PRINTED: 03/04/2021 FORM APPROVED

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES              |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION |   | (X3) DATE SURVEY |                          |
|--|---|--|----------------------------|---|------------------|--------------------------|
| AND PLAN OF CORRECTION                 |   | IDENTIFICATION NUMBER.   | A. BUILDING:               |   | COMPLETED        |                          |
| FCL011127                              |   | FCL011127  | B. WING                    |   | 03/02/2021       |                          |
| NAME OF P                              | ROVIDER OR SUPPLIER   | STREET ADD   | RESS, CITY, STA            | TE, ZIP CODE  |                  |                          |
| ANGEL HOUSE 1 60 D HORNOT ASHEVILLE, N |   |  |                            |   |                  |                          |
| (X4) ID<br>PREFIX<br>TAG               | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE               | (X5)<br>COMPLETE<br>DATE |
| C 000                                  | Initial Comments  |  | C 000                      |   |                  |                          |
|  | The Adult Care Licensure Section completed an Annual Survey on 03/02/21.  |  |                            |   |                  |                          |
| C 275                                  | 10A NCAC 13G .0904(d)(3)(C) Nutrition And Food Service  10A NCAC 13G .0904 Nutrition And Food Service (d) Food Requirements in Family Care Homes: (3) Daily menus for regular diets shall include the following: (C) Vegetables: Three servings of vegetables (one serving equals ½ cup of cooked or canned vegetable; 6 ounces of vegetable juice; or 1 cup of raw vegetable). One of these shall be a dark green, leafy or deep yellow three times a week.  This Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to appropriately substitute foods as listed on the scheduled menu that were of equal nutritional value.  The findings are: |  | C 275                      |   |                  |                          |
|  |   |  |                            |   |                  |                          |
|  |   |  |                            |   |                  |                          |
|  |   |  |                            |   |                  |                          |
|  | peanut butter and jell<br>bread, 1 medium slice<br>stalk, 1 medium bana   | nenu for 03/02/21 revealed a<br>y sandwich on whole grain<br>ed carrot, 1 sliced celery<br>na, and 5 ounces (oz.) of<br>cheduled to be served. |                            |   |                  |                          |
|  | Review of the substitutions had bee for the lunch menu.   | ution log revealed no<br>n documented on 03/02/21  |                            |   |                  |                          |
|  | for the lunch meal se   | revealed:<br>oresent in the dining room  |                            |   |                  |                          |

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

TITLE (X6) DATE Division of Health Service Regulation

| DIVISION   | n nealth Service Regu   | lation                         |                  |  |                  |  |
|--|---|--------------------------------|------------------|--|------------------|--|
| STATEMENT OF DEFICIENCIES                          |   | (X1) PROVIDER/SUPPLIER/CLIA    | (X2) MULTIPLE    | CONSTRUCTION   | (X3) DATE SURVEY |  |
| AND PLAN OF CORRECTION                             |   | IDENTIFICATION NUMBER:         | A. BUILDING: _   |  | COMPLETED        |  |
|  |   |                                |                  |  |                  |  |
| FCL011127  |   | B. WING                        |                  | 03/02/2021   |                  |  |
| NAME OF P  | ROVIDER OR SUPPLIER   | STREET AD                      | DRESS, CITY, STA | JE ZIP CODE  |                  |  |
|  | (0.115 E. (0.11 E. E. (1.11 E  |                                | NOT CIRCLE       | , 6652   |                  |  |
| ANGEL H  | OUSE 1  |                                | LE, NC 28806     |  |                  |  |
|  | CLIMMA DV CT  |                                | <u> </u>         | DROVIDEDIC DI ANI OF CORDECTIO                               |                  |  |
| (X4) ID<br>PREFIX                                  |   |                                | ID<br>PREFIX     | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD | ( - /            |  |
| TAG  |   |                                | TAG              | CROSS-REFERENCED TO THE APPROPR                              | RIATE DATE       |  |
|  |   |                                |                  | DEFICIENCY)  |                  |  |
| C 275  | Continued From page 1   |                                | C 275            |  |                  |  |
|  | sandwich on white bro   | ead, 2 baby carrots and        |                  |  |                  |  |
|  | potato chips.   |                                |                  |  |                  |  |
|  |   | tution for the celery, banana, |                  |  |                  |  |
|  | or vanilla pudding.   |                                |                  |  |                  |  |
|  | Intoniow with the Sur   | pervisor in Charge (SIC) on    |                  |  |                  |  |
|  | 03/02/21 at 12:06pm   |                                |                  |  |                  |  |
|  |   | ry, bananas, or vanilla        |                  |  |                  |  |
|  | pudding to give the re  |                                |                  |  |                  |  |
|  |   | ld potato chips to each        |                  |  |                  |  |
|  | resident mealHe had not written it yet on the substitution listThe facility ordered their own groceries on line |                                |                  |  |                  |  |
|  |   |                                |                  |  |                  |  |
|  |   |                                |                  |  |                  |  |
|  | after a list of needed items was given to the   |                                |                  |  |                  |  |
|  | Administrative Assistant (AA).  |                                |                  |  |                  |  |
|  | -The last order was placed on 02/25/21 and  |                                |                  |  |                  |  |
|  | should be delivered on 03/03/21 between 1:00pm and 3:00pm.  |                                |                  |  |                  |  |
|  | ana o.oopiii.   |                                |                  |  |                  |  |
|  | Interview with a resident on 03/02/21 at 12:49pm revealed: -She got enough to eat for lunch.                    |                                |                  |  |                  |  |
|  |   |                                |                  |  |                  |  |
|  | -She ate her sandwich and some of her potato  |                                |                  |  |                  |  |
|  | chips.  |                                |                  |  |                  |  |
|  |   | e baby carrots because she     |                  |  |                  |  |
|  | only had 8 teeth and  | "can't eat any raw             |                  |  |                  |  |
|  | vegetables."  |                                |                  |  |                  |  |
|  |   | resident on 03/02/21 at        |                  |  |                  |  |
|  | 12:51pm revealed: -He had enough to eat for lunch.  |                                |                  |  |                  |  |
|  | -He ate his sandwich and all his potato chips.  |                                |                  |  |                  |  |
|  | -He did not eat the carrots because they were too   |                                |                  |  |                  |  |
|  | hard on his teeth.  | . <b>,</b>                     |                  |  |                  |  |
|  | Interview with a 3rd re   | esident on 03/02/21 at         |                  |  |                  |  |
| 12:53pm revealed: -He had enough to eat for lunch. |   |                                |                  |  |                  |  |
|  |   |                                |                  |  |                  |  |
|  | <ul> <li>-He ate his sandwich,</li> </ul>   | , potato chips and 2 baby      |                  |  |                  |  |

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carrots.

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|--|--|---|-------------------------------|--|
| FCL011127   |  | B. WING  |  | 03/02/2021  |                               |  |
| NAME OF P   | ROVIDER OR SUPPLIER  | STREET ADD   | DDRESS, CITY, STATE, ZIP CODE            |   |                               |  |
| ANGEL H   | OUSE 1   |  | NOT CIRCLE<br>E, NC 28806                |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | OULD BE COMPLETE              |  |
| C 275   | Continued From page 2  |  | C 275                                    |   |                               |  |
|   | REGULATORY OR LSC IDENTIFYING INFORMATION)   |  |  |   |                               |  |

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