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): 02/19/2025 Purpose of Visit(s): Follow Up to CAR
Exit/Report Date: 04/09/2025

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.0507 TRAINING ON CARDIO-PULMONARY RESUSCITATION Rule/Statutory Reference: Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. Level of Non-Compliance: Unabated Type B Violation Based on interviews and record review, the facility failed to ensure there was at least one staff member (Staff A) in 1 out of 16 sampled staff on the premises at all times who had completed within the last 24 months a course in cardiopulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid or by a trainer with documented certification as a trainer on the procedures from one of these organizations. Interview with the Administrator on 2/19/25 at 2:00pm revealed: -Staff A was a medication aid (MA) hired from a local agency	☐ POC Accepted_____ *DSS Initials*	

several months ago.
-Staff A did not have a personnel file available due to the owner of the local agency not sending the file.

Review of text message sent from Staff A on 2/27/24 at 10:12am revealed a photograph of a CPR certification card dated 12/12/23 that was an online course issued by the National CPR Foundation.

Review of a text message from the Administrator dated 2/28/25 revealed:
-A photograph of the schedule dated 02/08/25 with Staff A scheduled to work alone in the facility on 2/8/25 for 3rd shift.

Request for copies of the February 2025 work schedules for Staff A were requested from the Administrator on 2/27/25 at 11:22am and 2/28/25 at 2:30pm and were not provided.

Interview with a resident on 2/28/25 at 11:00am revealed:
-Staff A often worked in the facility at night and she worked alone.
-Staff A had worked alone several times in the month of February 2025.

Interview with a second resident on 2/28/25 at 11:15am revealed:
-Staff A typically worked 12 hour shifts and mostly worked 3rd shift and she worked alone.
-Staff A worked alone a day last week and several times in February 2025.

Interview with a third resident on 2/28/25 at 11:30am revealed:
-Staff A regularly worked alone in the facility during 3rd shift.
-Staff A worked last week and several times alone during February 2025.

Interview with Staff A on 2/19/25 at 5:40pm and 3/3/25 at 10:55am revealed:
-She worked for a local agency who was contracted with the facility to provide staffing.
-She worked frequently at the facility and worked alone.
-She had CPR training and was certified on 12/12/23 through an online class and no portion of this training was in person.

Interview with a medication aide on 2/28/25 at 11:35am revealed Staff A worked third shift several times in February 2025 and always worked alone.

Interviews with the Owner of the staffing agency where staff A is employed on 2/26/25 at 10:00am and 3/3/25 at 11:00am revealed:
-He was not aware agency staff needed an in person CPR training with a demonstration using dummies.
-He relied on the Administrator to communicate what qualifications were required for the agency staff to work at the facility.
-Staff A had worked several shifts alone at the facility in February 2025 and had an online CPR training certification.
-He thought an online CPR certification met the requirement to work

at the facility. -He could not provide a copy of Staff A's work schedule in the facility for February 2025. Interviews with the Administrator on 2/19/25 at 2:00pm and 2/28/25 at 2:30pm revealed: -She did not have documentation of the qualifications and training for agency staff. -Staff A typically worked 3rd shift alone in the facility. The facility failed to ensure there was at least one staff member on premises who had completed within the last 24 months a course in cardiopulmonary resuscitation (CPR) and choking management, including the Heimlich maneuver. Staff A was not certified and worked by herself several times in February 2025. This failure was detrimental to the health, safety and welfare of all residents in the facility and constitutes an unabated Type B violation. The facility provided a plan of protection in accordance with G.S.131D-34 on 2/19/25 for this violation. THE DATE OF CORRECTION FOR THIS UNABATED B VIOLATION SHALL NOT EXCEED 3/01/25.		

IV. Delivered Via: E-Mail	**Certified Mail #:**	Date: 04/10/2025
DSS Signature: Kelly Schaefer		Return to DSS By: 05/01/25

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.*