STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL078-138	A. BUILDING: _____ B. WING _____	08/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELO'S CARE HOME, INC	10091 US HIGHWAY 74 WEST MAXTON, NC 28364

(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	INITIAL COMMENTS An annual survey was completed on August 17, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities, This facilty is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	Continued From page 1 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and ensure MARs were kept current affecting two of three audited current clients (#4 and #5). The findings are: Finding #1 Review on 7/28/22 of client #4's record revealed: -68 year old female. -Admitted on 9/1/17. -Diagnoses of Schizophrenia, Depressive Disorder, Moderate Intellectual Disability Disorder, Dislocation of Hip NOS-Open, Lupus Erythematosus, Neurogenic Bladder Osteoporosis and Hypertension. -There were no signed physician order for Gavilax Powder (constipation) and Pantoprazole (Gastroesophageal Reflux Disease (GERD))40 milligram (mg). Review on 7/28/22 of a signed physician order dated 3/23/22 revealed: -Lactose reduced nutritional shake (Ensure Plus) take 237 milliliters by mouth 3 times a day. Ensure. For Failure to Thrive, rapid weight loss. Review on 7/28/22 and 8/17/22 of client #4's MARs from May, June and July revealed:	V 118		

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V 118	Continued From page 2 -Lactose reduced nutritional shake (Ensure Plus) had not been transcribed on the MARs from May, June or July. -Gavilax Powder was documented as administered daily in May, June and July. -Pantoprazole 40 mg was blank on 5/30/22 otherwise documented as administered daily in May, June and July. Observation on 8/17/22 at approximately 10:20am a review of client #4's medications revealed: -Gavilax Powder was available onsite. It was last filled on 6/24/21. -Pantoprazole mg was available onsite for client #4. Client #4 was not available for interview on 8/17/22 as she was being seen at the local emergency room. Finding #2 Review on 7/28/22 of client #5's record revealed: -51 year old female. -Admitted on 12/15/21. -Diagnoses of Schizoaffective Disorder, bipolar type, Mild Intellectual Developmental Disability, Traumatic Brain Injury, GERD and Arthritis. Review on 8/17/22 of a signed physician order dated 2/28/22 for client #5 revealed: -Triamcinolone Ointment 0.1% apply on the arm twice daily topically for 2 weeks at time of flare-ups. -Epinephrine Injection 0.3 mg inject intramuscularly once as directed. (allergic reactions) Review on 7/28/22 an 8/17/22 of client #5's MARs from May, June and July revealed:	V 118		

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V 118	Continued From page 3 -Triamcinolone Ointment 0.1% and Epinephrine Injection 0.3mg had not been administered in May, June or July. Observation on 8/17/22 at approximately 10:40am a review of client #5's medications revealed: -Triamcinolone Ointment 0.1% and Epinephrine Injection 0.3mg were not available for review. Interview on 8/17/22 client #5 stated she took her medications. Interview on 8/17/22 staff #5 stated: -Client #4's Lactose reduced nutritional shake (Ensure Plus) was administered as ordered. -She forgot to transcribe the Lactose reduced nutritional shake (Ensure Plus) on the MARs. -Client #5's Triamcinolone Ointment 0.1% was a one time medication and it "discontinued itself after 2 weeks." -She contacted the provider for a discontinue order. -Client #5's Epinephrine Injection 0.3mg was normally kept in her purse. She believed it was left at the sister facility the prior week. Interview on 7/28/22 and 8/17/22 the Director stated: -Client #4's Lactose Reduced Nutritional Shake (Ensure Plus) should had been documented on the MARs. -She was unsure why the Lactose Reduced Nutritional Shake (Ensure Plus) was not on the MARs. -The MARs had been corrected after 7/28/22 visit and shown Lactose Reduced Nutritional Shake (Ensure Plus) was administered. -Client #5 was allergic to chocolate and required Epinephrine Injection 0.3mg.	V 118		

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V 118	Continued From page 4 -Client #5 was supposed to carry Epinephrine Injection 0.3mg at all times. -She requested orders from the medical provider for Gavilax Powder, Pantoprazole 40mg and Triamcinolone Ointment 0.1%.	V 118		