Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011192	A. BUILDING: _____ B. WING _____	C 08/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 1	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 and the Buncombe County Department of Social Services conducted an annual survey and complaint investigation on July 31, 2018 through August 1, 2018.	D 000	A nurse aide registry report will be completed and sent accordingly for any complaint received by the administrater from residents within the 24 hour window with a copy to DSS. Administrator will complete the facility investigation within the Five (5) days and submit accordingly. ~~Cop~~ Copy of completed reports will be in the facility office for review. Completed by Administrator or property Manager - ongoing	
D 438	10A NCAC 13F .1205 Health Care Personnel Registry 10A NCAC 13F .1205 Health Care Personnel Registry The facility shall comply with G.S. 131E-256 and supporting Rules 10A NCAC 13O .0101 and .0102. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure allegations of verbal abuse by a medication aide (MA) were reported to the Health Care Personnel Registry (HCPR). The findings are: Interviews on 07/31/18 at 8:50am and 1:30pm with two residents revealed: -A medication aide (MA) had been verbally abusive. -The MA would curse at the residents. -"We had to walk on egg shells around her." -"We were afraid of her." -The MA would get angry and slam the medication cart drawers when residents asked for medication. -"She told us if we went to (name of Administrator) she would get us kicked out of	D 438		

8-14-18

Reviewed and accepted 08/14/18 RD

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D 438	Continued From page 1	D 438		

here."
-"We were afraid to tell anyone."
-The MA "got mad when I pulled my call bell and said she would send me to the hospital so she didn't have to deal with me".
-The verbal abuse had continued for "months".
-The Administrator had found out "a couple of weeks ago and moved her (the MA) to another building".
-The MA no longer worked in the facility.

Interview on 08/01/18 at 8:45am with a third resident revealed:
-The MA "talked to us like we were dogs or a piece of dirt".
-The verbal abuse had continued for "months".
-"I didn't tell anyone because I didn't think anyone would do anything about it."

Observation on 07/31/18 at 12:30pm of the parking lot revealed:
-The MA was walking toward the surveyor.
-The MA stated "I'm the trouble maker".

Interview on 07/31/18 at 1:30pm with a 1st shift MA revealed:
-The MA had not heard staff yelling at residents.
-Residents had informed her that the MA had been verbally abusive "around July 18th".
-"When they told me about it, she (the MA) had already been moved (to another facility)."

Interview on 08/01/18 at 7:50am with a 2nd 1st shift MA revealed:
-Two residents had informed her on 07/11/18 the MA raised her voice at them.
-"They said she would get upset if they asked for a prn (as needed) medication too early."
-She informed the Administrator.
-"She (Administrator) immediately removed her

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D 438	Continued From page 2 (from the building)." Interview on 07/31/18 at 3:10pm and 08/01/18 at 9:15am with the Administrator revealed: -The Administrator removed the MA from the facility when she was informed by one resident that the MA had raised her voice and slammed a door. -The MA had a loud voice. -She did not report the allegation to HCPR because there had been no complaints against the MA in four years. -She did not want to "ruin her reputation". -"I feel this was a retaliation against (name of the MA)." -The Administrator would report it to the HCPR.	D 438		

Richmond Hill Rest Homes
SOD House 1
Exit Date: 8-1-2018

10 NCAC 13F .1205

A nurse aide registry report will be completed and sent accordingly for any complaint received by the administrator from residents within the 24-hour window with a copy to DSS. Administrator will complete the facility investigation within the five (5) days and submit accordingly. Copy of completed reports will be in the facility office for review.
Completed by Administrator or Property Manager – on going

Stanla W. Lee
August 14, 2018