received 06/06/25

PRINTED: 05/08/2025
FORM APPROVED

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
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 from 04/29/25 to 04/30/25.	D 000		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 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 observations,interviews, and record reviews, the facility failed to promote the residents' active involvement with each other, their families, and the community. The findings are: Interviews with 3 residents during the initial tour from 9:20am to 9:45am on 04/29/25 revealed: -There was a lack of activities in the facility. -There were hardly any activities being done according to what was on the monthly activity calendar. - "It is boring here." -The activities on the calendar were "just for show" and did not occur. -One resident just watched television and visited with the other residents because there were no activities.	D 315	Administrator will be responsible for creating an appropriate calendar for resident activities. Administrator will ensure that there are start and end times allotted for each activity. PCAs or activity director will be responsible for executing and documenting activities as they occur each day. Administrator and/or Clinical Team Leaders (RCCs) will do pop in rounds during the day to ensure that activities are being carried out. Administrator will interview residents to ensure that activities are occurring and being offered.	5/25/25

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tammy Russell — TITLE: Administrator — (X6) DATE: 5/30/25

STATE FORM 6899 LGJD11 If continuation sheet 1 of 6

Reviewed and Acknowledged LMJ 06/06/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 315	Continued From page 1 Review of the April 2025 activity calendar revealed: -On 04/29/25 the activity calendar revealed a "Wal-Mart Trip" with no beginning or completion time. -On 04/30/25 the activity calendar revealed an "April Birthday Bash" with no beginning or completion time. Observations throughout the day on 04/29/25 and 04/30/25 revealed no activities occurred with the residents. Interview with a personal care aide (PCA) on 04/30/25 at 8:37am revealed: -Most of the activities on the calendar did not occur. -The PCAs were responsible for conducting activities since there was not an activity director (AD). -She did not know what was on the activity calendar for 04/30/25. -She did not engage in activities with the residents unless they specifically asked to do something. -There was a trip to a local store on the activity calendar for 04/29/25 but the residents were not taken. -The PCAs could do a better job with the residents' activities. Interview with the Administrator on 04/30/25 at 11:39pm revealed: -She currently had no AD. -The PCA's should be doing activities with the residents according to what was posted on the activity calendar. -She had talked with the PCA's multiple times about doing activities with the residents. -She was not aware all the activities on the	D 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 315	Continued From page 2 monthly calendar were not occuring.	D 315		
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights 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 observations and interviews, the facility failed to ensure residents were treated with dignity and respect as evidenced by not providing paper towels in 5 of 5 resident bathrooms. The findings are: Observation of the 5 resident bathrooms during the initial tour on 04/29/25 from10:07am through 10:09am revealed: -There were no paper towels available for residents to dry their hands on in any of the 5 resident bathrooms. -The first resident bathroom had 1 paper towel holder that was empty. -A second resident bathroom had 2 paper towel holders that were empty. -The remaining three resident bathrooms had no paper towel holders. Interview with a resident on 04/29/25 at 11:10am revealed: -He did not understand why the staff did not keep paper towels in the bathrooms. -It had been at least a week or more since there were paper towels available. -He felt this was very disrespectful to him and the	D 338	During daily walking rounds, Admin or designated person will ensure that there are paper towels in each bathroom and that there is an appropriate stock that is easily accessible.	5/25/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 3 other residents. Interview with a second resident on 04/29/25 between 11:00am and 11:30am revealed: -There had not been paper towels in the resident bathrooms recently. -When she needed to dry her hands, she had to use toilet paper. Interview with the medication aide (MA) on 04/30/25 at 8:33am revealed: -All staff working were responsible for ensuring paper towels were available in all 5 resident bathrooms each shift. -The night shift PCA should have filled paper towels when cleaning the bathrooms. -She only had 2 rolls of paper towels in the kitchen and did not have enough paper towels for all 5 bathrooms. -She did not know why staff did not place paper towels in all 5 resident bathrooms. Interview with the Administrator on 04/30/25 at 11:39am revealed: -Staff had not made her aware there were not enough paper towels for the bathrooms. -If she had been aware, she could have placed an order. -Any staff who knew the facility was short of any supply was responsible to let her know.	D 338		
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	D 433		

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
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 433	Continued From page 4 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. 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 observations and interviews, the facility failed to maintain resident records in the adult	D 433	All necessary resident records will be placed in facility. Records are also being electronically filed for easy access in case of emergencies.	5/26/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011375	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 433	Continued From page 5 care home that were readily available for review for 5 of 5 sampled residents (Resident's #1, #2, #3, #4, and #5). Observation in the facility on 04/29/25 and 04/30/25 revealed there were no resident records in the facility. Interview with a medication aide (MA) on 04/30/35 at 11:21am revealed: -All resident records were kept in the business office. -Staff could access resident records by going to get them or having another staff member bring the record to the adult care home (ACH) in case of an emergency. Interviews with the Administrator on 04/29/25 at 10:52am and 04/30/25 at 11:39pm revealed: -All the resident records were kept in the business office and not in the ACH. -All the resident records were "kept under lock and key" so no one has access to them except management staff. -A staff member from the management staff was available around the clock if information was needed from the resident record. -She was unaware the state policy required the resident record be kept in the ACH.	D 433		