STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on December 11, 2014 and December 12, 2014.	D 000		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide complete table service during the lunch meal that included a knife to 100% of residents who were able to use knives. The findings are: Observation of the lunch meal service on 12/11/14 at 11:50am revealed: - The place settings at each table consisted of a spoon and a fork. - No knives were provided during the meal. - The meal consisted of an oven-baked pork chop, rice, green peas, a mixed vegetable blend, a dinner roll, and a bowl of sliced fresh strawberries. - The pork chop on every resident's plate was already cut up when it was delivered to the table. Interviews with the Supervisor-in-Charge on	D 287		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 287	Continued From page 1 12/11/14 at 11:50 am and 12:13pm revealed: - None of the residents received knives as a part of their table setting. - About two years ago, a previous resident had tried to hurt her with a knife. - Approximately four residents needed their food cut up because they were unable to use a knife. - She cut up any food item that needed to be cut up prior to the plate leaving the kitchen. - She was unaware that knives should be included as part of a complete place setting. Interview with the Administrator on 12/11/14 at 1:10pm revealed: - She was unaware knives were not being used during meal services. - She was unaware of any residents who were not allowed to have a knife during meal times. - The reasons for a resident not being given a knife during a meal would have to be documented as a part of their plan of care. Random interviews with residents on 12/11/14 at 3:20pm revealed: - Not having a knife included in the place setting was "no problem at all." - "If I don't have knife, I just ask for one." - "They probably guess it's dangerous." - "They put out butter knives sometimes if we have jelly or butter." - "They cut stuff up for us." - "We aren't allowed to have knives; they're dangerous." - "They don't generally put knives out, but if you need one they'll give it to you."	D 287		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights	D 338		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 338	Continued From page 2 An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide care and services which are adequate, appropriate, and in compliance with relevant and federal state laws and rules and regulations related to providing pain medication. The findings are: Based on observation, interview and 1 record review, the facility failed to assure resident (Resident #1) received appropriate care and services related to receiving pain medication. [Refer to Tag 912, 10A NCAC 13F .0909 Resident Rights (Type B Violation)]	D 338		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observation, interview and 1 record review, the facility failed to assure resident (Resident #1) received appropriate care and	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 3 services related to receiving pain medication. The findings are: Review of Resident #1's current FL2 dated 10/9/14 revealed: - Diagnoses included "amputee," peripheral vascular disease and venous stasis. - A physician's order for oxycodone 10mg by mouth every 8 hours (oxycodone is used to treat pain). Record review on 12/11/14 at 10:10am revealed: - A subsequent physician's order dated 10/9/14 for oxycodone 5mg, 2 tablets every 8 hours as needed. - A facsimile dated 10/9/14 from the facility to Resident #1's physician requesting Resident #1's oxycodone order be changed to a scheduled dose of two times a day because the facility was "not a 24 hour facility." - A facimile dated 10/29/14 from the facility to Resident #1's physician requesting Resident #1's oxycodone order "must be 8:00am and 8:00pm or 8:00am, 2:00pm and 8:00pm" because the facility was "not staffed with caregivers up through the nights." - A physician's order dated 10/30/14 to change oxycodone administration to 8:00am, 2:00pm and 8:00pm. - An emergency department discharge summary from a local hospital dated 11/18/14 at 11:04pm documenting Resident #1 had been seen for "chronic leg pain." Interview with the Supervisor-in-Charge (SIC) on 12/11/14 at 11:20am revealed: - Facility staff was not allowed to administer medications 24 hours per day per facility policy. - The last medication pass was at 8:00 p.m.	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 4 - If a resident needed pain medication during the night, staff on duty were supposed to call the administrator or the property manager prior to administering medication. Interview with Resident #1 on 12/11/14 at 12:00pm revealed: - His pain was controlled "most of the time." - His pain was not controlled "during the night." - He received his "last dose" of pain medication at 8:00pm and it lasted "maybe 4 hours." - He would get out of bed and sit in his chair in an effort to alleviate his pain. - Facility staff had told him "they don't have people at night" and there is "nothing they can do." - He had to go to the emergency room "about a month ago" because "the pain got so bad." - An extra dose of pain medication around 2:00am would help. - Facility staff had told him to call them if he needed them but his last dose of pain medication was at 8:00pm. Interview with the Administrator on 12/11/14 at 12:37pm revealed: - If a physician prescribed medication to be administered during the night, facility staff would contact the physician to get the order changed so that staff would not have to administer medications after 10:00pm. - If a resident needed a pain medication that was scheduled to be given as needed, the resident either needed to knock on the Supervisor-in-Charge bedroom door or utilize the call system. Interview with the 1st Shift Medication Aide on 12/11/14 at 12:25pm revealed: - There were no standing orders for Resident #1	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011191	A. BUILDING: _____ B. WING _____	12/12/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 2	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D912	Continued From page 5 to receive over-the-counter pain medication such as Tylenol. - If Resident #1 needed over-the-counter pain medication, facility staff would call his physician and request it. Review of the facility's medication policy revealed: - Medication was to be administered according to physician's orders. An attempted telephone interview with Resident #1's physician on 12/11/14 at 3:15pm was unsuccessful. _____ A Plan of Protection was received from the Administrator on 12/11/14 which revealed: - Medication orders were to be followed exactly as they were written. - All medication orders would be reviewed by the administrator. - Residents would be reminded that their nurse call buttons were to be used 24 hours a day regardless of the time of day. THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 26, 2015.	D912		