STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 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 conducted a follow-up survey and a complaint investigation on 09/03/25 and 09/04/25.	D 000		
D 367	10A NCAC 13F .1004 (j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to accurately document the administration of medications on the electronic medication administration records (eMARs) for 2 of 3 sampled residents (Resident	D 367		

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#1 and #2) related to medication used to treat anxiety and panic attack (#1) and two medications to treat anxiety (#2).

The findings are:

1. Review of Resident #2's current FL2 dated 06/03/25 revealed diagnoses included acute respiratory disorder, chronic obstructive pulmonary disease and schizoaffective disorder.

a. Review of Resident #2's physician's order revealed:
-There was an order dated 06/06/25 for clonazepam (used to treat anxiety) 0.5mg as needed twice daily.
-There was an order dated 07/18/2 to discontinue clonazepam 0.5mg.

Review of Resident #2's June 2025 electronic medication administration record (eMAR) compared to Resident #2's controlled substance count sheet (CSCS) for clonazepam 0.5mg as needed twice daily revealed:
-There was an entry for clonazepam 0.5mg as needed twice daily on the June 2025 eMAR.
-On 06/10/25 at 8:00pm, clonazepam was documented as administered on the CSCS and was not documented on the eMAR.
-On 06/11/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 06/22/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 06/23/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 06/26/25 at 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and

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was not documented on the eMAR.
-On 06/29/25 at 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 06/30/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.

Review of Resident #2's July 2025 electronic medication administration record (eMAR) compared to Resident #2's CSCS for clonazepam 0.5mg as needed twice daily revealed:
-There was an entry for clonazepam 0.5mg as needed twice daily with a discontinued date of 07/16/25.
-There was an entry for clonazepam 0.5mg as needed twice daily with a start date of 07/16/25 and discontinuation date of 07/21/25.
-On 07/02/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 07/03/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 07/18/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 07/19/25 at 8:00am and 8:00pm clonazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.

b. Review of Resident #2's physician's orders revealed an order dated 07/18/25 for lorazepam (used to treat anxiety) 0.5mg as needed twice daily.

Review of Resident #2's July 2025 electronic medication administration record (eMAR) compared to Resident #2's CSCS for lorazepam 0.5mg as needed twice daily revealed:

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D 367	Continued From page 3 -There was an entry for lorazepam 0.5mg as needed twice daily. -On 07/21/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/23/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/24/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/25/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/26/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/29/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/30/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 07/31/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. Review of Resident #2's August 2025 electronic medication administration record (eMAR) compared to Resident #2's CSCS for lorazepam 0.5mg as needed twice daily revealed: -There was an entry for lorazepam 0.5mg as needed twice daily on the August 2025 eMAR. -On 08/01/25 at 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 08/02/25 at 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR. -On 08/03/25 at 2:00pm lorazepam 0.5mg was	D 367		

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documented as administered on the CSCS and was not documented on the eMAR.
-On 08/04/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/05/25 at 1:15pm and 8:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/06/25 at 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/07/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/08/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/09/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/10/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/11/25 at 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/11/25 at 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/12/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/16/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/20/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/21/25 at 8:00am lorazepam 0.5mg was documented as administered on the CSCS and

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was not documented on the eMAR.
-On 08/25/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.
-On 08/29/25 at 8:00am and 2:00pm lorazepam 0.5mg was documented as administered on the CSCS and was not documented on the eMAR.

Refer to interview with a medication aide (MA) on 09/04/25 at 9:33am.

Refer to interview with the Assistant Resident Care Coordinator (RCC) on 09/03/25 at 3:08pm.

Refer to interview with the Assistant RCC on 09/04/25 at 9:16am.

Refer to interview with the RCC on 09/04/25 at 9:29am.

Refer to interview with the Administrator on 09/04/25 at 9:16am.

2. Review of Resident #1's current FL2 dated 05/14/25 revealed diagnoses included anxiety disorder and chronic obstructive pulmonary disease.

Review of a prescription written by Resident #1's mental health provider (MHP) dated 06/09/25 revealed:
-Clonazepam (used to treat anxiety and panic attack) 0.5mg one tablet every 24 hours as needed for panic attack, must wait at least one hour before or after receiving scheduled dose.
-A quantity of 30 tablets (30-day supply) was ordered.

Review of Resident #1's physician's order dated 06/18/25 revealed:

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-Clonazepam 0.5mg one tablet every 24 hours as needed for panic attack, must wait as least one hour before or after scheduled dose.
-Clonazepam 1mg one tablet three times a day at 8:00am, 2:00pm, and 8:00pm.

Observation of Resident #1's medications on hand on 09/03/25 at 2:23pm revealed there was one bubble pack of clonazepam 0.5mg tablets with 13 tablets remaining of quantity 30 tablets dispensed on 07/10/25.

Review of Resident #1's June 2025 electronic medication administration record (eMAR) dated 06/10/25-06/30/25 compared to Resident #1's controlled substance count sheet (CSCS) for clonazepam 0.5mg one tablet every 24 hours as needed revealed:
-There was no entry on the eMAR for clonazepam 0.5mg one tablet every 24 hours as needed for panic attack.
-On the CSCS on 06/11/25 at 4:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/13/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/14/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/15/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/16/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/17/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/18/25 at 11:00pm,

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clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/19/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/20/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/21/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/22/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/25/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/26/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 06/28/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.

Review of Resident #1's July 2025 eMAR compared to Resident #1's CSCS for clonazepam 0.5mg one tablet every 24 hours as needed revealed:
-There was an entry for clonazepam 0.5mg one tablet every 24 hours as needed for panic attack with a start date of 06/10/25 and discontinue date of 07/10/25.
-There was an entry for clonazepam 0.5mg one tablet every 24 hours as needed for panic attack with a start date of 07/10/25 and no end date.
-On the CSCS on 07/07/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 07/08/25 at 1:00pm, clonazepam was documented as administered

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and was not documented on the eMAR.
-On the CSCS on 07/12/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 07/13/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 07/22/25 at 3:30 (no am/pm), clonazepam was documented as administered and was not documented on the eMAR.
-On the CSCS on 07/30/25 at 11:00pm, clonazepam was documented as administered and was not documented on the eMAR.

Review of Resident #1's September 2025 eMAR compared to Resident #1's CSCS for clonazepam 0.5mg one tablet every 24 hours as needed revealed:
-There was an entry for clonazepam 0.5mg one tablet every 24 hours as needed for panic attack with a start date of 07/10/25 and no end date.
-On the CSCS on 09/01/25 at 8:00pm there were two entries for two clonazepam 0.5mg tablets, clonazepam 1mg was documented as administered on the eMAR.

Interview with Resident #1 on 09/03/25 at 9:10am revealed:
-She was ordered clonazepam scheduled three times a day for anxiety and panic attacks and an as needed dose once per day.
-On 09/01/25, her supply of scheduled clonazepam 1mg tablets had run out and the MA used two clonazepam 0.5mg tablets from her as needed supply to make the correct dose for her scheduled dose at 8:00pm.
-They received a new supply of clonazepam 1mg in time for her 8:00am dose on 09/02/25.

Refer to the interview with a medication aide (MA)

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D 367	Continued From page 9 on 09/04/25 at 9:33am. Refer to the interview with the Assistant Resident Care Coordinator (RCC) on 09/03/25 at 3:08pm. Refer to interview with the Assistant RCC on 09/04/25 at 9:16am. Refer to the interview with the Resident Care Coordinator on 09/04/25 at 9:29am. Refer to interview with the Administrator on 09/04/25 at 9:16am. _____ Interview with a medication aide (MA) on 09/04/25 at 9:33am revealed: -She had worked at the facility as a MA for one month. -She usually worked on night shift. -When administering an as needed medication to a resident, she would compare the label of the medication to the entry on the resident's eMAR and pour the dose of the medication. -If the medication was a controlled substance, she would make an entry on the resident's CSCS to decline the count and the entry included her name, the date, and time of the administration. -After administering the medication to the resident, she would enter the medication as administered in the eMAR. -Following these steps every time she administered a medication helped her to document both on the CSCS and on the eMAR. -The Assistant Resident Care Coordinator (RCC) and the Resident Care Coordinator (RCC) made rounds "in the mornings" to bring medications, collect completed CSCS's, and to check the entries on the CSCS's. Interview with the Assistant RCC on 09/03/25 at	D 367		

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D 367	Continued From page 10 3:08pm revealed: -The MAs were trained to document controlled substance administrations on the eMAR and on the CSCS. -She did not know why the MAs were not documenting in the eMAR and on the CSCS. Interview with the Assistant RCC on 09/04/25 at 9:16am revealed she "thought" the eMAR documentation issue could be that the MAs needed to pull up a different screen on the computer when they were administering medications because she did not think the "as needed" medications were on the same screen as the scheduled medications. Interview with the RCC on 09/04/25 at 9:29am revealed: -She and the Assistant RCC were responsible for auditing the CSCS and comparing it to the eMAR. -They last conducted a chart audit in August 2025. -They were aware the MAs usually documented on the CSCS but sometimes forgot to document in the eMAR. -She did not know why the MAs were not documenting properly because they had been trained. -They discussed the issue with the Administrator and staff were retrained. Interview with the Administrator on 09/04/25 at 9:16am revealed: -The RCC and Assistant RCC were responsible for comparing the CSCS to the eMAR. -The RCC told her a couple months ago that the MAs were not documenting properly and she planned to retrain the staff. -She did not realize eMAR documentation continued to be a problem.	D 367		

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RICHMOND HILL ASSISTED LIVING # 3	95 RICHMOND HILL ROAD ASHEVILLE, NC 28806

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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. When a resident leaves the facility for a medical	D 433		

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 _____	R-C 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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D 433	Continued From page 12 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 4 of 5 sampled residents (Resident #2, #3, #4 and #5). The findings are: Observation in the facility on 09/03/25 at 9:02am revealed there were no resident records in the facility. Interview with the Resident Care Coordinator (RCC) on 09/03/25 at 9:02am revealed all records were kept in the business office because they were in the process of uploading forms for electronic records. Interview with the Administrator on 05/20/25 at 11:44am revealed: -She had hoped to complete the process of uploading resident records to convert to electronic medical records by June 2025 but discovered it was a slow process and they encountered unexpected problems which added to the delay. -One of the 12 resident records was completed and she was keeping the other 11 records in the business office because there was not a secure place in the home to keep the resident records and she was afraid they would "disappear".	D 433		