Adult Care Home Corrective Action Report (CAR)

I. Facility Name: Richmond Hill Assisted Living #4 County: Buncombe
Address: 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 License Number: HAL011373

II. Date(s) of Visit(s): 01/09/2025, 02/03/2025, 02/06/2025 Purpose of Visit(s): Complaint Investigation
Exit/Report Date: 05/02/2025

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 The findings are: Based on interviews and record reviews, the facility failed to ensure accurate record keeping of resident funds, including providing an accurate balance of the monies received and disbursed for 3 of 5 residents sampled (#1,# 2, #3). The findings are: Record Review of the facility Resident Trust Transactions Log for January 2024 through December 2024 revealed: -The Resident Trust Transactions Log was also used as the facility resident monthly personal funds accounting log. -The 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 Residents previous months' balance as zero with the exception of one resident	☐ POC Accepted_____ *DSS Initials*	

who had a $90.00 balance.

Review of Resident #1's current FL2 dated 10/16/2024 revealed diagnoses included asthma, hypertension, congestive heart failure, schizophrenia, chronic obstructive pulmonary disease, gastroesophageal reflux disease, anxiety, and insomnia.

Review of Resident #1's Resident Register revealed Resident #1's admission date was 11/11/2005.

Review of Resident #1's Resident Trust Transaction Log on 1/9/2025 at 4:15 pm revealed:
-There was documentation Resident #1 received $90.00 in personal funds for every month from January 2024 to December 2024.
-There was documentation Resident #1 gave the Administrator $10.00 on 6/14/2024 towards the pharmacy bill. Resident #1
-There was documentation Resident #1 gave the Administrator $5.00 on 9/17/2024 towards the pharmacy bill.
-There was documentation Resident #1 gave the Administrator $5.00 on 12/17/2024 towards the pharmacy bill.

Review of Resident #1's pharmacy record on 2/11/2025 at 5:41 pm revealed:
-The last documentation for Resident #1 on the pharmacy record was dated 6/2/2023.
-There was not any amount applied on the last documentation for Resident #1.
-There was documentation on 2/11/2025 that Resident #1's pharmacy bill balance was $325.79.

Interview with Resident #1 on 2/24/2025 at 4:00 pm revealed:
-The Administrator told her she received a pharmacy bill every month, but she had never received or had been given a bill from the pharmacy.
-The Administrator told her if she did not pay the pharmacy bill she would have to move out of the facility.

Refer to the interview with the Administrator on 2/3/2025 at 1:15pm.
Refer to the interview with the pharmacy on 2/5/2025 at 3:57pm.
Refer to the interview with the Administrator on 2/20/2025 at 2:08pm.
Refer to the interview with a representative from the facility's main accounting office on 2/25/2025 at 2:58pm.
Refer to the interview with the Administrator on 2/25/2025 at 4:26pm.

Review of Resident #2's current FL2 dated 5/20/2024 revealed diagnoses including essential hypertension, COPD, anemia, obesity.

Review of Resident #2's Resident Register revealed Resident #1's admission date was 6/6/2022.

Review of Resident #2's Resident Trust Transition Log on 2/20/2025 at 4:55 pm revealed:

-There was documentation Resident #2 received $90.00 in personal funds from January 2024 to December 2024.
-There was no documentation of pharmacy payments from January 2024 to December 2024.

Review of Resident #2's pharmacy record on 2/19/2025 at 1:52 pm revealed there were no payments documented from January 2024 to December 2024.

Interview with Resident #2 on 2/13/2025 at 11:50 am revealed:
-She received $90.00 for personal funds every month.
-She gave $5.00 cash to the Administrator for her January 2024 pharmacy bill.
-She had given the Administrator $5.00 for her pharmacy bill intermittently in 2024.
-The Administrator collected cash payments from all the residents for the pharmacy bills and would put it in a pile.
-The Administrator did not give receipts for the pharmacy payments and did not put residents' name on the cash payment in the pile.
-She did not recall ever receiving her pharmacy bill.

Refer to interview with the Administrator on 2/3/2025 at 1:15pm.
Refer to the interview with the pharmacy on 2/5/2025 at 3:57pm.
Refer to interview with the Administrator on 2/20/2025 at 2:08pm.
Refer to interview with a representative from the facility's main accounting office on 2/25/2025 at 2:58pm.
Refer to interview with the Administrator on 2/25/2025 at 4:26pm.

Review of Resident #3's FL2 dated 10/30/2023 revealed diagnoses included intracranial injury, weak gait, convulsions, hyperlipidemia, HTN.

Review of Resident #3's Resident Register revealed Resident #3's admission date was 10/22/2019.

Review of Resident #3's Resident Trust Transaction Log on 2/20/2025 at 4:55 pm revealed:
-There was documentation he received $90.00 in personal funds from January 2024 to December 2024..
-There was documentation Resident #3 paid $5.00 cash on 11/18/2024 to the Administrator for her January 2024 pharmacy bill.
-There was documentation Resident #3 paid $10.00 cash on 1/17/2025 to the Administrator for her January 2024 pharmacy bill.
-There was documentation Resident #3 paid $10.00 on 2/19/2025 to the Administrator towards the pharmacy bill.

Review of Resident #3's pharmacy record on 2/19/2025 at 1:52 pm revealed there were no payments documented from January 2024 to December 2024.

Interview with Resident #3 on 2/13/2025 at 11:32 am revealed:
-He received $90.00 personal funds from January 2024 to December 2024.
-He gave the Administrator $10.00 cash out of his personal funds

from January 2024 to December 2024 to pay his pharmacy bill.

Refer to interview with the Administrator on 2/3/2025 at 1:15pm.
Refer to the interview with the pharmacy on 2/5/2025 at 3:57pm.
Refer to interview with the Administrator on 2/20/2025 at 2:08pm.
Refer to interview with a representative from the facility's main accounting office on 2/25/2025 at 2:58pm.
Refer to interview with the Administrator on 2/25/2025 at 4:26pm.

Interview with the Administrator on 2/3/2025 at 1:15 pm revealed:
-There were four Residents in the facility that received monthly personal funds.
-She would mail cash in an envelope to the pharmacy that was collected from the residents' personal funds for their medication co-payments.
-The pharmacy mailed bills monthly to the residents.
-The mail was delivered to each resident "every single day" before she left for the day.
-She "just started in the last couple months" sending one check to the pharmacy, for the total amount of the resident's pharmacy bills.
-She was not sure when exactly she started sending a check with resident funds totals for each month.
-She could not find copies of the resident's pharmacy bills.

Interview with a representative from the facility's contracted pharmacy on 2/5/2025 at 3:57pm revealed:
-The process for any payment would be to give residents credit for any check amount.
-Sometimes credit for payments would be documented individually.
-They had not received any cash payments from the facility.
-Cash payments were not usually received however residents could make payments by telephone.
-The last payment on record from the facility was the payment in June of the year 2023.

Interview with the Administrator on 2/20/2025 at 2:08 pm revealed:
-When she distributed residents' personal funds, she made a list of residents who received personal funds and amounts given towards pharmacy bills.
-The last two months she has been writing a check to the pharmacy for the total resident payments.
-There were no records in the facility for any of the resident pharmacy payments until December 2024.

Interview with the Administrator on 2/25/2025 at 4:26 pm revealed:
-The current pharmacy was contracted in September 2023 when she was hired as the Administrator.
-The former RCC and Administrator taught her the process for the pharmacy payments to send cash from resident personal funds for pharmacy bills through the mail.
-The process since December 2024 for resident personal funds was to send one check totaling all resident payments, when the bills were received, document on each of the pharmacy bills for payment and follow up to ensure the residents payments applied and get a receipt

that the payments added to the persons account. -Prior to December 2024, she sent the residents' cash payments to the pharmacy address in another state. -She did not know why she did not have a record for the pharmacy payments or why she changed her process for taking cash payments for the residents pharmacy bills. -She thought she had been making copies of pharmacy bills. Interview with the facility's main office accounting representative on 2/25/2025 at 2:48pm revealed: -They managed the bookkeeping for the facility except for the resident personal funds which were disbursed to residents every month by the Administrator. -They did not know how the Administrator handled the personal funds and payments to the pharmacy prior to December 2024. ---------- The facility failed to accurately account for the disbursement and use of resident personal funds for Resident #1, Resident #2, Resident #3. This failure resulted in all three residents giving a monthly cash payment to the Administrator for the medication co-payments for which they had not received bills and for which the pharmacy was never paid. This failure resulted in exploitation and constitutes a Type 1 Violation. The facility provided a plan of protection on 2/21/2025 in accordance with G.S. 131D-34 for this violation. DATE OF CORRECTION FOR THE A1 VIOLATION SHALL NOT EXCEED 06/01/2025		

IV. Delivered Via: Email	**Certified Mail #:**	Date: 05/08/2025
DSS Signature: SALLY E. GRIFFIN		Return to DSS By: 05/30/2025

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

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.*		