STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL011376	A. BUILDING: _____ B. WING _____	R 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND HILL ASSISTED LIVING # 1	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 12/09/25 through 12/10/25.	D 000		
D 086	10A NCAC 13F .0306 (a)(12) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (12) have at least one telephone that does not require electricity or cellular service to operate. Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to ensure the availability of at least one telephone which did not require electricity or cellular service, resulting in all residents requesting to use the telephone in the main office or asking to use a staff member's personal cellular phone. Observation in the dining room on 12/09/25 at 9:00am revealed two telephones hard wired into the wall. Interview with a resident on on 12/09/25 at 9:20am revealed: -The facility has not had a working telephone in a couple months. -They had a telephone in the dining room, but it did not work. Interview with a second resident on 12/09/25 at 9:25am revealed:	D 086		

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D 086	Continued From page 1 -She could not make telephone calls with the facility phone because the telephone did not work. -The telephone in the facility had not been working for a few months. -She had her own cellular telephone to make telephone calls. Interview with a third resident on 12/09/25 at 9:30am revealed: -She could not make telephone calls at the facility because the telephone did not work. -She could not recall how long the telephone had been broken but believed the telephone it had not worked for months. -She did not have a cellular telephone. -She was not sure how she would make telephone calls. Interview with a medication aide (MA) on 12/09/25 at 10:13am and 11:20am revealed: -The facility had telephones in the dining area, but neither of them worked. -The telephones were for resident use, but have not worked for several months. -There was a replacement phone for a short while, but it no longer worked. -If residents needed to use the telephone, staff allowed them to use their personal cell phones or they had to go to one of the other buildings on the property to use the telephone. Interview with the Administrator on 12/09/25 at 3:25pm revealed: -She was notified by staff several weeks ago that the telephone used by the residents was not working. -She called and had the facility provider contracted for their telephone service check the line to verify it was active.	D 086		

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D 086	Continued From page 2 -There were no problems with the line according to the telephone service provider, so she purchased another phone. -The new phone worked and there were no problems that she was aware of. -She was not aware one of the residents had dropped the phone in a mop bucket and it no longer worked.	D 086		
D 315	10A NCAC 13F .0905 (a & b) Activities Program 10A NCAC 13F .0905 Activities Program (a) Each adult care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community. (b) The program shall be designed to promote active involvement by all residents but is not to require any individual to participate in any activity against his or her will. If there is a question about a resident's ability to participate in an activity, the resident's physician shall be consulted to obtain a statement regarding the resident's capabilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure implementation of an activities program that promoted active involvement and engagement of residents. The findings are: Observations on 12/09/25 between 9:00am through 3:30pm and 12/10/25 between 8:30am and 10:00am revealed: -There were no activities provided for or with the residents. -There was an activity calendar posted in the	D 315		

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D 315	Continued From page 3 hallway on 12/09/25, but it was dated November 2025. Interview with a resident on 12/09/25 at 9:22am revealed: -The activities listed on the activity calendar were rarely done. They had not had an Activity Director (AD) in months. -It had been over a month since they did anything that was listed on the activity calendar. Interview with a second resident on 12/09/25 at 9:37am revealed: -There were no group activities with other residents except for coloring together "every once in a while." -They painted flowerpots in the summer one day, but they had not done any painting since then. Interview with a third resident on 12/09/25 at 3:00pm revealed: -The staff only did activities with them once a month. -She slept in her free time due to boredom because there was nothing to do. -They used to have an AD, but had been without one for about 6 months and activities were not happening regularly. -She would participate in activities if they were offered. Interview with a fourth resident on 12/09/25 at 3:10pm revealed: -There were no activities since the activity director left several months ago. -They played board games and painted pictures in the past, but they had not done any activities in a few months.	D 315		

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D 315	Continued From page 4 -They had not had any trips or outings in a few months. -She would participate in activities if they were available. Interview with a fifth resident on 12/09/25 at 3:15pm revealed: -They painted and played board games in the past. -Activities were not offered recently. Interview with the medication aide/personal care aide (MA/PCA) on 12/09/25 at 2:44pm revealed: -The facility had not had an AD in several months. -She was unable to provide activities for the residents unless she had extra time. -She was the MA, PCA, cook, housekeeper, and gave medications at other houses on the property as well. -The residents liked to play card games and bingo, but it had been over a month since she had been able to provide activities for them. Interview with the Administrator on 12/09/25 at 3:20pm revealed: -The facility did not have an AD. -She was responsible for scheduling activities and developing an activity calendar. -PCAs were expected to conduct activities with residents. -Activities were expected to occur daily.	D 315		
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	D 433		

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D 433	Continued From page 5 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 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	D 433		

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D 433	Continued From page 6	D 433		

failed to maintain resident records in the adult care home that were readily available for review for 3 of 3 sampled residents (Resident #1, #2, and #3).

The findings are:

Observation in the facility on 12/09/25 at 9:15am revealed there were no resident records in the facility.

1. Review of Resident #1's current FL2 dated 11/03/25 revealed diagnoses included schizoaffective disorder, bi-polar disorder, anemia, thrombocytopenia, diabetes, and hypothyroidism.

Refer to interview with a medication aide (MA) on 12/09/25 at 11:20am.

Refer to the interview with the Administrator on 12/09/25 at 10:00am.

2. Review of Resident #2's current FL2 dated 05/19/25 revealed diagnoses included heart failure, chronic lung disease, diabetes, difficulty swallowing, and Parkinson's disease.

Refer to interview with a MA on 12/09/25 at 11:20am.

Refer to the interview with the Administrator on 12/09/25 at 10:00am.

3. Review of Resident #3's FL2 dated 05/05/25 revealed diagnoses included depression, diabetes type 2, epilepsy, gastroesophageal reflux disease, borderline personality disorder, post traumatic stress disorder, bipolar disorder, and peripheral neuropathy.

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D 433	Continued From page 7 Refer to interview with a MA on 12/09/25 at 11:20am. Refer to the interview with the Administrator on 12/09/25 at 10:00am. _____ Interview with the MA on 12/09/25 at 11:20am revealed: -All records for the residents were kept in the main office. -The only resident record they had in the facility was a "send out sheet" in case a resident needed to go to the emergency room. -The "send out sheet" included the diagnosis, medications and code status of the resident. -They did not keep a current FL2, care plan, vaccination information, resident register, medication reviews or physician's orders in the facility for each resident. Interview with the Administrator on 12/09/25 at 10:00am revealed: -The management in place before she became Administrator had set up the resident charts to be in the main business office. -She was in process of moving the complete medical record for each resident in the facility. -She had not completed moving the complete medical record from the main office to the facility. -She was aware the complete medical record needed to be in the facility for each resident.	D 433		