Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING			
		FCL011127	B. WING		05/2	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGEL H	OUSE 1		OT CIRCLE E, 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	(EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
C 000	0 Initial Comments		C 000			
	The Adult Care Licens annual survey on 05/2	sure Section conducted an 28/25.				
C 288	10A NCAC 13G .0905	5(a) Activities Program	C 288			
	10A NCAC 13G .0905 Activities Program  (a) Each family care home shall develop a program of activities designed to promote the residents' active involvement with each other, their families, and the community.					
	This Rule is not met as evidenced by: Based on observations, interviews and and record reviews, the facility failed to ensure activities were provided to promote the residents' involvement and engage the six residents who resided in the facility.					
	The findings are:					
	revealed: -He was not offered a	ent on 05/28/25 at 8:52am activities during the day. ad activities during the day				
	8:55am revealed: -The only time there was a holiday.	nd resident on 05/28/25 at was an activity was when valking around outside.				
		resident on 05/28/25 at e was not much to do at the ney had a cookout at				
	Observation made on	05/28/25 at 9:00am				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
			B 148140				
		FCL011127	B. WING		05	/28/2025	
NAME OF P	ROVIDER OR SUPPLIER		ODRESS, CITY, STAT	E, ZIP CODE			
ANGEL H	OUSE 1		RNOT CIRCLE .LE, NC 28806				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE DATE	
C 288	Continued From page 1		C 288				
	revealed there was no activity calendar posted in the facility for residents to view.  Observations of residents on 05/28/25 from 8:45am-4:00pm revealed activities were not offered to the residents.  Interview with the Administrator on 05/28/25 at 2:12pm revealed:  -The supervisor in charge (SIC) and medication aides (MAs) were supposed to meet with residents monthly to find out their interests and coordinate activities based on interests.  -The staff were trained to provide 14 hours a week of activities.  -She was not sure why the activities were not taking place.						
C 291	10A NCAC 13G .090	5 (c) Activities Program	C 291				
	and capabilities as do and updated as need planned individual an residents, taking into capabilities, and possithe residents; (2) prepare a month activities in a format to posted in a location a first day of each monare any changes; (3) involve communicational, volunteed	tor shall: on the residents' interests ocumented upon admission ed to arrange for or provide d group activities for the account the varied interests, sible cultural differences of ly calendar of planned group that is legible and shall be accessible to residents by the th, and updated when there ity resources, such as er, and religious ance the activities available					

Division of Health Service Regulation

STATE FORM 6899 ZYHL11 If continuation sheet 2 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
		FCL011127	B. WING		05/28/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGEL H	OUSE 1		NOT CIRCLE LE, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ON (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLETE	
C 291	91 Continued From page 2					
	effectiveness of the a every six months with determine what have activities and to elicit enhance the program (5) encourage reside activities; and (6) assure there are planned activities, sul enable each resident	ctivities program at least input from the residents to been the most valued suggestions of ways to ;	C 291			
	This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to post an updated activity calendar for the 6 residents residing at the facility to have the opportunity to view upcoming activity events.					
	The findings are:					
	Observation made on revealed there was no the facility for residen	o activity calendar posted in				
	Observation in the facility office on 05/28/25 at 12:13pm revealed: -There was an activity calendar leaning against the wallThe calendar was dated May 2025There was one activity documented on each day of the week but it did not include a start or stop time indicating how long the activity would last.  Interview with a medication aide (MA) on 05/28/25 at 2:30pm revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	FOI 044407		B. WING	R WING		05/28/2025	
NAME OF D		FCL011127		TF. 7/D 00DF	05/28	3/2025	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA NOT CIRCLE	TE, ZIP CODE			
ANGEL H	OUSE 1		E, NC 28806				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SI		BE	(X5) COMPLETE DATE	
C 291	1 Continued From page 3		C 291				
	-The MAs were responsible.  -The calendar should of activities each weet.  -She did not know who posted where resident.  Interview with the Adr 2:12pm revealed:  -She was not sure who ffice and not posted.  -She expected the sutthe MAs to plan 14 hours post the calendar by and it should be visib.	insible for making the include a total of 14 hours ik. by it was in the office and not					
C 331	for each activity.  10A NCAC 13G .1004(b) Medication Administration  10A NCAC 13G .1004 Medication Administration (b) The facility shall assure that only staff meeting the requirements in Rule .0403 of this Subchapter shall administer medications, including the preparation of medications for administration.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure Staff A met the requirements to administer medications to the residents.  The findings are:		C 331				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		FCL011127	B. WING		05	5/28/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ANGEL H	OUSE 1		RNOT CIRCLE LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 331	Interview with Staff A 05/28/25 at 8:45am medication aide (MA Review of Staff A's e-She was hired 11/26 (SIC).  -There was document 15-hour medication clinical service was no document written medication and Review of Staff B's ervealed:  -She was hired 02/0 -There was document 15-hour medication clinical servealed:  -She was hired 02/0 -There was document 15-hour medication clinical servealed Staff A admitten with a residuation clinical servealed Staff A admitten she worked.  Interview with a second servealed Staff A admits a second servealed Staff A admits a second servealed Staff A started admits about four weeks agent about four weeks agent and 10:24ares with Staff A for about started but since the serve was another with Staff A for about started but since the	A upon entry to the facility on revealed she was not a v).  employee record revealed: 4/24 as Supervisor-in-Charge intation she completed her training on 01/17/25. Intation she completed her kills on 01/17/25. Interest the she completed her ide test.  employee record on 05/28/25  1/16 as a medication aide. Intation she completed her training on 01/15/15. Intation she completed her kills on 01/30/15. Intation she completed her ide test on 01/08/15. Intation she completed her ide test on 01/08/15. Intation she completed her ide test on 05/28/25 at 8:52am ininistered medications when  I resident on 05/28/25 at a medication of the worked.  I resident on 05/28/25 at medications to him instering medications to him	C 331			

Division of Health Service Regulation

STATE FORM 6899 ZYHL11 If continuation sheet 5 of 18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DAT			URVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		FCL011127	B. WING		05/28/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANCELU	OUEE 4	60 D HORN	IOT CIRCLE			
ANGEL HOUSE 1 ASHEVILI			E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
C 331	Continued From page 5		C 331			
	9:12am revealed Staff medications when she Interview with a fifth r 9:15am revealed Staff medications when she Interview with Staff A 1:58pm revealed: -She was a SIC but s -She took the medication a -Since she did not tak written examination w class she no longer h the electronic medica (eMAR)Staff B pre-poured m the medication cart for	esident on 05/28/25 at  ff A administered e worked.  on 05/28/25 at 8:45am and  he was not a MA. tion aide class but did not ide written exam. the medication aide vithin 60 days of taking the ad a log-in to document on tion administration record  medications and left them in or her to administer.				
	she used the pre-pou in the medication cart then documented adr	y to sign the eMAR remotely she was assigned to. ot the correct way to				
	Interview with Staff B revealed: -She was a MA and a -She knew Staff A wa -She pre-poured med	on 05/28/25 at 2:06pm  SIC in a sister facility. s not a MA. lications and left them in the aff A could administer the e was administering yn facility.				

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administered and she signed into the eMAR

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		FCL011127	B. WING		05/28/2025	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANGEL HO	OUSE 1		OT CIRCLE E, 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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
C 331	system and documented she administered the medications.  -She was not trained to administered medications in that manner and knew staff who were not MAs should not administer medications.  -She had not informed the Administrator she pre-poured medications for Staff A to administer and she signed the eMAR remotely from her assigned facility to document her initials as the MA who administered medications.  Interview with the Administrator on 05/28/25 at 2:12pm revealed: -Staff A completed her MA training in February 2025, but did not take the written medication aide examSince Staff A did not pass the exam within 60 days of her training and she was removed from administering medications and should not have been administering any medicationsShe did not know Staff B, who was also a MA, pre-poured medications for Staff A to administerStaff B was not trained to administer medications		C 331			
C 341	(i) The recording of the medication administrated staff person who adminimmediately following	4 Medication Administration  ne administration on the ation record shall be by the inisters the medication	C 341			
		ng the medication and prior of another resident's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
		FCL011127	B. WING		05/2	8/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		60 D HORN	OT CIRCLE			
ANGEL H	ANGEL HOUSE 1 ASHEVILI					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE
C 341	Continued From page	<del>.</del> 7	C 341			
	This Rule is not met a Based on interviews, facility failed to ensure recorded by the staff the medications for 3 #2, and #3).  The findings are:  Interview with Superv 05/28/25 at 8:45am or the facility but not a Modification of the facility and was also administration of medication of the facility, and was also administration of medication of the facility, and the facility of the facility from the sist she knew she was not a Ma.	as evidenced by: and record reviews, the e medications were person who administered of 3 sampled residents (#1,  isor-in-Charge (SIC) on evealed she was the SIC at IA.  ents on 05/28/25 during e SIC who was working that I medications when she  c on 05/28/25 at 1:58pm  signed to the building but she edications to residents but the electronic medication (eMAR) system because as assigned to a sister a MA, documented ications. og-in for the eMAR since she n medication aide exam training. e ability to sign the eMAR ter facility she worked at, ot supposed to document				
	-A Senior SIC had the remotely from the sist	e ability to sign the eMAR eer facility she worked at. ot supposed to document				

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DIVISION	n Health Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		FCL011127	B. WING		05/3	28/2025
		FGE011127			05/2	.0/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
ANCEL U	OUEE 4	60 D HOR	NOT CIRCLE			
ANGEL H	JUSE 1	ASHEVILL	.E, NC 28806			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
C 341	Continued From page	e 8	C 341			
	. •					
	_	chedule revealed she was				
		04/30/25 from 2:00pm				
		:00pm and 05/12/25 at				
	2:00pm through 05/28	3/25.				
	Indiana dan madala da a	-:				
		nior SIC on 05/28/25 at				
	2:06pm revealed:	CIC in a gister facility				
		SIC in a sister facility.				
	•	the building administered				
	medications but she					
	administered them on					
	-She knew the SIC wa					
	supposed to administ					
		er medications in the facility				
		orking but she did document				
	in the eMAR that the	medications were				
	administered.					
	-She knew the persor					
		posed to be the person who				
	documented the admi	inistration in the eMAR.				
	-She had not informed	d the Administrator she				
	signed in remotely fro	m her assigned facility to				
	document she admini	stered medications in this				
	facility.					
		t #1's current FL2 dated				
	01/16/25 revealed:					
		schizoaffective disorder,				
	substance use disord					
	generalized anxiety d					
	-There was an order f	for chlorhexidine (used to				
	clean wounds, treat g	um disease, and prevent				
	dental plaque) 0.12%	twice daily.				
	-There was an order f	for clonazepam (used to				
	treat panic disorders)	0.5mg twice daily.				
	-	for clozapine (used to treat				
	schizophrenia) 100mg					
		for clozapine 25mg take				
	nine tablets at hedtim	. •			I	1

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-There was an order for gabapentin (used to treat

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			
		FCL011127	B. WING		05	5/28/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
ANGELU	01105.4	60 D HOF	RNOT CIRCLE			
ANGEL H	OUSE 1	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
C 341	high blood sugar level diabetes) 2 mg daily.  -There was an order bipolar disorder) 2001.  -There was an order high blood pressure) hours.  -There was an order magnesium levels in there was an order type 2 diabetes) 5001.  -There was an order treat low potassium levels in there times daily.  -There was an order treat low potassium levels in the three times daily.  -There was an order the three times daily.  -There was an order meurological condition times a day.  -There was an order mental health condition times a day.  -There was an order treat pain) 325mg taken as an order treat difficulty breathing tightness, and coughing such as asthma) 90m hours as needed.  -There was an order treat pain) 500mg two needed.  -There was an order treat pain) 500mg two needed.  -There was an order treat allergies) 25 mental properties and order treat allergies and order	for glimepiride (used to treat els caused by type 2  for lamotrigine (used to treat mg daily. for losartan (used to treat 25mg one tablet every 12  for mag oxide (treating low the body) 400mg daily. for metformin (used to treat mg twice daily. for potassium ER (used to evels in the blood) 10 meq  for pravastatin (used to treat cerides in the blood) 20mg  for propranolol (used to treat the blood) 10mg take ½ tablet three  for sertraline (used to treat the blood) 10mg take one tablet  for acetaminophen (used to treat the blood) 10mg take to treat the blood) 10mg take one tablet  for acetaminophen (used to treat the blood) 10mg take to treat the blood) 10mg take one tablet	C 341		· ·	
	as neededThere was an order	for haloperidol (used to treat				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		FCL011127	B. WING		05/2	8/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGEL H	OUSE 1		NOT CIRCLE LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
C 341	Continued From page 10		C 341			
C 341	nervous, emotional a daily as needed.  -There was an order needed.  -There was an order pain and reduce inflatablets every 6 hours.  -There was an order to help people stop so cravings) 4 mg one loneeded.  -There was an order treat dystonia, muscle 2 mg take one tablet everyday for 2 days, Review of Resident #medication administrative revealed:  -There was an entry fitablet three times dail administration time of 8:00pm.  -There was an entry fitablets at bedtime with administration time at a three times daily with time of 8:00am, 12:00.  -There was an entry fithree times daily with a time of 8:00am, 12:00.	for haloperidol 2mg daily as for ibuprofen (used to treat mmation) 200mg three as needed. for nicotine lozenges (used moking by alleviating ozenge every 2 hours as for trihexyphenidyl (used to e spasms and contractions) as directed, take ½ tablet then one tablet daily.  et's April 2025 electronic ation record (eMAR) for clonazepam 0.5mg one ly with a scheduled f 8:00am, 12:00pm, and for clozapine 25mg nine th a scheduled t 8:00pm. for gabapentin 100mg take a scheduled administration opm, and 8:00pm. for gabapentin 300mg take a scheduled administration opm, and 8:00pm.	C 341			
	with a scheduled adm and 8:00pm. -There was an entry f daily with a scheduled 8:00am and 8:00pm.	for losartan 25mg twice daily ninistration time of 8:00am for metformin 500mg twice d administration time of				
		for potassium ER 10meq a scheduled administration				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		FCL011127	B. WING		05/28/20	)25
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ANOFILI	01105.4	60 D HORN	NOT CIRCLE			
ANGEL H	008E 1	ASHEVILL	E, NC 28806			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		OMPLETE DATE
C 341	Continued From page 11		C 341			
	time of 8:00am, 12:00	)pm and 8:00pm.				
		or pravastatin 20mg one at				
		uled administration time of				
	8:00pm.					
	-There was an entry f	or propranolol 10mg one				
	tablet three times dail					
		8:00am, 12:00pm, and				
	8:00pm.					
	-There was an entry for haloperidol 0.5mg take					
	one daily as needed with a scheduled					
	administration time as	or haloperidol 2mg take one				
		eduled administration time				
	as needed.	eduled administration time				
	-There was documen	tation the Senior SIC				
		ions on 04/30/25 at 8:00pm				
	when the SIC was wo					
	-There was no docum	nentation the SIC				
	administered medicat	ions when she worked on				
	04/30/25 at 8:00pm.					
	Review of Resident #	1's May 2025 eMAR from				
	05/12/25-05/28/25 rev					
	_	or chlorhexidine 0.12% rinse				
		wice daily with a scheduled				
		s 9:00am and 8:00pm.				
	_	or clonazepam 0.5mg three				
	as 9:00am, 12:00pm	eduled administration time				
		or clonazepam 100mg every				
	morning scheduled a					
	8:00am.					
	-There was an entry f	or clozapine 25mg at				
	bedtime scheduled ac					
	8:00pm.					
		or gabapentin 100mg three				
		eduled administration time				
	as 8:00am, 12:00pm					
	-There was an entry f scheduled administra	or glimepiride 2mg daily tion time as 8:00am.				

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DIVISION	n nealth Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPI	COMPLETED	
		FCL011127	B. WING		05/2	28/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
ANGEL H	OUSE 1	60 D HOR	NOT CIRCLE			
ANOLLIN	0002 1	ASHEVILL	.E, NC 28806			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SE	HOULD BE	COMPLETE
TAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE AP	PROPRIATE	DATE
				DEFICIENCY)		
C 341	Continued From page	. 12	C 341			
0 041	Continued From page	5 12	0 041			
	-There was an entry f	or lamotrigine 200mg daily				
	scheduled administra	tion time as 8:00am.				
	-There was an entry f	or losartan 25mg twice daily				
	_	tion time as 8:00am and				
	8:00pm.					
	•	or mag oxide 400mg take				
	daily with administrati					
	_	or metformin 500mg twice				
	_					
	_	nistration time as 8:00am				
	and 8:00pm.  -There was an entry for potassium ER 10 meq three times daily with a scheduled administration time as 8:00am, 12:00pm and 8:00pm.  -There was an entry pravastatin 20mg take daily with administration time at 8:00am.					
	-There was an entry f	or propranolol 10mg take ½				
	tablet three times dail	y with administration time of				
	8:00am, 12:00pm, an	d 8:00pm.				
	-There was an entry s	sertraline 100mg take daily				
	with administration tin	ne at 8:00am.				
	-There was an entry t	rihexyphenidyl 2mg take				
	daily with administrati					
		or haloperidol 0.5mg take				
	•	with an administration time				
	as needed.	mar air adrimion anon mino				
		or haloperidol 2mg take				
		with an administration time				
	as needed.	with an administration time				
	-There was documen	tation the Conjer CIC				
		tions when the SIC was				
		lions when the SiC was				
	working.					
	-There was no docum					
		tions when she worked in				
	May 2025.					
		h the Administrator on				1
	05/28/25 at 2:12pm.					
	2. Review of Resident #2's current FL2 dated					

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06/04/24 revealed diagnoses included

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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	
			_				
FCL011127		B. WING		05/28/2025			
NAME OF PI	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE			
ANGEL H	OUSE 1	60 D HOR	NOT CIRCLE				
		ASHEVILI	LE, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
C 341	Continued From page 13		C 341				
	schizophrenia, anxiety, hypertension and irritable bowel syndrome.						
	revealed:	<sup>‡</sup> 2's physician's orders					
	-There was an order of						
	aripiprazole (used to						
lorazepam (used to treat anxiety) 1mg at bedtime							
	-There was an order dated 06/04/24 for						
	risedronate sodium (used to treat ) 35mg every						
other week.							
	-There was an order dated 06/04/24 for						
	every evening.	reat urinary retention) 0.4mg					
	, ,	dated 10/29/24 for Vitamin					
		calcium levels) 1.25mg					
		dated 06/04/24 for Tylenol					
	(used to treat fever ar every 8 hours as need	nd pain) 500mg, 2 tablets ded.					
	-There was an order	dated 06/04/24 for					
	lorazepam (used to treat anxiety) 0.5mg daily as needed .						
		dated 06/04/24 for Miralax					
	(used to treat constipation) -There was an order of	ation) 17g daily as needed.					
		reat seasonal allergies)					
		nostril every 12 hours as					
	needed.	•					
	Review of Resident # medication administrate revealed:	#2's April 2025 electronic ation record (eMAR)					
	-There was an entry f at 8:00am.	for aripiprazole 2.5mg daily					
-There was an entry for lorazepam 1mg at 8:00pm.							

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-There was an entry for risedronate sodium 35mg

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Division of	of Health Service Regu	lation				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
FCL011127		B. WING		05/28/2025		
		1 02011127			1 03/2	0/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGEL H	OUSE 4	60 D HOR	NOT CIRCLE			
ANGEL III	JUSE 1	ASHEVILL	.E, NC 28806			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	IATE DATE
				DEFIGIENCY)		
C 341	Continued From page	e 14	C 341			
		1,00				
	every other week at 8					
	<del>-</del>	or tamsulosin 0.4mg every				
	evening.	or vitamin D2 1 25mg avenu				
	2 weeks at 8:00am.	or vitamin D2 1.25mg every				
		or tylenol 500mg, 2 tablets				
	every 8 hours as need					
	•	or lorazepam 0.5mg daily as				
	needed.	or lorazopam olomig daily do				
		or miralax 17g daily as				
	neededThere was documentation the Senior SIC administered medications on 04/30/25 at 8:00pmThere was no documentation the SIC					
	administered medications on 04/30/25 at 8:00pm.					
	Review of Resident #	2's May 2025 eMAR				
	revealed:					
		or aripiprazole 2.5mg daily				
	at 8:00am.					
	-There was an entry f 8:00pm.	or lorazepam 1mg at				
	•	or risedronate sodium 35mg			l	
	every other week at 8	3:00am.				
	-There was an entry for tamsulosin 0.4mg every evening.					
	•	or vitamin D2 1.25mg every				
	2 weeks at 8:00am.					
		or Tylenol 500mg, 2 tablets				
	every 8 hours as need					
	<ul> <li>I here was an entry f needed.</li> </ul>	or lorazepam 0.5mg daily as				
		ian Minalay 47a daily aa				
	-There was an entry for Miralax 17g daily as				ĺ	
	needed.	or fluticasone 50mcg spray				
	to each nostril every	- · · · · · · · · · · · · · · · · · · ·				
	-There was documen				ĺ	
administered medications when the SIC was		1				

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working.

-There was no documentation the SIC

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		]		
FCL011127		B. WING		05/28/2025		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
ANGEL H	OUSE 1	60 D HOR	NOT CIRCLE			
		ASHEVILI	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
C 341	1 Continued From page 15		C 341			
	administered medications when she worked in May 2025.					
	Refer to interview with 05/28/25 at 2:12pm.	h the Administrator on				
	3. Review of Resident #3's current FL2 dated 11/26/24 revealed diagnoses included schizophrenia and bipolar disorder.  Review of Resident #3's physician's orders revealed:  -There was an order dated 11/26/24 for Invega (used to treat schizophrenia),156mg/ml, inject 1ml monthly by home health.  -There was an order dated 11/26/24 for lithium carbonate (used to treat bipolar disorder), 300mg, 2 tablets twice daily.  -There was an order dated 01/28/25 for nicotine lozenges (used to treat nicotine dependency), 2 mg lozenge every 2 hours as needed.  -There was an order dated 03/13/25 for triple antibiotic ointment (a topical skin ointment), apply 3 times daily.  -There was an order dated 03/13/25 for seroquel					
	(used to treat insomnia), 50mg at bedtime as needed.					
	-There was an order dated 05/14/25 for Tylenol (used to treat pain), 500mg, 2 tablets every 8 hours as needed.  Review of Resident #3's April 2025 electronic medication administration record (eMAR) revealed:  -There was an entry for lithium ER 300mg, 2 tablets at 8:00am and 8:00pm.					
-There was an entry for triple antibiotic ointment, apply to affected area at 8:00am 12:00pm and 8:00pm.						
-There was documentation the Senior SIC						

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DIVISION OF RESIDENCE REGULATION		0.00 1.00 5.00 5	CONCERNATION	1000 5475 0	11D) (E) (	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND TEAM OF CONNECTION		A. BUILDING:		OOWII EI	LILD	
FCL011127		B. WING		05/28/2025		
NAME OF D	ROVIDER OR SUPPLIER	STREET VUI	DRESS, CITY, STA	TE ZIR CODE		
NAME OF FI	NOVIDER OR SUFFLIER			TE, ZIF CODE		
ANGEL H	OUSE 1		NOT CIRCLE			
		ASHEVILL	E, NC 28806	-		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
IAG		,	IAG	DEFICIENCY)		
0.044	0 " 15	10	0.044			
C 341	Continued From page	e 16	C 341			
	administered medicat	tions on 04/30/25 at 8:00pm.				
	-There was no docum	nentation the SIC				
	administered medicat	tions on 04/30/25 at 8:00pm.				
	Review of Resident #	3's May 2025 eMAR				
	revealed:					
	· ·	for Invega, 156mg/ml, inject				
	1ml monthly.	4-4: 4I O: OIO				
	-There was documentation the Senior SIC					
	observed a home health nurse administer invega on 05/22/25. -There was an entry for lithium ER 300mg, 2 tablets at 8:00am and 8:00pm.					
	-There was documentation the Senior SIC					
	administered lithium ER on 05/01/25 through					
	05/08/25, at 8:00am on 05/09/25, at 8:00pm on					
	05/06/25, at 8.00am off 05/09/25, at 8.00pm off 05/12/25 and on 05/13/25 through 05/28/25.					
		for triple antibiotic ointment,				
		a at 8:00am 12:00pm and				
	8:00pm.					
	-There was documen	tation the Senior SIC				
	administered triple an	ntibiotic ointment on 05/01/25				
	through 05/08/25, at 8	8:00am on 05/09/25, at				
	8:00pm on 05/12/25 and on 05/13/25 through					
	05/28/25.					
	-There was an entry f	or nicotine lozenges 2 mg,				
	1 lozenge every 2 hours as needed.					
	-There was documen	tation the Senior SIC				
		tine lozenge on 05/04/25,				
		5/17/25, 05/19/25 and				
	05/26/25.					
	-There was an entry f	or seroquel, 50mg at				
	bedtime as needed.					
	-There was documentation the Senior SIC					
	administered seroquel on 05/14/25 and 05/16/25.					
		for Tylenol 500mg, 2 tablets				
	every 8 hours as need					
	-There was documen	_				
	administered tylenol of					
	05/16/25 and 05/19/25 through 05/21/25.					

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:					
FCL011127		B. WING		05	05/28/2025				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
ANGEL H	OUSE 1		RNOT CIRCLE LLE, NC 28806						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE			
C 341	May 2025.  Refer to interview with 05/28/25 at 2:12pm.  Interview with the Adr 2:12pm revealed: -The Senior SIC was administering medica -She did not know the documenting adminis Staff A was actually the medicationsThe Senior SIC and serious interview with the Adr 2:12pm revealed:  -The Senior SIC and serious with the Adr 2:12pm.	nentation the SIC ions when she worked in the Administrator on ministrator on 05/28/25 at supposed to be tions in the facility. e Senior SIC was tration of medications but ne one administering the the SIC were trained the ent and she did not know	C 341						

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