Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Richmond Hill Assisted Living #1 County: Buncombe
Address: 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 License Number: HAL011376

II. Date(s) of Visit(s): 02/26/2025 Purpose of Visit(s): Complaint Investigation
Exit/Report Date: 04/10/2025

Instructions to the Provider *(please read carefully)*:

In column **III (b)** please provide a plan of correction to address *each of the rules* which were violated and cited in column **III (a)**. The plan must describe the steps the facility will take to achieve and maintain compliance. In column **III (c),** indicate a specific completion date for the plan of correction.

*If this CAR includes a **Type B violation**, failure to meet compliance after the date of correction provided by the facility could result in a civil penalty in an amount up to $400.00 for each day that the facility remains out of compliance.

*If this CAR includes a **Type A1 or an Unabated B violation**, this agency *will* plan to submit an Administrative Penalty Recommendation for the violation(s). If this CAR includes a **Type A2 violation**, this agency *may* submit an Administrative Penalty Recommendation for the violation(s). The facility has an opportunity to schedule an Informal Dispute Resolution (IDR) meeting within **15 working days** from the mailing or delivery of the Corrective Action Plan. If on follow-up survey the **Type A1 or Type A2** violations are not corrected, a civil penalty of up to $1000.00 for each day that the facility remains out of compliance may be assessed. If on follow-up survey the **Unabated B** violations are not corrected, a civil penalty of up to $400.00 for each day that the facility remains out of compliance may also be assessed.

III (a). Non-Compliance Identified *For each citation/violation cited, document the following four components:* • *Rule/Statute violated (rule/statute number cited)* • *Rule/Statutory Reference (text of the rule/statute cited)* • *Level of Non-compliance (Type A1, Type A2, Type B, Unabated Type B, Citation* • *Findings of non-compliance*	**III (b). Facility plans to correct/prevent:** *(Each Corrective Action should be cross-referenced to the appropriate citation/violation)*	**III (c). Date plan to be completed**
Rule/Statute Number: 13F.1104(b) ACCOUNTING FOR RESIDENT'S PERSONAL FUNDS Rule/Statutory Reference: Upon the written authorization of the resident or his legal representative or payee, an administrator or the administrator's designee may handle the personal money for a resident, provided an accurate accounting of monies received and disbursed and the balance on hand is available upon request of the resident or his legal representative or payee. Level of Non-Compliance: A1 Violation Based on interviews and record review, the facility failed to provide an accurate accounting of transactions involving the receipt and disbursement of resident personal funds related to monies collected by the Administrator for 1 of 3 sampled residents (Resident #1) for medication co-payments that were never received by the pharmacy. The findings are: Review of Resident #1's current FL2 dated 8/12/24 revealed diagnoses included dementia and schizoaffective disorder. Review of Resident #1's Resident Register revealed an admission date of 11/15/18. Record Review of facility Resident Trust Transaction Log on 2/26/25 inclusive of the months of January 2024 through February 2025, revealed: -Resident Trust Transactions Log was also used as the facility	☐ POC Accepted_____ *DSS Initials*	

resident monthly personal funds accounting log.
-Resident Trust Transactions Log listed residents name, previous months balance, date, amount, reason for transaction (deposit or withdrawal), resident signature, person giving cash, witness signature, balance RT (resident transaction) Acct (account).
-Each Resident Trust Transaction Log documented the previous month's balance as zero.

Review of Resident #1's Resident Trust Transaction Log on 2/26/25 revealed:
-There was documentation she received $90 in personal funds for every month from January 2024 through February 2025.
-she paid $10 on 2/15/24 towards her pharmacy bill.
-she paid $10 on 7/17/24 towards her pharmacy bill.
-she paid $5 on 12/17/24 towards her pharmacy bill.
-she paid $5 on 1/17/25 towards her pharmacy bill.

Review of Resident #1's pharmacy record on 2/27/25 revealed:
-The most recent documented payment received from the facility was dated 6/2/23 for $35.00.
-There was documentation of Resident #1's pharmacy bill balance as of 2/27/25 $419.39

Interview with the facility's main office accounting representative on 2/25/2025 at 2:48pm revealed:
-They managed bookkeeping for the facility except for the personal funds distributed to residents every month by the Administrator.
-They did not knowhow the Administrator handled the personal funds and payments to the pharmacy prior to December 2024 or if the process had changed.

Interview with Resident #1 on 2/26/25 at 2:00pm revealed:
-She paid $5-$10 toward her pharmacy bill most months.
-She signed for receiving her $90 each month and the amount she agreed to pay toward the pharmacy bill.
-The Administrator was supposed to send her money to the pharmacy.
-She has not received a pharmacy bill from the facility.

Interview with the Administrator on 2/26/25 at 2:45pm revealed:
-Since she started working at the facility in September 2023, she has mailed the cash she collected from the residents for their medication co-payments to the pharmacy.
-She sent the cash in an envelope for each resident with their name, pharmacy bill and cash amount written on the bill to apply to their account.
-The former Administrator trained her in the process of sending cash payments to the pharmacy.
-She did not have any records or receipts to verify how much cash was sent to the pharmacy other than what was documented on the Resident Trust Transaction Log.
.-The pharmacy used to send the resident s' bills monthly in the pharmacy medication tote bag when they delivered medications and the bills were delivered to the residents by staff.

-The process of sending bills changed and now the pharmacy mailed the bills directly to the residents in care of the facility.
-She did not know when the system of mailing the bills to the residents changed.
-The staff deliver the mail to the residents daily.
-In December of 2024 , she began depositing the collected cash into the facility account and mailing a check to the pharmacy in the amount of all the residents' medication co-payments for the month.
-She attached a list of the resident names and the amount of money to pay toward their bill.
-She mailed a check dated 11/30/24 for $205 for resident medication co-payments and attached a list of resident names and the amount to apply to each account.
-She mailed a check dated 12/29/24 for $70 for resident medication co-payments and attached a list of resident names and the amount to apply to each account.

Interview with a representative with the facility's contracted pharmacy on 2/26/25 at 4:12pm revealed:
-The last payment received from the facility for any medication co-payments was June 2, 2023.
-The pharmacy had been receiving regular payments from the facility until June 2023.
-The pharmacy has sent several letters to the facility requesting immediate action to make a payment in order to keep services in place.
-They have not received any cash or checks from the facility for resident medication co-payments.
-Resident #1's last payment toward her account was June 2, 2023.
-Resident #1 had an outstanding balance of $419.39.
-The pharmacy mailed bills to each resident in care of the facility.

Review of an email on 3/11/25 at 11:15am from the Owner of the facility revealed:
-He checked the business account to confirm if the check for $205 and the check for $70 had cleared.
-The checks had not cleared the business account.

Interview with the Administrator on 3/25/25 at 11:00am revealed:
-She did not know why the pharmacy did not have a record of any payments since June 2023.
-She had no record of how much cash was sent other than the Resident Trust Transaction Account Log.

The facility failed to accurately account for the disbursement and use of resident personal funds for Resident #1.This failure resulted in Resident #1 giving cash payments to the Administrator for medication copayments for which they had not received bills and for which the pharmacy was never paid. This failure resulted in exploitation and constitutes a Type A1 Violation.

The facility provided a plan of protection on 4/4/2025 in accordance with G.S. 131D-34 for this violation.

DATE OF CORRECTION FOR THE A1 VIOLATION SHALL NOT EXCEED 05/10/2025		

IV. Delivered Via: Email	**Certified Mail #:**	Date: 04/11/2025
DSS Signature: KRISTY J. WILSON		Return to DSS By: 05/05/2025

V. CAR Received by:	Administrator/Designee (print name):
	Signature: Date:
	Title:

VI. Plan of Correction Submitted by:	Administrator (print name):
	Signature: Date:

VII. Agency's Review of Facility's Plan of Correction (POC)		
☐ ***POC Not Accepted***	By:	Date:
Comments:		
☐ ***POC Accepted***	By:	Date:
Comments:		
VIII. Agency's Follow-Up	By:	Date:
	Facility in Compliance: ☐ Yes ☐ No	Date Sent to ACLS:
Comments:		

** For follow-up to CAR, attach Monitoring Report showing facility in compliance.*