STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011372	A. BUILDING: _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 5	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 an annual survey and complaint investigation on 05/20/25.	D 000		
D 286	10A NCAC 13F .0904(b)(1) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (b) Food Preparation and Service in Adult Care Homes: (1) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate, and beverage containers. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the mealtime lunch service was served on non-disposable plates. The findings are: Observation of the lunch meal service on 05/20/25 at 11:40am revealed: -There were 10 residents eating lunch. -The meal consisted of Philly cheese steak on hoagie rolls, cheese fries, roasted mushrooms and sliced pears. -The meal was served on disposable plates. Interview with the personal care aide (PCA) on 05/20/25 at 11:41am revealed:	D 286		

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D 286	Continued From page 1 -She was responsible for preparing and serving meals. -She "usually" used the non-disposable plates stored in the cabinet to serve the meal. -She used disposable plates at the meal because the dishes were still in the dishwasher when she needed to start serving the meal. -She had already put the hoagie rolls on the styrofoam plates when she had time to empty the dishwasher so she put the plates in the cabinet. -She did not know meals were to be served on non-disposable plates. Observation in the kitchen on 05/20/25 at 11:49am revealed: -There were 9 non-disposable plates in the kitchen cabinet. -There was one dirty plate in the sink. Interview with two residents on 05/20/25 at 11:52am revealed meals had been served on disposable plates for "at least" the last two weeks. Interview with a third resident on 05/20/25 at 11:54am revealed meals had been served on disposable plates for the last two weeks. Interview with a fourth resident on 05/20/25 at 11:57am revealed: -He had been served on disposable plates "off and on" for the past 18 months. -The disposable plates were flimsy and he would rather eat off a non-disposable plate. Interview with the Administrator on 05/20/25 at 12:57pm revealed: -Disposable plates were purchased for a holiday party but she did not know they were still using them for meals.	D 286		

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D 286	Continued From page 2 -Staff knew they should serve meals on non-disposable plates.	D 286		
D 317	10A NCAC 13F .0905 (d) Activities Program 10A NCAC 13F .0905 Activities Program (d) There shall be at least 14 hours of a variety of planned group activities per week that include activities that promote socialization, physical interaction, group accomplishment, creative expression, increased knowledge, and learning of new skills. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure a minimum of 14 hours of a variety of group activities were provided each week for the residents. The findings are: Interview with one resident on 05/20/25 at 8:58am revealed: -No activities were offered at the facility. -Board games were available, but staff did not coordinate the board games. Interview with a second resident on 05/20/25 at 8:59am revealed he was not sure what activities the facility provided but he watched television to stay busy and occasionally played a board game. Interview with a third resident on 05/20/25 at 9:00am revealed activities were not offered at the facility and he would play video games in his room. Interview with a fourth resident on 05/20/25 at 9:10am revealed there were not any activities and	D 317		

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D 317	Continued From page 3 he would walk outside to keep busy. Interviews with four residents on 05/20/25 at 11:35am revealed staff did not conduct the scheduled 10:00am activity of music and moves and did not ask if the residents wanted to participate. Observation of a bulletin board on the left side of the hall on 05/20/25 at 11:36am revealed: -There was printed activity calendar titled May 2025. -The scheduled activity for 05/20/25 from 10:00am - 11:00am was music and moves. Interview with the medication aide (MA) on 05/20/25 at 11:05am revealed the personal care aide (PCA) was responsible for conducting the daily activities and she did not know why it was not done. Interview with the PCA on 05/20/25 at 11:10am revealed: -Sometimes the residents did not want to participate in the scheduled activity. -She asked the residents if they wanted her to conduct the 10:00am activity of music and moves and they said no. Interview with the Administrator on 05/20/25 at 11:45am revealed: -She was in the process of hiring an Activity Director (AD). -The PCA was responsible for conducting activities in the absence of an AD. -She had instructed the PCAs to conduct the daily activities. -She did not know why the activities were not being conducted.	D 317		

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D 433	Continued From page 4	D 433		
D 433	10A NCAC 13F .1201(a) Resident Records 10A NCAC 13F .1201Resident Records (a) The following shall be maintained on each resident in an orderly manner in the resident's record in the adult care home and made available for review by representatives of the Division of Health Service Regulation and county departments of social services: (1) FL-2 or MR-2 forms and the patient transfer form or hospital discharge summary, when applicable; (2) Resident Register; (3) receipt for the following as required in Rule .0704 of this Subchapter: (A) contract for services, accommodations and rates; (B) house rules as specified in Rule .0704(a)(2) of this Subchapter; (C) Declaration of Residents' Rights (G.S. 131D-21); (D) the home's grievance procedures; and (E) civil rights statement; (4) resident assessment and care plan; (5) contacts with the resident's physician, physician service or other licensed health professional as required in Rule .0902 of this Subchapter; (6) orders or written treatments or procedures from a physician or other licensed health professional and their implementation; (7) documentation of immunizations against influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged.	D 433		

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D 433	Continued From page 5 When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain resident records in the adult care home that were readily available for review for 3 of 3 sampled residents (Resident #1, #2, and #3). The findings are: Observation in the facility on 05/20/25 at 9:00am revealed there were no resident records in the facility. Interview with a medication aide (MA) on 05/20/25 at 11:28am revealed: -All records were kept in the business office for the individual houses as long as she had worked there, which was about 6-7 months. -She asked the Resident Care Coordinator (RCC) or the Administrator if she needed anything from the resident records. -Within the last week, the RCC made a notebook containing face sheets and electronic medication administration records (eMARs), but she could not locate the notebook in the home she was working in. Interview with the RCC on 05/01/25 at 11:35am revealed: -Records had been kept in the business office since she began working there a year and a half ago. -All supervisors had keys to get into the office to obtain records if needed.	D 433		

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D 433	Continued From page 6 Interview with the Administrator on 05/20/25 at 11:44am revealed: -The records had always been in the business office since she began working there in September 2023, and not in each building. -Face sheets, DNRs , and medication sheets used to be kept in a notebook in each individual building, but forms had been misplaced. -Supervisors had access to the business office or staff would call her and she would fax needed paperwork. -She was unaware the state policy required the resident record to be kept in the adult care home (ACH).	D 433		