 82

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	FE, ZIP CODE		
VILHAM F	RIDGE		A DRIVE			
			LE, NC 28805		Survey Allight and Antonia and	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 358	Continued From page	60	D 358			
	inform the PCP that a hydrocodone would be would be dispensed. -The pharmacy dispen- emergency supply on -The pharmacy receive the PCP on 03/30/24 a -It was the facility's res- when a medication rec before the medication Interview with the Res (RCC) on 05/07/24 at -The medication aides required more training contacting the PCP for medications. -She knew she contact a new prescription for documented it but did the electronic docume Telephone interview w 05/07/24 at 4:20pm re -Resident #3 had intra prescribed hydrocodo -He had no way to kno a refill prescription unt -The facility should ha Resident #3 ran out of a 3 day emergency su -No one should ever m -Not being administered hydrocodone could ca symptoms of withdraw	d the facility on 03/25/24 to new prescription for the a needed before any more used and delivered a 3 day 03/25/24. ed a new prescription from and dispensed 90 tablets. sponsibility to notify the PCP quired a new prescription ran out. ident Care Coordinator 2:50pm revealed: (MA) were newly hired and so she was responsible for r refill prescriptions of ted the PCP and requested the hydrocodone and she not know how to access ntation. when a resident required if the facility informed him. ve informed him before f hydrocodone and required		See page 74		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF P	ROVIDER OR SUPPLIER	HAL011377	B. WING	E, ZIP CODE	05/09/2024
WILHAM	RIDGE	30 DALE ASHEVIL	A DRIVE .LE, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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)	LD BE COMPLET
D 358	Interview with Reside 11:54am revealed: -She was taking the -She remembered w the pharmacy would -She had back pain of being the worst pain) relief by lying down of Refer to the interview on 05/07/24 at 2:24p Refer to the interview 05/07/24 at 2:28pm. Refer to the interview 05/07/24 at 2:28pm. Refer to the interview 05/09/24 at 11:05am Refer to the interview at 1:23pm. e. Review of Resident (12.5mg) twice daily 60, systolic blood pre- and/or diastolic blood 50. Review of Resident # Medication Administr revealed: -There was an entry take ½ tablet (12.5m heart rate less 60, sy- less than 100, and/or	ent #3 on 05/09/24 at hydrocodone for back pain. hen the facility informed her not send the medication. of an 8 on a 0-10 scale (10) and could only get some of her bed. with a medication aide (MA) im. with a second MA on with a second MA on with the Resident Care in 05/07/24 at 2:50pm and with Owner #1 on 05/09/24 ht #3's physician's orders aled metoprolol tartrate (used e) 25mg take ½ tablet and hold for heart rate less bessure (SBP) less than 100, d pressure (DBP) less than #3's March 2024 electronic ration Record (eMAR) for metoprolol tartrate 25mg g) twice daily and hold for restolic blood pressure (SBP) r diastolic blood pressure with an administration time of	D 358	See page 74	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			e survey Ipleted
		HAL011377	B. WING		05	5/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
VILHAMI	RIDGE	30 DALE	A DRIVE LE, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
D 358	Continued From page	62	D 358		6	
	metoprolol was admin -There was document 8:00am of a BP of 93/ administered. -There was document 8:00am of a BP of 95/ administered. -There was document 8:00am of a BP of 92/ administered. Review of Resident #2 revealed: -There was an entry for take ½ tablet (12.5mg) heart rate less 60, sys less than 100, and/or (DBP) less than 50, w 8:00am and 6:00pm. -There was document 6:00pm of a BP of 95/ administered. -There was document 6:00pm of a BP of 97/ administered. -There was document 6:00pm of a BP of 77/ administered. -There was document	ation on 03/09/24 at 70 and the metoprolol was ation on 03/16/24 at 72 and the metoprolol was ation on 03/27/24 at 62 and the metoprolol was 3's April 2024 eMAR or metoprolol tartrate 25mg) twice daily and hold for tolic blood pressure (SBP) diastolic blood pressure ith an administration time of ation on 04/02/24 at 65 and the metoprolol was ation on 04/03/24 at 73 and the metoprolol was ation on 04/04/24 at 60 and the metoprolol was ation on 04/10/24 at 59 and the metoprolol was ation on 04/12/24 at		5ee Page 74		
	-There was documenta 8:00am of a BP of 98/	ation on 04/20/24 at 55 and the metoprolol was				

4HPO11

If continuation sheet 63 of 82

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A REAL PROPERTY AND A REAL PROPERTY AND A	CONSTRUCTION (X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
VILHAM F	PIDGE	30 DALE	A DRIVE		
	(IDOL	ASHEVIL	LE, NC 28805		5 × 1
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
D 358	Continued From pag	ge 63	D 358		
	administered.				
	Description of the second second second second	ntation on 04/23/24 at			
	There is a service of the service of	0/32 and the metoprolol was			
	administered.				
		ntation on 04/27/24 at			
		7/55 and the metoprolol was			
	administered.				
	-There was docume	ntation on 04/28/24 at			
	8:00am of a BP of 7	3/45 and the metoprolol was			
	administered.				
	Review of Resident	#3's eMAR for 05/01/24 -	12		
	05/07/24 revealed:		see which it		
		for metoprolol tartrate 25mg			
		ng) twice daily and hold for	1	See page 74	
		ystolic blood pressure (SBP)			
		or diastolic blood pressure	2 ¹		
		with an administration time of			
	8:00am and 6:00pm	ntation on 05/03/24 at			
		8/70 and the metoprolol was			
	administered.	or o and the metoproior was			
		ntation on 05/03/24 at			
		8/70 and the metoprolol was			
	administered.				
		entation on 05/04/24 at			
		8/74 and the metoprolol was			
	administered.				
		entation on 05/06/24 at			
	6:00pm of a BP of 9 administered.	04/63 and the metoprolol was			
	Observation of Res	ident #3's medications			
	available for admini	stration on 05/08/24 at			
		ere was metoprolol tartrate			
	25mg 1/2 tablets av	ailable for administration.			
	그 같은 가슴가 다른 것은 것은 그가 앉은 것이 가 있는 것이 가지?	esident Care Coordinator			
		at 2:50pm revealed:			
	-She always checke	ed Resident #3's BP and			

STATE FORM

4HPO11

If continuation sheet 64 of 82

	T OF DEFICIENCIES DF. CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	the account of the second	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	B. WING		05/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	RIDGE	30 DALEA	DRIVE		
		ASHEVILI	E, NC 28805		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLET
D 358	Continued From pa	ge 64	D 358		
	BP was within the p -She did not know y administered the m not within the paran -She knew the MAs maybe that is why t administered the m have. Telephone interview 05/07/24 at 4:20pm -Resident #3 was p rate control. -The medication slo lowered blood press -He was concerned to Resident #3 when pressure would furth pressure which cour Interview with Resid 10:54am revealed: -She knew her blood at times but she new -She did not know if metoprolol to her or Refer to the intervie 05/07/24 at 2:24 Refer to the intervie Coordinator (RCC) o 05/09/24 at 11:05an	why she had documented she edication when the BP was neters. required more training and hey documented they etoprolol when they should not with Resident #3's PCP on revealed: rescribed metoprolol for heart wed the heart rate and sure. that administering metoprolol n she had a low blood her depress her blood ld cause her to faint and fall. dent #3 on 05/09/24 at d pressure readings were low ver felt faint or dizzy. f the staff administered the not. w with a medication aide (MA) pm. w with a second MA on w with the Resident Care on 05/07/24 at 2:50pm and		See page 74	
sion of Hea	at 1:23pm.	w with Owner #1 On 05/09/24			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 2 3	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/	09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
VILHAM	RIDGE	30 DALE	A DRIVE			
	NIDOL .	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 APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
D 358	Continued From page	9 65	D 358			
	12/21/23 revealed dia	t #5's current FL2 dated agnoses included diabetes.				
	revealed an admissio	5's Resident Register n date of 07/26/23.				
	dated 02/15/24 revea	n's orders for Resident #5 led Lispro insulin (used to ose) 100units/ml inject 8				
	Medication Administra revealed: -There was an entry f	or Lispro insulin 100units/ml		See page 74		
	of 7:30am, 11:30am, -There no documenta administered on 03/0 11:30am, 03/11/24 at 07:30am and 11:30am, 03/26/24 at 11:30am,	tion the insulin was 2/24 at 7:30am, 03/04/24 at 11:30am, 03/15/24 at n, 03/19/24 at 11:30am, and 03/31/24 at 4:30pm, sumentation why the insulin		see page in		
	05/07/24 revealed: -There was an entry f inject 8 units with mea of 7:30am, 11:30am,	5's eMAR for 05/01/24 - or Lispro insulin 100units/ml als, with administration times and 4:30pm. nentation the insulin was				
	administered on 05/0 was no documentatio administered.	7/24 at 4:30pm, and there n why the insulin was not				
	Observation of Residu available for administ 9:25am revealed ther available for administ	ration on 05/08/24 at e was Lispro insulin				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1			E SURVEY PLETED
		HAL011377			05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ATE, ZIP CODE		
WILHAM I	RIDGE	30 DALE ASHEVIL	A DRIVE .LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
D 358	Continued From page	e 66	D 358			
	(PCP) on 03/09/24 at -Resident #5 was pre- had a history of poor -Resident #5 had skin not receiving her dos more skin infections a and organ damage. -He expected staff to ordered it.	ent #5's primary care provider t 10:30am revealed: secribed 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 the Resident Care n 05/07/24 at 2:50pm and		See page 74		
	Refer to the interview at 1:23pm.	with Owner #1 on 05/09/24				
	dated 01/04/24 revea 100units/ml per slidin meals and at bedtime monitoring device (CC	g scale insulin (SSI) before for continuous glucose GM) parameters 250-299 = units, greater than 350 = 8				
	Medication Administra revealed: -There was an entry f per sliding scale insul bedtime for CGM par 300-350 = 6 units, gre greater than 500 notif -There was no docum	for Lispro Insulin 100units/ml lin (SSI) before meals and at ameters 250-299 = 4 units, eater than 350 = 8 units,				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377		E CONSTRUCTION	COM	E SURVEY PLETED
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	DIDOF	30 DALEA	DRIVE			
WILHAM	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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
D 358	Continued From page	e 67	D 358			
	CGM result was not of administered if requir Observation of Resid	and 4:00pm, or reason the obtained and insulin red. ent #5's medications fration on 05/08/24 at re was Lispro insulin	4			
	(PCP) on 03/09/24 at -Resident #5 was pre- had a history of poorl -Resident #5 had skir not receiving her dos more skin infections a and organ damage. -He expected staff to ordered it.	ent #5's primary care provider 10:30am revealed: escribed insulin because she y controlled diabetes. n infections in the past and es of insulin put her at risk of as well as vision changes administer the insulin as he y with a medication aide (MA)		See page 74		
	on 05/07/24 at 2:24pr					
	 The proceeded of the part of the second s second second se	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 01/04/24 revea	n's orders for Resident #5 led escitalopram (used to ng daily in addition to 20mg				
	Observation during th	ne morning medication pass				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377		CONSTRUCTION	СОМ	E SURVEY PLETED
					05	5/09/2024
NAME OF P	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY. STA	IE, ZIP CODE		
WILHAM	RIDGE	30 DALEA				
	0.000		LE, NC 28805		and the statement of the state	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 358	Continued From pag	e 68	D 358		the second s	
		m revealed the RCC opram 20mg to Resident #5 er escitalopram 10mg.				
	hand for administration revealed: -There was one bubb labeled escitalopram dispensed on 04/15/ -There was one bubb labeled escitalopram	ident #5's medications on on on 05/08/24 at 9:25am 20mg and 30 tablets were 24 with 6 tablets remaining. De pack of medications 10mg and 30 tablets were 24 with 7 tablets remaining.				
	Administration Recorrevealed: -There was an entry 1 tablet daily in addit with an administratio	5's electronic Medication d (eMAR) for 05/08/24 for escitalopram 20mg take ion to 10mg for 30mg dose n time of 8:00am and 0mg was administered at		See Page 74		
	-There was an entry 1 tablet daily in addit with an administratio	for escitalopram 10mg take ion to 20mg for 30mg dose n time of 8:00am and 0mg was administered at				
	revealed she knew R administered both the	CC on 05/08/24 at 1:00pm tesident #5 was to be e 20mg and 10mg tablets of vas an oversight on her part.				
	05/07/24 at 4:20pm r prescribed escitalopr	with Resident #5's PCP on evealed Resident #5 was am to treat depression and istered the entire dose.				
		nt #6's current FL2 dated agnoses included diabetes (a				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
		HAL011377	B. WING		05	/09/2024
IAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE		
	PIDOF	30 DALE	A DRIVE			
VILHAMI	RIDGE	ASHEVIL	LE, NC 28805			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE
D 358	Continued From page	9 69	D 358			
	chronic condition that process blood glucos	impairs the body's ability to e).				
	Review of Resident # revealed an admissio	6's Resident Register n date of 12/05/23.				
	01/12/24 revealed the scale insulin aspart in	6's physician's orders dated are was an order for sliding ject subcutaneous before and sugar (FSBS) less than				
	units, 251-300 = 3 uni	0 = 1 unit, 201-250 = 2 its, 301-350 = 5 units, 0 or greater = call provider.				
	Review of Resident # Medication Administra revealed:	6's May 2024 electronic ation Record (eMAR)		See page 74		
	-There was an entry for	or sliding scale insulin	z			
		neous before meals: FSBS	2 N.C. 1990 (1997			
		s, 150-200 = 1 unit, 201-250	and the second			
		3 units, 301-350 = 5 units,				
		0 or greater = call provider.				
	-There was document		1.0161			
		as administered for a FSBS				
	and the company operation of the second se	units should have been				
	administered. -There was document	ation on 05/03/24 at				
		was administered for a				
		nen 2 units should have				
	been administered.					
	-There was document	ation on 05/04/24 at				
	the second s	as administered for a FSBS				
	a service of the serv	units should have been				
	administered.					
		entation on 05/04/24 at				
	FSBS result of 331 wh	llin was administered for a nen 5 units should have				
	been administered.	ation on OF/OC/04 at				
	-There was document					
	12:45pm that 0 units v	vere administered for a				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	TION IDENTIFICATION NUMBER: A. BUILDING			E SURVEY PLETED	
		HAL011377	B. WING		05	05/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
VILHAM	RIDGE		A DRIVE LE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIEN(FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
D 358	Continued From pag	e 70	D 358				
		when 1 unit should have been					
	available for adminis	dent #6's medications tration on 05/08/24 at part insulin was available for					
	(RCC) on 05/08/24 a -It did not matter how per the sliding scale her how many units FSBS. -Resident #6's Prima aware Resident #6 to insulin. -The PCP instructed how many units of in	esident Care Coordinator tt 11:39am revealed: v many units were scheduled order; Resident #6 would tell to administer based on his ury care Provider (PCP) was old staff how to administer his her to be sure to document sulin were administered, ht from the ordered sliding		see page 74			
	10:33am revealed: -Resident #6 had a lidibates that require -He was not told Resident revealed -He was not surprise staff how much insule but he expected the scale that was order -Not receiving the con- cause complications	sident #6's insulin doses were ed according to the orders. d Resident #6 was telling in he should be administered staff to follow the sliding					
	Refer to the interview 05/07/24 at 2:28pm.	v with a second MA on					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011377	to the second second second	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					05/09/202	24
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE		
WILHAM I	RIDGE		A DRIVE LLE, NC 28805			
	SUMMADY S	TATEMENT OF DEFICIENCIES				9
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE CON	(X5) MPLETE DATE
D 358	Continued From pag	je 71	D 358			
	Refer to the interview	w with the Resident Care				
	Coordinator (RCC) o	on 05/07/24 at 2:50pm and				
	05/09/24 at 11:05am					
		w with Owner #1 on 05/09/24				
	at 1:23pm.					
	Interview with a med	lication aide (MA) on				
	05/07/24 at 2:24pm					
		mber medications she				
	administered in Marc	ch or April 2024.				
	and the second	ter insulin doses incorrectly.				
	는 것같아? 아이지는 ANY 맛있는 것 안사가 가지 않는 것이 많이 많이 많다.	the eMAR with the incorrect				
		etimes she forgot to log out				
		ter and another staff would				
		would put her initials on the ministered medications.		See Page 74		
	ewar when they au	ministered medications.	s de la constante de la composición de la constante de la constante de la constante de la constante de la const	see [reaje		
	Interview with a seco	ond MA on 05/07/24 at	21.000.000			
	2:28pm revealed:		a ****			
	eMAR.	nented inaccurately on the				
		how much insulin they were				
	to get.		- 2 °,			
		check the medication order	1			
	on the emak before	administering medications.				
	Attempted telephone	e interview with a third MA on				
	05/08/24 at 3:17pm					
	Interview with the Re	esident Care Coordinator				
	A second statement of a second s	at 2:50pm and 05/09/24 at				
	11:05am revealed:					
		to the facility and "need a lot				
	more training".					
		s documented incorrectly.				
	-All the residents tha much based on their	t required insulin knew how				
	administered.	SSI that should be				
	Contraction in the second s	e for supervising the MAs.				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	K22 MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	HAL011377				05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	FE, ZIP CODE		
VILHAM	RIDGE	30 DALEA	DRIVE			
		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 CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 358	Continued From page	e 72	D 358			
		e for auditing the eMARs for oses and she did that by just				
		tion bubble packs to see				
	how many pills were					
		iewed the eMARs to ensure				
	residents were being					
	medications correctly		· · · · ·			
		re attention to discontinued				
	and new medications		- 19			
	-She had a lot of role	s in the facility.				
	Interview with Owner revealed:	#1 on 05/09/24 at 1:23pm				
		nsible for supervising the	*	٨		
	MAs.	hable for supervising the	1.1	701		
		nsible for monitoring the		See page 71		
	-He only authorized t	he MAs to administer				
		ey completed all their training	Mark 1997			
		ave them a log in code.				
		another MAs log in code				
	and the second	o administer medications.				
	more training was ne	es with medications was				
		unauthorized MAs were				
	scheduled to adminis					
	-The RCC was respo	nsible for the schedule.				
		issues with medication				
	administration becau					
	pharmacy audit previ	ously.				
	The facility failed to e	nsure medications were				
	administered as orde	red which resulted in				
	2. 62.	d #6 being administered				
		oses of insulin putting them				
		ges, vascular changes,				
		a or death, Resident #3 not edications which caused her				
	to have acute pain an					
-	withdrawals, and beir					

STATE FORM

4HPO11

If continuation sheet 73 of 82

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		HAL011377	B. WING	05/09/2024		
WILHAM RIDGE 30 DALEA ASHEVILL		DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
D 358	parameters and risk failure resulted in su health, safety, and w Type A2 Violation.	rate control outside of for fainting and falls. This bstantial risk to the residents relfare and constitutes as	D 358	All staff have unde extensive training r to medication adm by licensed hearthco	elated ninistration	
	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.			professionals. Importan appropriate administ was instructed, pha and RN have been into madication admi	istration harmD n integrated Iministration	
D 366	10A NCAC 13F .100 Administration		D 366	Process to continua enhance quality of	uy	
	 10A NCAC 13F .1004 Medication Administration (i) The recording of the administration on the medication administration record shall be by the staff person who administers the medication immediately following administration of the medication to the resident and observation of the resident actually taking the medication and prior to the administration of another resident's medication. Pre-charting is prohibited. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure a medication aide (MA) observed 2 of 2 residents (#6, and #7) take medications administered, resulting in medications being left on the both residents' 			Provided by MAS.	6 8 2	
	bedside tables in the The findings are: Review of the facility	ir rooms. 's Policy and Procedures for				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			B. WING			
		HAL011377	_1		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
VILHAM F	RIDGE		LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET	
D 366	Continued From page	e 74	D 366			
	revealed: -Medications would b accordance with the orders. -Staff who have demi- according to State ru medications. -Documentation wou administered the medi-	prescribing practitioner's onstrated competency les may administer ld be provided by staff who dication. n the eMAR after observing				
	04/18/24 revealed dia anxiety disorder, dep hyposmolality (condit electrolytes, proteins	nt #7's current FL2 dated agnoses of generalized pression, anemia, tion where the levels of , and nutrients in the blood al), and hyponatremia (low		Sce page 82		
	05/08/24 revealed the for Effexor (used to the Oxybutynin (used to mg., Metoprolol (used mg., Losartan Potass hypertension) 50 mg anticonvulsant medic treat nerve pain) 600 iron deficiency) 325m treat irritable bowel s Clopidogrel (used to 75mg., Buspirone (used Baclofen (used to pre 10mg., Aspirin (cardi	., Gabapentin (an cation sometimes used to o mg., Ferosul (used to treat ng., Dicyclomine (used to syndrome) 20 mg., prevent blood clotting) sed to treat anxiety) 30mg., event muscle spasms) ovascular protection) 81mg. he initial tour on 05/07/24 at				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED 05/09/2024	
		HAL011377	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA			
		30 DALE				
NILHAM I	RIDGE		LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
D 366	Continued From pag	je 75	D 366			
	Resident #7's bed.					
	-The MA was not in	the room				
	1. Manual Manual and Manual Sources and the second se Second second sec second second sec					
	-rtesident #7 was In	the room, in bed, asleep.				
	Interview with Resid	ent #7 on 05/08/24 at 7:56am			1.	
	-Medications have b	een left in her room 2 to 3				
	times since her adm	ission on 04/15/24.				
	-She saw her medic	ations on her bedside table				
	and took them when	she woke up.				
	-Sometimes MAs wo	ould leave her medications if				
	she was sleeping.					
	-The medications in	the cup were her morning				
	medications.					
		- 2		a n. 42		
		#7's electronic medication		See Page 82		
		d (eMAR) for 05/07/24	the Alexand			
	revealed:					
		for Effexor 75mg daily with				
	an administration tin					
		ministered at 8:00am on				
	05/07/24.					
		for Oxybutynin 5mg. daily				
		on time of 8:00am and				
		dministered at 8:00am on	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	05/07/24.	for Metoprolol 25mg. daily				
		on time of 8:00am and				
		dministered at 8:00am on				
	05/07/24.					
		for Losartan Potassium				
		administration time of 8:00am				
		as administered at 8:00am on				
	05/07/24.					
	-There was an entry	for Gabapentin 600mg. three				
		administration time of 8:00am				
		as administered at 8:00am on				
	· · · · · · · · · · · · · · · · · · ·	for Ferosul 325mg. daily with				
	an administration tir	· · · · · · · · · · · · · · · · · · ·				
	alth Service Regulation			1		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
HAL011377			B. WNG		05	/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
WILHAM I	RIDGE	30 DALE	A DRIVE LE, NC 28805			
(VA) ID	SI IMMADY ST	TATEMENT OF DEFICIENCIES				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SY 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)	HOULD BE	(X5) COMPLET DATE
D 366	Continued From page	e 76	D 366			
	05/07/24.	ministered at 8:00am on				
	times daily daily with 8:00am and docume	for Dicyclomine 20mg. three an administration time of ntated as administered at				
	with an administration	for Clopidogrel 75mg. daily n time of 8:00am and				
	05/07/24.	inistered at 8:00am on for Buspirone 30mg. twice				
	daily with an adminis	tration time of 8:00am and ministered at 8:00am on				
		for Baclofen 10mg. twice	-	1 1. 41		
		tration time of 8:00am and		See page 82		
	05/07/24.	ministered at 8:00am on				
	an administration tim					
	05/07/24.	nistered at 8:00am on				
	available for administ	lent #7's medications tration on 05/08/24 at				
		ble pack labeled Effexor				
	75mg take one tablet daily. -There was one bubble pack labeled Oxybutynin 5mg take one tablet daily.					
		ble pack labeled Metoprolol				
	-There was one bubb Potassium 50mg take	ble pack labeled Losartan e one tablet daily.				
	600mg take one table					
	235mg take one table					
	-There was one bubb 20mg take one tablet	ble pack labeled Dicyclomine t three times daily.				

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	
VAME OF PROVIDER OR SUPPLI	ER STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
WILHAM RIDGE	30 DALEA ASHEVILL	DRIVE E, NC 28805		
PREFIX (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET
D 366 Continued From	page 77	D 366		
 75mg take one -There was one 30 mg take one There was one 10mg take one There was one 81mg take one There was one 81mg take one Interview with the revealed: She worked 50 medications to the -She put the medications solve her bed She attempted her medications in the them. She was not are with leaving medications in them. She was not are with leaving medications her take them. Refer to intervie (RCC) on 05/05 Refer to intervie 1:22pm. Review of Retained infarction, acute neuropathy, hyperbalance 	bubble pack labeled Buspirone tablet twice daily. bubble pack labeled Baclofen tablet twice daily. bubble pack labeled Aspirin tablet daily. e MA on 05/08/24 at 6:54am 07/24 and administered morning		See page 82	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER WILHAM RIDGE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL011377	E. WING		05/09/2024
		STREET ADDRESS, CITY, STATE, ZIP CODE 30 DALEA DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET
D 366	#6's bedside table. -There were 9 pills -No facility staff were Interview with Resident revealed: -His morning medice table because his se want to take them were brought them earlieg -The MA left them were when he ate breakf Review of Resident 12/29/23 revealed: -An order for aspiring 81mg daily. -An order for farxing progression of kide -An order for leveting convulsions) 500mg -An order for leveting convulsions) 500mg -An order for metoor release (used to the 25mg, 1/2 tablet da -An order for withow blood pressure) 5m -An order for Vitam deficiency) 100mg Review of Resident 5/06/24 revealed and treat nerve pain) 60 order dated 05/06/2 times a day.	9:07am revealed: 9:07am revealed: medicine cup on Resident inside the medication cup. re in the room with him. dent #6 on 05/07/24 at 9:05am ations were on his bedside tomach hurt and he did not when the Medication Aide (MA) r. with him so he could take them ast. #6's physician orders dated In (used as a blood thinner) a (used to slow the hey failure) 10mg daily. racetam (used to prevent g twice daily. an potassium (used to treat assure) 25mg daily. prolol Succinate extended eat elevated blood pressure) ily. Irine HCL (used to treat low ng twice daily. in B1 (used to treat vitamin	D 366	See page 42	
	Review of Residen	t #o s physician orders dated			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	* .	(X3) DATE S COMPL	
		HAL011377	B. WING		05/09/2024		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
VILHAMI	PIDGE	30 DALE	A DRIVE				
	NIDGE	ASHEVI	LE, NC 28805				
(X4) ID		TEMENT OF DEFICIENCIES	ID		PLAN OF CORRECTIO		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFEREN	CTIVE ACTION SHOULE NCED TO THE APPROP DEFICIENCY)		COMPLET DATE
D 366	Continued From page	79	D 366				
	03/30/24 revealed an	order for docusate sodium					
	(used to treat constipa						
	Review of Resident #6	5's 05/07/24 electronic					
	medication administra	tion record (eMAR)					
	revealed:						
		or aspirin 81mg daily at 8am					
	and documented as a						
	at 8am and document	or docusate sodium 100mg					
	Construction and a substantial and address and the substantial sector and	or farxiga 10mg at 8am and					
	documented as admir						
		or gabapentin 600mg at					
	8am and documented			÷.			
	-There was an entry for	or levetiracetam 500mg at		See pag	, 42		
	8am and documented	as administered.		occ pour	0 00		
		or losartan potassium 25mg					
	at 8am and document						
		or metoprolol Succinate					
	documented as admir	ng, 1/2 tablet at 8am and					
	and the second sec	or midodrine HCL 5mg at					
	8am and documented	-					
		or Vitamin B1 100mg at					
	8am and documented						
	Observation of Reside	ent #6's medications					
	available for administ						
	3:27pm revealed:						
		e pack labeled aspirin					
	81mg daily.						
	[- · · · · · · · · · · · · · · · · · ·	e pack labeled docusate					
	sodium 100mg daily.	e pack labeled farxiga					
	10mg daily.	e paur labeleu lai xiya					
		e pack labeled gabapentin					
	600mg four times a d						
	-There was one bubb						
	levetiracetam 500mg	twice daily.					
	-There was one bubb	le pack labeled losartan					

STATE FORM

6899

4HPO11

If continuation sheet 80 of 82

If continuation sheet 81 of 82

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		HAL011377	B. WING		05/09/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		30 DALE	A DRIVE			
NILHAM F	RIDGE	ASHEVIL	LE, NC 28805			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLET	
D 366	Continued From pag	je 80	D 366			
	potassium 25mg dai					
		ble pack labeled metoprolol				
		release 25mg, 1/2 tablet				
	daily.	release zonig, nz tablet				
		-There was one bubble pack labeled midodrine				
	HCL 5mg twice daily. -There was one bubble pack labeled Vitamin B1					
	100mg daily.					
	Interview with the M	A on 05/08/24 at 6:54am				
	revealed:					
		nift on 05/06/24 and passed				
	morning medications to residents on 05/07/24.			10		
	-She was not aware there was anything wrong with leaving medications in the room.			Sec page 82		
	with leaving medical	lions in the room.				
	Interview with a med	lication aide (MA) on				
		revealed leaving medications				
		an observing the resident take				
	them was against fa	cility policy.	1.1			
	Defeate the interview					
		w with Resident Care				
	Coordinator (RCC) (on 05/09/24 at 11:05am.				
	Refer to the interview	w with Owner #1 on 05/09/24				
	at 1:22pm.	er versennen en sonstander verse i Statistike Stiller i Statistike				
	Interview with Resid	ent Care Coordinator (RCC)				
	on 05/09/24 at 11:05					
	- 20분간 및 20분간 및 20분간 및 20분간 및 20분간 및 20분간 및 20분	n medications left in the				
	room.					
	-MAs should watch	each resident take				
		leave medications in the				
	room for residents to					
		dication aide might have left				
		ne room because they were				
	not fully trained to pa					
		C were responsible to ensure ever left in the rooms.				
	medications were ne	sver leit in the rooms.				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
WILHAM RIDGE 30 DALE ASHEVIL		B. WING 05/09/2024 ADDRESS, CITY, STATE, ZIP CODE 05/09/2024 LEA DRIVE //ILLE, NC 28805				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ALEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE	
D 366	revealed: -MAs were supposed medications and never residents to take later policy. -He was not aware Mar- resident take there me pills in the room for th -He believed lack of tr incidents happened. -The 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 em to take later. raining could be why the ented she administered hem at bedside, was not a	D 366	Medication administ a MA to a resident undergone extensive Review of company related to Med action has occurred. Fact administrator Perfor random reviews supervision of me Trainings to occur minimum every que frequent as need	nt has training- policy Jministration ility rms and d passes. r, at Jurter. More	