STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		F	
		FCL011269	B. WING			8/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ANGEL	HOUSE 6	60 F HOR	NOT CIRCLE	<b>≣</b>		
ANGELI	10032 6	ASHEVILI	LE, NC 2880	16		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{C 000}	Initial Comments		{C 000}			
		ensure Section and Buncombe cted a follow-up survey on 5.				
{C 246}	10A NCAC 13G .09	02(b) Health Care	{C 246}			
		02 Health Care Il assure referral and follow-up and acute health care needs				
	review, the facility fa	, observation, and record ailed to assure referral and sampled Residents (Resident dation for a podiatry				
	The findings are:					
	02/12/2015 reveale	#3's current FL2 dated d diagnoses of autism, mental ation, obesity, and diabetes.				
	Professional Suppo 12/10/2015 reveale -"Rash to right foot -"Fungal great toen -"Nails long - need -Recommendation appointment for dia	- small area scratched?" ail bilaterally."				
	3 from the Podiatris -"Patient presents v toenail."	Progress note for Resident # st dated 07/20/2015 revealed: with a painful left hallux ecurrent problem of months'				

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		FCL011269	B. WING			R <b>28/2015</b>	
	PROVIDER OR SUPPLIER	60 F HORI	DRESS, CITY, S NOT CIRCLE LE, NC 2880				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
{C 246}	duration." -"It developed grade aching pain worse was a modern and plane aching pain worse with erythema (redepalpation." -Impression and plane acurring ingrowing (abscess caused by Onychomycosis (and a plane) - "RTO (Return to of the mail bour action of the mail bour a	ually and is worsening causing with pressure." enail medial border is ingrowing dening) with pain with an indicated "foot pain, toenails, Paronychias y a nail infection) and fungal infection)." atient would benefit from a all nail removal) procedure to orders permanently." ffice) prn (as needed)."  2:00 PM a telephone interview diatrist for Resident #3 ill procedure done on been a follow-up appointment e-show for scheduled '20/2015. ritten note dated 10/28/15 st revealed: o Show" appointment on	{C 246}				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		FCL011269	B. WING		12/2	R 8/2015
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/2	0/2013
ANGEL HOUSE 6 60 F HOR			NOT CIRCLI LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 246}	treatedA foot evaluation in observation of "larg recommendation the trimmed, callus carA consultation note 04/06/2015, record (overgrown or thick for ongoing, not acc.  Interview with the A 3:30 PM revealed: -Administrator was that resident mightTwo staff who prevappointments were facilityThere are some neNo one had reviewThe Administrator Resident #3's feet amade him aware of Resident #3's feet.  Observation of both AM on 12/28/2015All toenails on both toenails, were curleThe toenails wereThe resident was a socks independent.  Interview with Resid. 12/28/2015 revealeResident was not stoenails.	oted dated 03/5/2015 with an e callus on left foot," and a at Resident #3 have toenails e, and fungal treatment. e from the Podiatrist, dated ed findings of "Hypertrophic ening) toenails with tendency ate at this time."  dministrator on 12/28/2015 at not sure of any appointments have. Fiously had managed no longer working at this ew staff working in this facility. Fived residents charts. Had not recently observed and staff had not recently any concerns related to revealed:  In feet of Resident # 3 at 10:30 are each toe. Thick and yellow. In feet, especially the large ed over the top of each toe. Thick and yellow. In feet, especially the large ed over the top of each toe. Thick and yellow. In feet to remove shoes and yellow. In feet the feet especially the large ed over the top of each toe. Thick and yellow. In feet the feet especially the large ed over the top of each toe. Thick and yellow. In feet the feet especially the large ed over the top of each toe. Thick and yellow the feet. The feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large ed over the top of each toe. This feet especially the large especia	{C 246}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 t. BOILBING.		F	$\langle \cdot  $
		FCL011269	B. WING			8/2015
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
ANGEL I	HOUSE 6		NOT CIRCLI LE, NC 2880			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 246}	Continued From pa	ge 3	{C 246}			
	documentation the related to the misse rescheduling an ap missed appointmen	#3's record revealed no physician had been contacted ed podiatry appointment or for pointment after the 10/20/15 at.				
	revealed: -Resident needs Alreadings for previous and recommended	C (A test for blood glucose us 3 months) levels checked				
	dated 12/10/2015 for Blood sugar (a test this AM.	ofessional Support review or Resident # 3 revealed: t for blood glucose levels) 29 to obtain copy of recent AIC				
		supervisor-in-Charge (SIC) on PM revealed no recent AIC mpleted.				
	office on 12/28/201 -Resident had not h 04/2015Resident was due six months.	le by the SIC to the physician 5 at 3:45 PM revealed: nad AIC levels done since to have AIC levels done every ave had an AIC level done				
	documentation rela	#3's record revealed no ted to staff attempting to treat or clarifying need for an				

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