Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Richmond Hill Assisted Living #1
Address: 95 Richmond Hill Rd
County: Buncombe
License Number: HAL011376

II. Date(s) of Visit(s): 06/12/2025
Purpose of Visit(s): FOLLOW UP TO CAR
Exit/Report Date: 07/03/2025

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 this CAR. 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, Citation, Unabated Type A1, Unabated Type A2, Unabated Type B)* • *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	☐ POC Accepted _____ *DSS Initials*	____
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 Unabated Type B Violation		
Findings: Based on interviews and record review, the facility failed to ensure there was one staff member (Staff A) 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. Review of Staff A's personal care aide (PCA) personnel record on 6/17/2025 revealed: -There was no documentation of a hire date. -There was no documentation of a job description. -There was documentation that Staff A was CPR certified by the Red Cross on 6/13/2025. Review of Staff A's work schedules dated 5/10/2025 through 6/12/2025 revealed: -On 5/10/2025 Staff A worked in the facility as a personal care assistant PCA during the day with a medication aide (MA). -On 5/13/2025 Staff A worked in the facility as a PCA during the day with a MA. -On 5/24/2025 Staff A worked in the facility as a PCA during the day with a MA and the MA was also assigned to work in an adjacent facility. -On 6/7/2025 Staff A worked in the facility as a PCA during the day with a MA and the MA was also assigned to work in 3 other adjacent facilities. -On 6/11/2025 Staff A worked in the facility as a PCA during the day with a MA. Interview with a resident on 6/12/2025 at 12:40pm revealed: -Staff A worked alone in the facility on 6/11/2025 from 8:00am to 8:00pm. -Staff A had worked at the facility for about 3 weeks. -Staff A would always work alone but an MA would come to the facility to administer medication and then leave. Interview with a second resident on 6/12/2025 at 12:50pm revealed: -Staff A worked alone in the facility all day on 6/11/2025. -Staff A had worked at the facility for a couple of weeks. -Staff A always worked alone until a MA came into the facility to administer medications. Interview with a third resident on 6/12/2025 at 1:00pm revealed: -Staff A worked alone all day in the facility on 6/11/2025.		

-Staff A worked about once a week in the facility for about one month.
-Staff A would always work alone unless an MA came to administer medications.

Interview with a MA on 6/12/2025 at 1:15pm revealed:
-Staff A was hired a few weeks ago as a PCA.
-Staff A would work from 8:00am until 8:00pm.
-Staff A always worked alone in the facility unless an MA was administering medications to residents.

Interview with Staff A on 6/12/2025 at 1:30pm revealed:
-She was hired as a PCA.
-She worked at the facility for a couple of weeks but could not remember her date of hire.
-She always worked alone in the facility unless a MA came to administer medications.
-Her shift was always 8:00am until 8:00pm.
-She did not have current CPR certification but was scheduled to take the class on 6/13/2025.
-She did not know she needed to be certified in CPR prior to working alone in the facility.
-She worked alone in the facility on 6/11/2025 and several other days but could not remember the dates.

Interview with the Administrator on 6/17/2025 at 2:30pm revealed:
-Staff A was hired on 5/8/2025 as a PCA.
-Staff A was always scheduled with an MA because she did not have CPR certification prior to 6/13/25.
-The MA working in the facility would occasionally need to leave to administer medication in an adjacent facility which would leave Staff A alone.
-She was aware Staff A could not work alone in the facility even with the MA coming in the facility intermittently but she sometimes confused Staff A with another PCA that was CPR certified.
-Staff A worked all the shifts that were documented on the schedules provided.

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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 CPR and choking management, including the Heimlich maneuver. Staff A was not certified and was the only staff on the premises for 5 twelve-hour shifts from 5/10/2025 until 6/11/2025. This failure was detrimental to the health,

safety and welfare of all residents in the facility and constitutes an unabated unabated Type B violation. The facility provided a plan of protection in accordance with G.S.131D-34 on 6/12/2025 for this violation and a date of correction of 6/13/2025. THE DATE OF CORRECTION FOR THIS UNABATED UNABATED B VIOLATION SHALL NOT EXCEED 6/13/2025		

IV. Delivered Via:	E-Mail	Date: 07/09/2025
DSS Signature:		Return to DSS By: 7/30/2025

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.*		