| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011127 | A. BUILDING: _____ B. WING _____ | 03/07/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ANGEL HOUSE 1 | 60 D HORNOT CIRCLE 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 |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an Annual Survey on 3/7/17. | C 000 | | |
| C 261 | 10A NCAC 13G .0904 (b-2) Nutrition And Food Service<br><br>10A NCAC 13G .0904 Nutrition And Food Service<br><br>Food Preparation and Service in Family Care Homes:<br><br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interviews the facility failed to ensure residents received a complete set of flatware that included a knife, fork and spoon in order for residents to eat their meals.<br><br>The findings are:<br><br>Interview with the Supervisor-In-Charge (SIC) on 3/7/17 at 9:00am revealed there were 6 residents that currently resided in the facility.<br><br>Observation on 3/7/17 at 11:45am during the lunch meal revealed:<br>-There were 4 residents in the dining room.<br>-The meal consisted of peanut butter and strawberry jelly sandwich, cottage cheese and kale salad. | C 261 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL011127 | A. BUILDING: _____ B. WING _____ | 03/07/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ANGEL HOUSE 1 | 60 D HORNOT CIRCLE 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 |
|---|---|---|---|---|
| C 261 | Continued From page 1<br>-The place setting for each of the residents included a fork and a napkin.<br>-Residents were provided the beverage of their choice.<br>-There was a set of knives in a wooden block in the kitchen.<br><br>Interviews with four residents on 3/7/17 revealed the following comments about not receiving a full place setting at each meal:<br>-"I don't care as long as I have something to eat with."<br>-"(SIC's name) would give me one if I needed it."<br>-It don't bother me and that's all I have to say about that."<br>-"We have knives and spoons too, she gives them to us if we want it."<br><br>Interview on 3/7/17 at 12:41pm with the SIC revealed:<br>-"I just put out forks because I was trying to make it more like home."<br>-"I didn't know I needed to all three meals but I can."<br>-"If they need something I just go get it."<br>-She would put them out only if they were having a meat they needed to cut up.<br><br>Interview on 3/7/17 at pm with the Administrator revealed:<br>-She was aware that residents were supposed to have a complete place setting with their meals.<br>-She could not explain why the residents were not provided a complete place setting at each meal. | C 261 | | |