

Rec'd via email.

PRINTED: 12/30/2014
FORM APPROVED

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL011191 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ <i>ls</i> | (X3) DATE SURVEY COMPLETED 12/12/2014 |
| NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 2 | | STREET ADDRESS, CITY, STATE, ZIP CODE 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 an annual survey on December 11, 2014 and December 12, 2014. | D 000 | <i>Please see attached (3 pgs.)</i> <i>ls</i> | |
| D 287 | 10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide complete table service during the lunch meal that included a knife to 100% of residents who were able to use knives. The findings are: Observation of the lunch meal service on 12/11/14 at 11:50am revealed: - The place settings at each table consisted of a spoon and a fork. - No knives were provided during the meal. - The meal consisted of an oven-baked pork chop, rice, green peas, a mixed vegetable blend, a dinner roll, and a bowl of sliced fresh strawberries. - The pork chop on every resident's plate was already cut up when it was delivered to the table. Interviews with the Supervisor-in-Charge on | D 287 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:

Stacie W. Spivey
Michelle Davis
1-16-15

TITLE
Administrator

(X6) DATE
01-06-2015

STATE FORM

0089 M3NX11

If continuation sheet 1 of 6

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| D 287 | <p>Continued From page 1</p> <p>12/11/14 at 11:50 am and 12:13pm revealed:</p> <ul style="list-style-type: none"> - None of the residents received knives as a part of their table setting. - About two years ago, a previous resident had tried to hurt her with a knife. - Approximately four residents needed their food cut up because they were unable to use a knife. - She cut up any food item that needed to be cut up prior to the plate leaving the kitchen. - She was unaware that knives should be included as part of a complete place setting. <p>Interview with the Administrator on 12/11/14 at 1:10pm revealed:</p> <ul style="list-style-type: none"> - She was unaware knives were not being used during meal services. - She was unaware of any residents who were not allowed to have a knife during meal times. - The reasons for a resident not being given a knife during a meal would have to be documented as a part of their plan of care. <p>Random interviews with residents on 12/11/14 at 3:20pm revealed:</p> <ul style="list-style-type: none"> - Not having a knife included in the place setting was "no problem at all." - "If I don't have knife, I just ask for one." - "They probably guess it's dangerous." - "They put out butter knives sometimes if we have jelly or butter." - "They cut stuff up for us." - "We aren't allowed to have knives; they're dangerous." - "They don't generally put knives out, but if you need one they'll give it to you." | D 287 | | |
| D 338 | <p>10A NCAC 13F .0909 Resident Rights</p> <p>10A NCAC 13F .0909 Resident Rights</p> | D 338 | | |

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| D 338 | <p>Continued From page 2</p> <p>An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide care and services which are adequate, appropriate, and in compliance with relevant and federal state laws and rules and regulations related to providing pain medication.</p> <p>The findings are:</p> <p>Based on observation, interview and 1 record review, the facility failed to assure resident (Resident #1) received appropriate care and services related to receiving pain medication. [Refer to Tag 912, 10A NCAC 13F .0909 Resident Rights (Type B Violation)]</p> | D 338 | | |
| D912 | <p>G.S. 131D-21(2) Declaration of Residents' Rights</p> <p>G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: TYPE B VIOLATION</p> <p>Based on observation, interview and 1 record review, the facility failed to assure resident (Resident #1) received appropriate care and</p> | D912 | | |

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| D912 | <p>Continued From page 3</p> <p>services related to receiving pain medication.</p> <p>The findings are:</p> <p>Review of Resident #1's current FL2 dated 10/9/14 revealed:</p> <ul style="list-style-type: none"> - Diagnoses included "amputee," peripheral vascular disease and venous stasis. - A physician's order for oxycodone 10mg by mouth every 8 hours (oxycodone is used to treat pain). <p>Record review on 12/11/14 at 10:10am revealed:</p> <ul style="list-style-type: none"> - A subsequent physician's order dated 10/9/14 for oxycodone 5mg, 2 tablets every 8 hours as needed. - A facsimile dated 10/9/14 from the facility to Resident #1's physician requesting Resident #1's oxycodone order be changed to a scheduled dose of two times a day because the facility was "not a 24 hour facility." - A facimile dated 10/29/14 from the facility to Resident #1's physician requesting Resident #1's oxycodone order "must be 8:00am and 8:00pm or 8:00am, 2:00pm and 8:00pm" because the facility was "not staffed with caregivers up through the nights." - A physician's order dated 10/30/14 to change oxycodone administration to 8:00am, 2:00pm and 8:00pm. - An emergency department discharge summary from a local hospital dated 11/18/14 at 11:04pm documenting Resident #1 had been seen for "chronic leg pain." <p>Interview with the Supervisor-in-Charge (SIC) on 12/11/14 at 11:20am revealed:</p> <ul style="list-style-type: none"> - Facility staff was not allowed to administer medications 24 hours per day per facility policy. - The last medication pass was at 8:00 p.m. | D912 | | |

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| D912 | <p>Continued From page 4</p> <ul style="list-style-type: none"> - If a resident needed pain medication during the night, staff on duty were supposed to call the administrator or the property manager prior to administering medication. <p>Interview with Resident #1 on 12/11/14 at 12:00pm revealed:</p> <ul style="list-style-type: none"> - His pain was controlled "most of the time." - His pain was not controlled "during the night." - He received his "last dose" of pain medication at 8:00pm and it lasted "maybe 4 hours." - He would get out of bed and sit in his chair in an effort to alleviate his pain. - Facility staff had told him "they don't have people at night" and there is "nothing they can do." - He had to go to the emergency room "about a month ago" because "the pain got so bad." - An extra dose of pain medication around 2:00am would help. - Facility staff had told him to call them if he needed them but his last dose of pain medication was at 8:00pm. <p>Interview with the Administrator on 12/11/14 at 12:37pm revealed:</p> <ul style="list-style-type: none"> - If a physician prescribed medication to be administered during the night, facility staff would contact the physician to get the order changed so that staff would not have to administer medications after 10:00pm. - If a resident needed a pain medication that was scheduled to be given as needed, the resident either needed to knock on the Supervisor-in-Charge bedroom door or utilize the call system. <p>Interview with the 1st Shift Medication Aide on 12/11/14 at 12:25pm revealed:</p> <ul style="list-style-type: none"> - There were no standing orders for Resident #1 | D912 | | |

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| D912 | <p>Continued From page 5</p> <p>to receive over-the-counter pain medication such as Tylenol.</p> <ul style="list-style-type: none"> - If Resident #1 needed over-the-counter pain medication, facility staff would call his physician and request it. <p>Review of the facility's medication policy revealed:</p> <ul style="list-style-type: none"> - Medication was to be administered according to physician's orders. <p>An attempted telephone interview with Resident #1's physician on 12/11/14 at 3:15pm was unsuccessful.</p> <hr/> <p>A Plan of Protection was received from the Administrator on 12/11/14 which revealed:</p> <ul style="list-style-type: none"> - Medication orders were to be followed exactly as they were written. - All medication orders would be reviewed by the administrator. - Residents would be reminded that their nurse call buttons were to be used 24 hours a day regardless of the time of day. <p>THE DATE OF CORRECTION FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JANUARY 26, 2015.</p> | D912 | | |

PLAN OF CORRECTION FOR RICHMOND HILL REST HOMES – HOUSE 2
Survey Completed on Dec. 12, 2014
License Number HAL-011-191

10A NCAC 13F .0904(b)(2)

Staff meeting and memo concerning the correct dinnerware that should be provided to all clients unless it is documented by either physician or nurse assessor from Liberty that having such may pose a threat to client or others. Documentation should be contained in clients book for review on an annual basis. The administrator will conduct this meeting.

Property Manager will inspect home to ensure that the appropriate amount of dinnerware is available for all clients. Inspections will be made on a weekly basis by the property manager or the administrator for three months to ensure compliance. A log will be kept in the office of the days of the inspections and who completed the inspection and what was observed.

DATE OF COMPLETION: Friday January 16, 2015 – April 16, 2015

10A NCAC 13F .0909

Resident Rights class will be conducted during the Jan. 16th staff meeting.

Administrator will contact Ombudsman – Julia Gibson - to request an in-service presentation of Resident Rights for all shifts to attend.

Memo will be completed for staff members to sign that will state that RHRH will administer medication at times designated by physician orders. Only the administrator or property manager will address any deviation of those designated times.

All orders must be faxed to the office only for review. A copy will be provided to the appropriate staff member to place in clients book and one copy will be maintained in a log located at the office. The administrator or property manager will ensure accuracy of all faxed orders.

DATE OF COMPLETION: Friday January 16, 2015 for staff meeting with administrator and the Ombudsman will be contacted and meeting scheduled. Email sent Monday January 12, 2015. In service scheduled for Tuesday Jan 20 at 9 and 10 am.

Going forward the administrator and/or property manager will review all orders. This is a facility policy so no completion date is necessary (indefinitely).

To all Staff Members of Richmond Hill Rest Homes

1. According to state rule **10A NCAC 13F .0904(b)(2)** for adult care homes, "Table service shall include a napkin and non disposable place setting consisting of **at least** a knife, fork, spoon, plate and beverage containers". Exceptions may be made on an individual basis and shall be based on **documented** needs or preferences of the resident".

At each of the three meals you must provide napkin, plate, fork, spoon, beverage containers for Milk, Water, Tea or other requested beverage and a knife UNLESS documented in the clients book by their physician or the PCS Assessment. You must provide MILK at each of the three meals unless documented refusal by the client. Document the refusal in the chart notes for each meal each day.

Staff is only allowed to cut up a client's food based on documented physician orders, PCS Assessment or client preference. All must be documented in writing and placed in the client's book.

2. Staff members are NOT allowed to change the administration times of client medications. If you encounter an issue with a medication administration time you are to contact the administrator or property manager. Scheduled medications or PRN medications are to be given according to the directions of the prescribing physician.

The above is facility policy and disciplinary actions will be taken including termination if deviations occur. By signing below you signify your understanding of the above.

Staff Signature

Date

Davis, Harold

From: Starla Fore <imdresthomes@gmail.com>
Sent: Monday, January 12, 2015 9:39 AM
To: Davis, Harold
Subject: RHRH

I have spoken to the ombudsman Julia Gibson and the resident rights class is scheduled for Jan 20 at 9 and 10am in the office of RHRH.

Will you please attach this to the plan of correction for house 2.

Thanks

--

Starla W. Fore
Administrator
Richmond Hill Rest Homes

Shook, Linda

From: Shook, Linda
Sent: Wednesday, January 21, 2015 12:53 PM
To: Cathie Beatty (Cathie.Beatty@buncombecounty.org)
Cc: Davis, Harold; Burns, Pam S
Subject: RICHMOND HILL REST HOME #2 - BUNCOMBE COUNTY
Attachments: Richmond Hill Rest Home #2 2015-01-06 POC-M3NX11.pdf

Please find attached copy of the approved Plan of Correction (POC) for the above referenced facility.

Thank you.

Linda Y. Shook, Processing Assistant
Adult Care Licensure Section
NC Department of Health and Human Services
Division of Health Service Regulation
12 Barbetta Drive, Asheville, NC 28806
Phone: (828)670-3391 x 149
Fax: (828)670-5040
Linda.Shook@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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