

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 07/28/2020
--	---	---	---

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
---	--

(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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on July 28, 2020. The complaints were substantiated (intake #NC00166764 and NC00167079). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 540	<p>27F .0103 Client Rights - Health, Hygiene And Grooming</p> <p>10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING</p> <p>(a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the:</p> <p>(1) opportunity for a shower or tub bath daily, or more often as needed;</p> <p>(2) opportunity to shave at least daily;</p> <p>(3) opportunity to obtain the services of a barber or a beautician; and</p> <p>(4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.</p> <p>(b) Bathtubs or showers and toilets which ensure individual privacy shall be available.</p> <p>(c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available.</p>	V 540		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 07/28/2020
--	---	---	---

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
---	--

(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
V 540	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the provision of personal health, hygiene and grooming care articles for one of one audited clients (#1). The findings are:</p> <p>Review of client #1's record revealed:</p> <ul style="list-style-type: none"> - 55 year old male. - Admission date of 07/29/2014. - Diagnoses of Intermittent Explosive Disorder, Mild Intellectual Developmental Disabilities (IDD), Hypertension, Hypokalemia, Gastroesophageal Reflux Disease, Prostate issues, Socialization, and communication issues. - He is Medicaid indigent. <p>Review of client #1's personal fund records and receipts revealed:</p> <ul style="list-style-type: none"> - Purchase on 02/10/20 from local store for body wash and other items. - Purchase on 03/23/20 from local store for shave gel, body wash and other items. - Purchase on 06/01/20 from local store for deodorant and other items. <p>Interview on 07/21/20 client #1 was unable to state who purchased his personal hygiene items due to his diagnosis of Mild IDD.</p> <p>Interview on 07/28/20 the Licensee stated:</p> <ul style="list-style-type: none"> - Room and Board for each client includes rent, food, utilities, clothing, and medications. - Clients had to purchase their own personal hygiene and grooming articles from their personal funds. 	V 540		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds	V 542		

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 07/28/2020
--	---	---	---

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
---	--

(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
V 542	<p>Continued From page 2</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.</p> <p>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. <p>This Rule is not met as evidenced by:</p>	V 542		

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 07/28/2020
--	---	---	---

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
---	--

(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
V 542	<p>Continued From page 3</p> <p>Based on record reviews and interviews, the facility failed to provide the client or guardian with a quarterly accounting of his personal funds account for one of one audited client (#1). The finding are:</p> <p>Review of client #1's record revealed:</p> <ul style="list-style-type: none"> - 55 year old male. - Admission date of 07/29/2014. - Diagnoses of Intermittent Explosive Disorder, Intellectual Developmental Disabilities, Hypertension, Hypokalemia, Gastroesophageal Reflux Disease, Prostate issues, Socialization, and communication issues. <p>Interview on 07/27/20 client #1's legal guardian stated:</p> <ul style="list-style-type: none"> - The facility previously been the administrator of client #1's personal funds account. - She had not been provided quarterly statements from the facility. - She had requested a statement in June 2020. - She had now requested to be the payee for the client personal funds. <p>Interview on 07/28/20 the Licensee stated:</p> <ul style="list-style-type: none"> - She had previously maintained client #1's personal fund account. - She had only provided quarterly statements when requested by the guardian or clients. - She understands she was required to provide quarterly statements to the client or guardian. 	V 542		