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
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 completed a follow up survey on 02/22/22.	{D 000}		
{D 292}	10A NCAC 13F .0904(c)(3) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents. This Rule is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to provide substitutions of equal nutritional value for 11 of 11 residents residing in the facility. The findings are: Interview with 3 residents on 02/22/22 between 8:45am and 9:12am revealed: -Dinner on 02/21/22 consisted of chicken noodle soup and a peanut butter sandwich. -Fruits and vegetables were not served frequently. -The food served was not as balanced as it was in the past. -A menu was posted in the dining room but it wasn't always followed. Review of the regular menu revealed: The lunch menu for 02/21/22 consisted of chicken-ala-king (3 ounces chicken and 1/2 cup rice), 1/2 cup green beans with celery, 1 slice of	{D 292}	Educated staff on importance of following menu. RCC and/or administrator to follow up at meal times to ensure menu is being properly followed. Interview Residents monthly to discuss meal issues. Menus placed in home weekly. Groceries purchased via menu weekly.	03/01/2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: William Scruggs — TITLE: Administrator — (X6) DATE: 03/01/2022

LSB 3-28-22 reviewed and acknowledged

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 292}	Continued From page 1 whole grain bread, 1 teaspoon margarine and 1/2 cup pears. -The dinner menu for 02/21/22 consisted of 3 ounces of baked fish in a lettuce wrap, 1 medium baked potato, 1/2 cup corn, 1/2 cup seasoned greens a 2" x 2" square of cornbread, 1 teaspoon of margarine and 1/2 cup applesauce. Observations of the kitchen and dining room on 02/22/22 at 1:30pm revealed: -There was a menu posted in the dining room and in the kitchen. -The freezer, refrigerator and pantry contained the ingredients to prepare the menu items. Interview with a medication aide (MA) on 02/22/22 at 1:18pm revealed: -She usually prepared the meal that was on the posted menu, when she worked. -She did not need to substitute menu items very often. -If she did substitute an item there was a list in the kitchen for her to document what was substituted. Interview with a second MA on 02/22/22 at 1:52pm revealed: -She was responsible for preparing meals on 02/21/22. -She went to the grocery store before she came to work on 02/21/22 to purchase a meal and she purchased chicken noodle soup and things for peanut butter sandwiches because that was what she could afford. -She purchased the food because the facility was frequently short on food but the problem with food availability had improved recently. -She did not realize the freezer and pantry contained the ingredients necessary to prepare the scheduled menus for 02/21/22.	{D 292}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 292}	Continued From page 2 -The Administrator told them they could substitute menu items as long as they used the same meat item for the menu they served. -The Administrator told them they could exchange the lunch and dinner menus for the day. -She contacted other staff before she came to work to find out what meat was on the menu for the day and was told that it was chicken and that was why she got chicken noodle soup. -She served beef stew over noodle for lunch and used the soup and sandwiches for dinner. -She could have thawed something out for dinner but she just did not take the time. -She did not know there was a paper in the kitchen to document what was served if it was different from the menu. Interview with the Administrator on 02/22/22 at 2:02pm revealed: -Over the past several months she conducted multiple meetings with staff about the menu and menu substitutions. -She shopped weekly for food and used the menu to make her list so she knew the necessary menu items were available to prepare. -She informed staff they were allowed to make substitutions as long as a food was substituted with a food from the same food group. -All staff knew there was a paper in the kitchen to document any menu substitutions that were made. -Extensive menu substitutions should have been cleared with her and soup and a sandwich was not equivalent to the scheduled menu. -She did not know a staff was purchasing food with their own money and did not know why that would be necessary.	{D 292}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 612}	Continued From page 3	{D 612}		
{D 612}	10A NCAC 13F .1801 (c) Infection Prevention & Control Program (temp) 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility ' s IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS), the local health department (LHD), and the facility's COVID-19 policy were maintained when caring for 11 residents during the global Coronavirus (COVID-19) pandemic as related to screening staff for COVID-19. The findings are: Review of the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) during the COVID-19 Pandemic dated 02/02/22 revealed facilities should have established a process to identify anyone entering	{D 612}	Staff have been educated to COVID screen and log for beginning their shift as well as any visitor. All staff log screen and send to a group chat on phone to ensure it is completed daily. Staff have been educated on wearing masks while in the homes to prevent spread. RCC to monitor.	03/1/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 612}	Continued From page 4 the facility, regardless of their vaccination status, for symptoms of COVID-19. Review of the NCDHHS COVID-19 Infection Prevention for Long-Term Care Facilities dated 11/19/21 revealed all staff should be screened for symptoms of COVID-19 prior to every shift. Review of the facility's undated COVID-19 policy and procedure revealed all staff will be screened for fever and respiratory symptoms at the start of each shift by checking a temperature and documented along with the absence of shortness of breath, new or change in cough, and sore throat. Observation upon entrance to the facility on 02/22/22 at 8:30am revealed: -There was a self screening table at the entrance. -There was a notebook on the table that contained self screening checklists for employees and visitors to complete upon entrance to the facility. -There was an inoperable, infra-red thermometer mounted to the wall near the notebook. -There was no other thermometer available. Review of the facility's staff COVID-19 screening logs for 01/01/22 - 01/31/22 revealed: -There was no documentation any staff self screened from 01/04/22 - 01/09/22, 01/11/22 - 01/13/22, 01/15/22 - 01/18/22 or 01/22/22. -There was documentation only one staff self screened from 01/01/22 - 01/03/22, 01/10/22, 01/14/22. 01/19/22, 01/21/22, 01/23/22, 01/25/22 - 01/27/22, 01/30/22 and 01/31/22. Review of the facility's staff COVID-19 screening logs for 02/01/22 - 02/22/22 revealed: -There was no documentation any staff self	{D 612}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 612}	Continued From page 5 screened on 02/03/22, 02/08/22 - 02/12/22, 02/15/22 and 02/16/22. -There was documentation only 1 staff self screened on 02/06/22, 02/13/22, 02/14/22 and 02/17/22. -The last date with documentation of a self-screen was 02/17/22. Interview with the Resident Care Coordinator (RCC) on 02/22/22 at 1:36pm revealed: -One resident in the facility had tested positive for COVID-19 on 01/12/22, a second resident on 01/22/22, and a third on 01/23/22. -The facility did weekly testing after the first COVID-19 case was identified on 01/12/22. -Testing was completed the week of 02/14/22 and all residents and staff were negative for COVID-19. -Staff were trained to self-screen at the start of their shift. -There was a self-screen log inside the front entrance of the facility. -She did not know why staff were not self-screening for COVID-19. Telephone interview with the communicable disease registered nurse (RN) at the LHD on 02/22/22 at 11:42am revealed: -The LHD held a monthly COVID-19 webinar that the facility chose not to attend. -The facility was given the COVID-19 guidance and recommendations from the CDC and NCDHHS. -The guidance included all staff should be screened for signs and symptoms of COVID-19 at the start of each shift. Telephone interview with the Administrator on 02/22/22 at 2:00pm revealed: -Staff had been trained to self-screen for	{D 612}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 612}	Continued From page 6 COVID-19 signs and symptoms with a temperature check and a questionnaire at the start of their shift. -There had been three residents that had tested positive for COVID-19 in January 2022. -She had been monitoring the staff screening logs but had stopped because she assumed the staff had continued to do so. -She did not know why staff had stop self-screening for COVID-19. 1. Review of a resident's January and February 2022 electronic Medication Administration Record (eMAR) revealed there was documentation that Staff A had administered medications to the resident on 02/16/22, 02/18/22 - 02/20/22, and 02/22/22. Review of the staff COVID-19 screening logs for January and February 2022 revealed there was no documentation that Staff A had been screened for COVID-19 on 02/16/22, 02/18/22 - 02/20/22, and 02/22/22. Interview with Staff A on 02/22/22 at 1:22pm revealed: -She knew she should self-screen for COVID-19 when entering the facility at the start of her shift. -She had forgotten to self-screen. 2. Review of a resident's January and February 2022 electronic Medication Administration Record (eMAR) revealed there was documentation that Staff B had administered medications to the resident on 01/02/22, 01/06/22, 01/07/22, 01/15/22, 01/20/22, 02/09/22, and 02/21/22. Review of the staff COVID-19 screening logs for January and February 2022 revealed there was no documentation that Staff B had been screened	{D 612}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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 612}	Continued From page 7 for COVID-19 on 01/02/22, 01/06/22, 01/07/22, 01/15/22, 01/20/22, 02/09/22, and 02/21/22. Telephone interview with Staff B on 02/22/22 at 12:09pm revealed she knew she should self-screen at the start of her shift at a sister facility but not at this facility. 3. Review of a resident's January and February 2022 electronic Medication Administration Record (eMAR) revealed there was documentation that Staff C had administered medications to the resident on 01/03/22, 01/06/22, 01/07/22, 01/09/22 - 01/11/22, 01/14/22, 01/17/22, 01/22/22 - 01/24/22, 01/27/28 - 02/02/22, 02/05/22, 02/06/22, 02/10/22, 02/14/22 - 02/17/22, and 02/21/22. Review of the staff COVID-19 screening logs for January and February 2022 revealed there was no documentation that Staff C had been screened for COVID-19 on 01/03/22, 01/06/22, 01/07/22, 01/09/22 - 01/11/22, 01/14/22, 01/17/22, 01/22/22 - 01/24/22, 01/27/22 - 02/02/22, 02/05/22, 02/06/22, 02/10/22, 02/14/22 - 02/17/22, and 02/21/22. Telephone interview with Staff C on 02/22/22 at 12:38pm revealed: -She knew she was to self-screen for COVID-19 when starting her shift. -She had forgotten to self-screen.	{D 612}		
{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	{D912}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 02/22/2022

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
{D912}	Continued From page 8 relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by:	{D912}		