


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/24/2019
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NAME OF PROVIDER OR SUPPLIER ANGELO'S CARE HOME, INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 9431 NC HIGHWAY 211 WEST RED SPRINGS, NC 28358
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on January 24, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#2). The findings are:</p> <p>Review on 01/24/19 of client #2's record revealed: - 54 year old male. - Admission date of 07/29/14. - Diagnoses of Developmental Disorder, Hypertension, Gastroesophageal Reflux Disorder, Iron Deficiency, Urinary Incontinence, Seasonal Allergies and Hyperlipidemia.</p> <p>Review on 01/24/19 of client #2's electronically signed medication orders revealed: - Flonase (Fluticasone-treats allergies) 50 micrograms (mcg) - use 1 spray in each nostril twice daily as needed.</p> <p>Review on 01/23/19 and 01/24/19 of client #2's November 2018 thru January 2019 MARs revealed the following transcribed entry: - Fluticasone 50mcg - use 1 spray in each nostril twice daily. - Staff initials to indicate the Fluticasone was administered daily.</p> <p>Interview on 01/23/19 client #2 stated: - He was not able to recall the names of his medications. - He received his medications daily as ordered.</p>	V 118		

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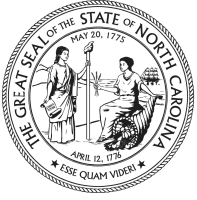
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V 118	Continued From page 2 Interview on 01/24/19 the Director stated: - She would clarify and follow up with the physician to ensure client #2 received his Fluticasone as ordered. - She would also follow up with the pharmacy to address the incorrect transcribed entry on the MARs. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118 		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and orderly manner. The findings are: Observation on 01/23/19 at approximately 11:15am revealed: - Client #2 and #3's bedrooms had smoke detectors which emitted a chirping sound approximately every 35 seconds. The smoke detector will emit a chirping sound to indicate a low battery. - The hallway bathroom had the commode seat removed. Interview on 01/23/19 staff #1 stated: - The batteries in the smoke detectors had been	V 736		

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V 736	<p>Continued From page 3</p> <p>changed recently. - She would follow up with the facility maintenance person to repair the smoke detectors.</p> <p>Interview on 01/23/19 staff #2 stated another commode seat had been ordered for the hallway bathroom.</p> <p>Interview on 01/24/19 the Director stated she had no questions regarding facility items discussed at exit of the survey.</p>	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 29, 2019

Ms. Cindy Locklear, Director
Angelo's Care Home, Inc.
10091 US Highway 74 West
Maxton, NC 28364

Re: Annual Survey Completed January 24, 2019
Angelo's Care Home, Inc., 10091 US Highway 74 West, Maxton, NC 28364
MHL# 078-138
E-mail Address: angeloscarehome1@yahoo.com

Dear Ms. Locklear:

Thank you for the cooperation and courtesy extended during the annual survey completed January 24, 2019.

The annual survey did not result in any cited deficiencies. Enclosed for your review is the State Form, which reflects no cited deficiencies.

If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,

Gloria Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Keith Hughes
Facility Compliance Consultant I
Mental health Licensure & Certification Section

Cc: Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 25, 2019

Cindy Locklear (via e-mail only)
10091 Us 74 West
Maxton, NC 28364

RE: MHL Biennial Construction Survey
FID #0304410111 Mhl078-275
Angelo's Care Home, Inc Ii
9431 Nc Highway 211 West
Red Springs Roberson County

Dear Ms. Locklear:

You have provided DHSR-Construction Section with an acceptable Plan of Correction.

On January 23, 2019, a Follow-Up survey was conducted by documentation submitted by your facility. DHSR - Construction Section reviewed the submitted material and has determined that all deficiencies were corrected and your facility had achieved compliance. No further action will be required at this time; on site verification of the items will be conducted at your next biennial inspection. We continue DHSR - Construction Section's recommendation of approval for four ambulatory clients (who are able to respond and evacuate without verbal or physical assistance).

The Licensee must notify DHSR - Mental Health Licensure Section in writing when changes occur in the building physical plant, resident ambulation status or if the total capacity of the home plans to increase.

Prior to making any changes to your facility you will need to verify with the local Building Official whether or not a permit is needed to make the changes. Please do not hesitate to call us if you have questions or if we can be of further assistance.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

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How are we doing? Please take a few minutes to complete our customer service survey, so we may better serve you.

Cut and paste the link in your browser: <http://www.ncdhhs.gov/dhsr/customerservice.html>, click on the link, then scroll down to “Construction Section” and click on “Survey of Adult Care Home, Family Care or Mental Health Group Home (excludes ICF/IIC) Survey”. We appreciate your time and effort.

Sincerely,

Greg Williams

Greg Williams

Architectural/Engineering Technician

DHSR - Construction Section

cc: DHSR-Mental Health Licensure Section
County Building Inspection Department-(via e-mail only)