STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011374	A. BUILDING: _____ B. WING _____	08/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL REST HOME # 3	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 on 08/08/23.	D 000		
D 234	10A NCAC 13F .0703(a) Tuberculosis Test, Medical Exam & Immunizatio 10A NCAC 13F .0703 Tuberculosis Test, Medical Examination & Immunizations (a) Upon admission to an adult care home, each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (#2) were tested upon admission for tuberculosis (TB) disease in compliance with the control measures for the Commission for Health Services. The findings are: Review of the Centers for Disease Control (CDC) TB Fact Sheet dated 05/3/22 revealed: -TB is a disease that is spread through the air from one person to another. -When a person with TB disease of the lungs or throat coughs, speaks, or sings, TB bacteria can get into the air and people nearby may breathe in	D 234		

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D 234	Continued From page 1	D 234		

these bacteria and become infected.
-When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow; from there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

Review of Resident #2's current FL2 dated 06/14/23 revealed diagnoses included dementia and schizoaffective disorder.

Review of Resident #2's resident record on 08/08/23 revealed:
-There was not an admission date.
-There were no documented TB skin tests results for review.

Interview with the Clinical Administrator on 08/08/23 at 9:50am and 12:24pm revealed:
-Resident #3 was admitted to the facility on 07/03/23 from a sister facility.
-Resident #3's friend transported him to a local pharmacy to get a TB skin test but she did not know the date.
-She did not know if Resident #3 had gone back to the local pharmacy to have the TB skin test read as she had been off that day.
-She could not locate the paperwork.
-It was her responsibility to ensure the residents received their TB skin tests.

Telephone interview with Resident #3's friend on 08/08/23 at 12:20pm revealed:
-She had transported Resident #3 to a local pharmacy for a TB skin test on 07/23/23.
-Staff were to transport the resident back to the local pharmacy in 2 or 3 days to have the TB skin test read.
-She did not know if staff had transported the resident.

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D 234	Continued From page 2 Interview with the Administrator on 08/08/23 at 12:30pm revealed: -She did not know that Resident #'s TB skin test results were not in the record. -The previous Resident Care Coordinator (RCC) was to have arranged transportation to the local pharmacy to have the TB skin test read. -The Clinical Administrator was responsible for ensuring the residents had their TB skin tests completed. -The TB skin test reading must have been missed. Interview with Resident #3 on 08/08/23 at 2:10pm revealed he did not know if he had a TB skin test or not. _____ The facility failed to ensure Resident #3 completed TB skin testing upon admission. This failure placed all residents at risk of TB disease and was detrimental to the health, safety and welfare, and constitutes a Type B Violation. _____ The facility provided a plan of protection in accordance with G.S. 131D-34 on 08/08/23 for this violation. CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED SEPTEMBER 22, 2023	D 234		
D 248	10A NCAC 13F .0704 (b) Resident Contract, Information On Home And 10A NCAC 13F .0704 Resident Contract, Information On Home And Resident Register (b) The administrator or administrator-in-charge	D 248		

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and the resident or the resident's responsible person shall complete and sign the Resident Register within 72 hours of the resident's admission to the facility and revise the information on the form as needed. The Resident Register is available on the internet website, http://facility-services.state.nc.us/gcpage.htm, or at no charge from the Division of Facility Services, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. The facility may use a resident information form other than the Resident Register as long as it contains at least the same information as the Resident Register.

This Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to ensure a Resident Register was completed within 72 hours of admission to the facility for 2 of 2 sampled residents (#1 and #2).

The findings are:

1. Review of Resident #1's current FL2 dated 07/17/23 revealed diagnoses included osteoarthritis and schizoaffective disorder.

Review of Resident #1's Resident Register on 08/08/23 revealed:
-There was an admission date of 08/05/21.
-Resident #1's guardian signed the Resident Register on 08/05/21.

Interview with the Clinical Administrator on 08/08/23 at 1:00pm revealed:
-Resident #1 was admitted to the facility on 07/03/23 from a sister facility.
-Resident #1's Resident Register was completed at a sister facility.

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D 248	Continued From page 4 -She thought all paperwork including the Resident Register could be transferred from one facility to another. -She was responsible for ensuring the Resident Register was completed. Interview with the Administrator on 08/08/23 at 1:07pm revealed: -She did not know the Resident Register needed to be completed within 72 hours of admission. -She thought all paperwork including the Resident Register could be transferred from one facility to another. -The Clinical Administrator was responsible for ensuring the Resident Registers were complete. 2. Review of Resident #2's current FL2 dated 06/14/23 revealed diagnoses included dementia and schizoaffective disorder. Review of Resident #2's Resident Register on 08/08/23 revealed: -There was an admission date of 06/21/23. -Resident #2 signed the Resident Register on 06/21/23. Interview with the Clinical Administrator on 08/08/23 at 1:00pm revealed: -Resident #2 was admitted to the facility on 07/03/23 from a sister facility. -Resident #2's Resident Register was completed at a sister facility. -She thought all paperwork including the Resident Register could be transferred from one facility to another. -She was responsible for ensuring the Resident Register was completed. Interview with the Administrator on 08/08/23 at 1:07pm revealed:	D 248		

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D 248	Continued From page 5 -She did not know the Resident Register needed to be completed within 72 hours of admission. -She thought all paperwork including the Resident Register could be transferred from one facility to another. -The Clinical Administrator was responsible for ensuring the Resident Registers were complete.	D 248		
D 259	10A NCAC 13F .0802(a) Resident Care Plan 10A NCAC 13F .0802 Resident Care Plan (a) An adult care home shall assure a care plan is developed for each resident in conjunction with the resident assessment to be completed within 30 days following admission according to Rule .0801 of this Section. The care plan is an individualized, written program of personal care for each resident. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure 1 of 2 sampled residents (#2) had a care plan completed within 30 days of admission. The findings are: Review of Resident #2's current FL2 dated 06/14/23 revealed diagnoses included dementia and schizoaffective disorder. Review of Resident #2's resident record on 08/08/23 revealed: -There was not an admission date. -There was not a care plan. Interview with the Clinical Administrator on 08/08/23 at 1:00pm revealed:	D 259		

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D 259	Continued From page 6 -Resident #2 was admitted to the facility on 07/03/23 from a sister facility. -She thought Resident #2 had a completed care plan at the sister facility. -She could not locate a care plan. -She was responsible for ensuring care plans were completed for the residents. Interview with the Administrator on 08/08/23 at 1:07pm revealed: -She did not know Resident #2 did not have a care plan. -The Clinical Administrator was responsible for ensuring care plans were completed for the residents. -The care plan was "missed".	D 259		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to ensure a health care referral was made for 1 of 2 residents (Resident #1) related to Physical Therapy (PT) and Occupational Therapy (OT). The findings are: Review of Resident #1's current FL2 dated 07/17/23 revealed diagnoses included osteoarthritis. Review of Resident #1's physician orders revealed:	D 273		

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-An order dated 07/17/23 for PT to evaluate and treat lower back pain and vertigo (dizziness).
-An order dated 07/17/23 for OT to evaluate and treat shoulder pain and osteoarthritis.

Interview with Resident #1 on 08/08/23 at 12:35pm revealed:
-His Primary Care Provider (PCP) spoke with him a few weeks ago about starting PT and OT but therapy had not started yet.
-He looked forward to having therapy because he really needed it.

Interview with the Clinical Administrator on 08/08/23 at 2:23pm and 2:39pm revealed:
-She was responsible for processing all referrals that were written by the PCP.
-She remembered faxing the PT and OT referral to the contracted provider.
-She did not know why the initial evaluation had not been completed yet.
-The facility experienced frequent problems with the fax machine and the referral must not have gone through.
-She thought she faxed the referral a second time.
-She called the contracted provider three times to follow up on the referral but did not remember who she spoke with.
-The PCP was aware there was a problem with the fax machine and therapy was delayed.
-She maintained a folder on her desk with pending referrals and she looked at the folder daily.
-She did not remember when she last followed up about the PT and OT referral.

Telephone interview with the facility's contracted PT and OT provider on 08/08/23 at 2:32pm revealed there was no record of a PT or OT

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D 273	Continued From page 8 referral being received by fax or phone for Resident #1. Interview with the Administrator on 08/08/23 at 1:23pm and 2:55pm revealed: -Processing a referral after a PCP wrote an order should not take more than a day. -The contracted company that provided PT and OT usually came for an initial evaluation about three or four days after the referral was received. -The Clinical Administrator was responsible for processing all referrals that were written by the PCP. -She expected the Clinical Administrator to follow up within a few days if she had not received a response after she submitted the referral. -The facility was experiencing technology problems and the fax probably did not go through, but the Clinical Administrator should have followed up. Telephone interview with Resident #1's PCP on 08/08/23 at 3:11pm revealed: -Resident #1 was ordered PT for chronic low back pain and a weak gait and ordered OT for shoulder pain due to a motor vehicle accident he had in the past. -He usually ordered PT and OT together for maximum benefit. -He did not know why there had been a delay in starting therapy but thought it had been settled and that he was now getting the therapy he needed. -He would have preferred PT and OT to have already started but "it is what it is" and thankfully Resident #1 did not have a fall.	D 273		
D 315	10A NCAC 13F .0905 (a & b) Activities Program	D 315		

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D 315	Continued From page 9 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to develop a program of activities to promote residents' active involvement. The findings are: Observation during initial tour on 08/08/23 at 8:40am revealed: -The August 2023 activity calendar was taped to the kitchen refrigerator door. -There was no other calender posted in the facility. Review of the August 2023 activity calendar revealed: -There was documentation a church service was held every Sunday morning. -There was documentation a baking activity was scheduled twelve times. -There was documentation an ice cream or fresh fruit social was scheduled six times. -There was documentation Bingo was scheduled four times. -There was documentation a trip to a local store was scheduled five times.	D 315		

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D 315	Continued From page 10 Interview with one resident on 08/08/23 at 10:35am revealed: -The facility did not offer activities other than puzzles and television. -He walked a couple of times a day and would like some other activity. Interview with another resident on 08/08/23 at 12:35pm revealed: -There was not much to do at the facility so he stayed in his room most of the time. -He liked Bingo but they did not play it very often. -Church services on Sundays stopped a "long time ago". -Residents were taken to the store one time a month, on the 10th of the month, after payday. -All baking activites consisted of the staff baking the items and serving them to the residents at snack time because the residents didn't go into the kitchen. Interview with the Administrator on 08/08/23 at 1:23pm revealed: -She developed the August 2023 activity calendar because the Activity Director (AD) was only recently hired. -Church services used to be conducted on site but now residents could view them on the television. -Staff did the baking activities and residents could help if they wanted to. -She was not sure if the residents were allowed in the kitchen or not. -Most staff were new and probably did not know the residents could go in the kitchen and help with the baking activites. -The AD works Monday through Friday from 8:am until 4:30pm. -She thought the activity calendar was posted in a	D 315		

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D 315	Continued From page 11 common area where the residents could see what was scheduled. Interview with the AD on 08/08/23 at 2:15pm revealed: -She was also a personal care aide (PCA) and would work in the facility as a PCA when needed. -She worked as the AD three times a week. -Staff were responsible for conducting daily activities with the residents when she was not available. -The activity calendar was posted on a refrigerator in the kitchen for the staff. -She asked residents what activities they would like and then placed that activity on the calendar.	D 315		
D 316	10A NCAC 13F .0905 (c) Activities Program 10A NCAC 13F .0905 Activities Program (c) The activity director shall: (1) use information on the residents' interests and capabilities as documented upon admission and updated as needed to arrange for or provide planned individual and group activities for the residents, taking into account the varied interests, capabilities, and possible cultural differences of the residents; (2) prepare a monthly calendar of planned group activities in a format that is legible and shall be posted in a location accessible to residents by the first day of each month, and updated when there are any changes; (3) involve community resources, such as recreational, volunteer, and religious organizations, to enhance the activities available to residents; (4) evaluate and document the overall effectiveness of the activities program at least every six months with input from the residents to	D 316		

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D 316	Continued From page 12 determine what have been the most valued activities and to elicit suggestions of ways to enhance the program; (5) encourage residents to participate in activities; and (6) assure there are, supplies necessary for planned activities, supervision, and assistance to enable each resident to participate. Aides and other facility staff may be used to assist with activities. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to post an activity calendar in a location accessible to residents. The findings are: Observation during initial tour on 08/08/23 at 8:40am revealed: -The August 2023 activity calendar was taped to the kitchen refrigerator door. -There was no other calender posted in the facility. Interview with a resident on 08/08/23 at 12:35pm revealed: -Resident did not go into the kitchen. -He did not know what activites were planned for the month. Interview with the Administrator on 08/08/23 at 1:23pm revealed: -She gave the activity calendar to staff to post in the facility. -She did not know the staff posted the activity calendar in the kitchen where the residents could not see what was scheduled.	D 316		

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D 316	Continued From page 13 Interview with the AD on 08/08/23 at 2:15pm revealed the activity calendar was posted on a refrigerator in the kitchen for the staff.	D 316		