DATE SURVEY Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/CUA DEC - 3 2015 STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: A. BUILDING: AND PLAN OF CORRECTION ADULT CARE ICENSURE SECTIO 10/15/2015 B. WING FCL011269 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 60 F HORNOT CIRCLE ASHEVILLE, NC 28806 ANGEL HOUSE 6 PROVIDER'S PLAN OF CORRECTION (NACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCIAL TO THE APPROPRIATE COMPLETE SUMMARY STATEMENT OF DEFICIENCIES NO. PRIJPIX DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG PREFIX DEFICIENCY) TAG C 000 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 246 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); Vistarii 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 arouety; 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. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE Administrator

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Reviewed and approved rm 12/8/15

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING: لالالة B. WING FCL011269 10/15/2015 NAME OF PROVIDER OR SUPPLIER. STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ANGEL HOUSE 6 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X45 ID) ID. (305) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 246 C 246 Continued From page 1 Review of the Report of Consultation dated 06/10/2015 for Resident #2 revealed order for "labs check WBC" (white blood count.). A Physician order dated 07/30/2015 for Resident #2 revealed: -"Get recent records/labs from physician office." A record review for Resident #2 revealed no labwork results since admission to the facility on 04/29/2015. An interview with Supervisor in Charge/Medication Aide (SIC/MA) on 10/14/2015 at 3:50pm regarding Resident #2 revealed: -SIC/MA was not aware that Resident had labs ordered. -SIC/MA would follow-up with this immediately. -SIC/MA stated Resident #2 would have blood work done at appointment at the end of this week. -SIC/MA stated "we just missed it". An interview with the Administrator in Charge (AIC) on 10/15/15 at 9:15am stated he would have expected the labs to have been done. C 330 10A NCAC 13G .1004(a) Medication C 330 -Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies

PRINTED: 10/29/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: COMPLETED A BUILDING: \_ B. WING FCL011269 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ANGEL HOUSE 6 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (2005) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 330 Continued From page 2 C 330 and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION 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. The findings are: 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. Review of the Report of Consultation note dated

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at bedtime with food.

06/11/2015 for Resident #2 revealed: -Resident was agitated, irritable and actively

 -An increase in the dosage for Latuda (for Bi-polar disorder) to 80 mg; two tablets by mouth

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ FCL011269 B. WING 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 60 F HORNOT CIRCLE ANGEL HOUSE 6 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 330 C 330 Continued From page 3 -Latuda "must be taken with 350 calorie meal or more \* Review of the Report of Consultation note dated 07/09/2015 for Resident #2 revealed: -Resident was improved, more stable and less -No changes in order for Latuda. Review of the Report of Consultation note dated 07/17/2015 for Resident #2 revealed: -Resident had no urgent needs or problems. -Resident "Reports doing well. Good community activity and exercise." Review of the Report of Consultation note dated 07/30/2015 for Resident #2 revealed: - "Patient is doing well. He is tolerating meds well without side effects." -"Please make sure he has a 500 calorie snack at 8-9pm when he gets his evening meds or Latuda will not work as prescribed." Review of the Report of Consultation note dated 09/17/2015 for Resident #2 revealed: -Resident was "doing well." No changes in orders for Latuda. Review of the computer generated Medication Administration Records (MAR) for Resident #2 for June 2015 revealed: -Latuda 120 mg; 1 tablet by mouth at bedtime discontinued on June 10, 2015. -Latuda 80 mg; 2 tablets at bedtime with food beginning on June 11, 2015, "Must take with 350 calories or more." -Latuda was initialed as being administered as

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ordered but there was no documentation related to calories consumed with medication as ordered. Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED
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C 330	Review of the compute Resident #2 for July 2 -Latuda 80 mg; "Take bedtime with food. Mu more." -Latuda was initialed a ordered but there was to calories consumed. "Take bedtime with food. Mu more." -Latuda 80 mg; "Take bedtime with food. Mu more." -Latuda was initialed a ordered but there was to calories consumed. "Review of the compute Resident #2 for Septer-Latuda 80 mg; "Take bedtime with food. Mu more." -Latuda was initialed a ordered but there was to calories consumed. "Review of the compute Resident #2 for Octobe-Latuda 80 mg; "Take bedtime with food. Mu more." -Latuda was initialed a ordered but there was to calories consumed to be calories consumed to calories consumed was to calories consumed to calories	er generated MAR for 015 revealed: two tablets by mouth at 1st take with 350 calories or 2st being administered as 25 no documentation related with medication as ordered. The st 2015 revealed: 1st take with 350 calories or 25 st take with 350 calories or 35 st take with 350 calories or	C 330		
	-Resident #2 received	nis Latuda as ordered.			1

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATH SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED FCL011269 B. WNG 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ANGEL HOUSE 6 ASHEVILLE, NC 28806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 330 | Continued From page 5 C 330 It was unknown by Resident #2 and facility staff if Resident #2 had or did not always have a snack with Latuda but staff did not document. -Resident #2 had a right to refuse a snack, staff did not document refusals. -Staff did not document whether Resident #2 received a snack with Latuda. -The physician was not notified whether or not Resident #2 had a snack or refused when taking -At times Resident #2 was too full from dinner to want a snack when his Latuda was administered, staff confirmed this was not documented. During a telephone interview on 10/14/2015 at 4:30pm with the physician office for Resident #2 revealed: -Resident #2 took Latuda for his diagnosis of Schizoaffective Disorder, Bipolar Type. -Resident #2's Latuda was increased from 120 mg to 160 mg, but there was no way to tell if the need for the increase on 06/11/15 was related to whether or not Resident #2 had a snack with Latuda. -"It is detrimental to take Latuda with a snack because a snack helps the medication to be absorbed." -The facility should have contacted the physician if Resident #2 was not having a snack with -The facility had not been contacting the physician to let them know when Resident #2 had not received a snack with Latuda. A plan of protection was received from the Administrator on 10/15/15 included: Facility staff will immediately call the residents physician for a clarification order on calorie intake

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING FCL011269 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 60 F HORNOT CIRCLE ANGEL HOUSE 6 ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 330 Continued From page 6 C 330 needed with medication. -SIC will document type of snack given with medication. -SIC will document snacks refused and notify the residents physician of refusals after 3 days of refusing snacks. -SIC will also discuss with physician alternatives to administering this medication if resident continues to refuse. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED 11/29/15.

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Angel Hoose.

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ADULT CARE
LICENSURE SECTION
RALBEN

## 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.

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Angel Hoose

## Unit E

In response to Rule 10A NCAC 13G.0904 Nutrition and Food Service, in noncompliance,

Staff placed several calls and left messages on the date of survey 10/21/2015.

On 10/22/2015 staff received a changed diet order from resident 3's primary care physician to state a regular diet.

Facility administration and staff will make sure that any diet order given for a resident is one that the facility can accommodate. If facility cannot, we will contact the physician to discuss the diets the facility does offer so the physician can determine if there is a diet that can be used.

Administration will contact the publishing company for the current menu manual and request the updated version. This will be in place by 12/31/2015.

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