

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANGEL HOUSE 6</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>60 F HORNOT CIRCLE ASHEVILLE, NC 28806</b>
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(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
C 000	Initial Comments  The Adult Care Licensure Section and Buncombe County Department of Social Services completed a unannounced survey on 10/15/15.	C 000		
C 246	10A NCAC 13G .0902(b) Health Care  10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that for 1 of 3 residents (Resident #2) lab work which was ordered by a physician was obtained.  The findings are:  A review of the FL2 for Resident #2 dated 04/29/2015 revealed: -Diagnoses of Schizoaffective Disorder, Bipolar Type; Rule out Schizotypal Personality Disorder; Methamphetamine/Cocaine, ETOH (Ethyl Alcohol) Dependence; Full Sustained Remission. -Medications included Folvite 1 mg; by mouth every morning (supplement for low folate levels); Vistaril 50 mg by mouth every 6 hours as needed for anxiety or itching; Vistaril 100 mg by mouth at bedtime; Motrin 600 mg; by mouth every 6 hours as needed for pain; Ativan 1 mg by mouth every 4 hours as needed for anxiety; Latuda (used for bi-polar depression); 120 mg; by mouth at bedtime; Milk of Magnesia 30 ml by mouth daily as needed for constipation; Theragran-M Vitamin one table every morning; Lovaza 2 gm by mouth twice a day (to reduce triglyceride levels); and Trazadone 50 mg by mouth at bedtime as needed for insomnia.	C 246		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Mackey Army*

TITLE  
*Administrator*

(X6) DATE

*11/30/15*

Reviewed and approved rm 12/8/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2015</b>
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C 330	<p>Continued From page 2 and procedures.</p> <p>This Rule is not met as evidenced by: <b>TYPE B VIOLATION</b> Based on interview and record review the facility failed to assure for 1 of 3 residents (Resident #2) the Physicians orders were administered as ordered and documented in the residents record.</p> <p>The findings are:</p> <p>A review of FL2 for Resident #2 dated 04/29/2015 revealed: -Diagnoses of Schizoaffective Disorder, Bipolar Type; Rule out Schizotypal Personality Disorder; Methamphetamine/ Cocaine, ETOH (Ethyl Alcohol) Dependence; Full Sustained Remission. -Medications included Folvite 1 mg; by mouth every morning (supplement for low folate levels); Vistaril 50 mg by mouth every 6 hours as needed for anxiety or itching; Vistaril 100 mg by mouth at bedtime; Motrin 600 mg; by mouth every 6 hours as needed for pain; Ativan 1 mg by mouth every 4 hours as needed for anxiety; Latuda (used for bi-polar depression); 120 mg; by mouth at bedtime; Milk of Magnesia 30 ml by mouth daily as needed for constipation; Theragran-M Vitamin one table every morning; Lovaza 2 gm by mouth twice a day (to reduce triglyceride levels); and Trazadone 50 mg by mouth at bedtime as needed for insomnia.</p> <p>Review of the Report of Consultation note dated 06/11/2015 for Resident #2 revealed: -Resident was agitated, irritable and actively manic. -An increase in the dosage for Latuda (for Bi-polar disorder) to 80 mg; two tablets by mouth at bedtime with food.</p>	C 330		

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/15/2015</b>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011269</b>		

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C 330	<p>Continued From page 4</p> <p>Review of the computer generated MAR for Resident #2 for July 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered.</p> <p>Review of the computer generated MAR for Resident #2 for August 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered.</p> <p>Review of the computer generated MAR for Resident #2 for September 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered.</p> <p>Review of the computer generated MAR for Resident #2 for October 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered.</p> <p>An interview with Supervisor in Charge/Medication Aide. (SIC/MA), regarding Resident #2 at 3:50pm on 10/14/2015 revealed: -Resident #2 received his Latuda as ordered.</p>	C 330		

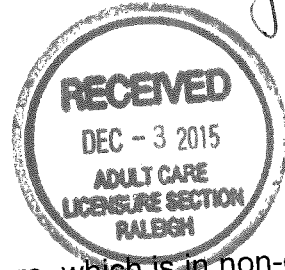
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C 330	<p>Continued From page 6</p> <p>needed with medication.</p> <p>-SIC will document type of snack given with medication.</p> <p>-SIC will document snacks refused and notify the residents physician of refusals after 3 days of refusing snacks.</p> <p>-SIC will also discuss with physician alternatives to administering this medication if resident continues to refuse.</p> <p>THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED 11/29/15 .</p>	C 330		

Angel Hoose.



## Unit F

In response to Rule 10A NCAC 13G.0902 (b) Health Care, which is in non-compliance:

Facility Administration had staff go over facility procedures for lab orders to have knowledge and understanding of when and what documentation is required to be in a resident chart when lab orders are given by physician. This was done on 10/20/2015 with new staff to this unit as well as existing staff. Facility ensured that the lab order which was not done on resident 2 was done. This was completed on 10/16/2015 to ensure facility remains in compliance.

Administration will go through all resident orders for lab work on a weekly basis and keep a record of when the orders are to be completed. This will be a second way to be sure this is done. This will be in addition to staff checking all orders that come in for residents either from office visits and phone calls made to the facility by outpatient facilities.

In response to Rule area with Type B violation of Healthcare:

As stated in the plan of correction, staff did call physician and clarification of order was given. On 10/16/2015, order is now to take medication with food if resident refused or misses he can still take medicine.

Again, staff was inserviced on facility policy and procedure for Rule area of Health Care and follow up on 10/20/2015. Facility administration will also ensure all follow up orders and any orders refused by resident will be followed up on and reported in accordance to policy and rule area. This will be checked by administration with a record to show staff compliance on a weekly basis.

Mickey Gandy  
11/30/15