		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/13/2024		
		MHL081-138					
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
		131 BEN	ITON LANE				
IEAVEN	SANGEL HOME	RUTHE	RFORDTON, NC 28	139			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE CON O THE APPROPRIATE C		
V 000	INITIAL COMMENTS		V 000				
	An annual survey was completed on December 13, 2024. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
	-	d for 2 and has a current vey sample consisted of ent.					
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons the pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the 	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL081-138			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING	12	12/13/2024			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
			NTON LANE				
HEAVEN'S	S ANGEL HOME	RUTHE	RFORDTON, NC 28	139			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	()		
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE C TO THE APPROPRIATE		
V 118	Continued From page 1		V 118				
	checks shall be reco	or medication changes or orded and kept with the MAR opointment or consultation					
	review, the facility fa were administered o physician and failed	on, interview and record iled to ensure medications n the written order of a to ensure that MARs were g 1 of 1 current client (Client					
		/16/20. rate Intellectual bility, Paranoid					
	#1's medications inc -Desmopressin Acet (mg) - 2 tablets at be -Buspirone HCL (Hy Disorder) 7.5 mg - 1 -Diazepam (Anxiety 8:00 a.m.; 2 tablets a	ate (Enuresis) 0.2 milligrams edtime (HS). drochloric Acid) (Anxiety tablet 2 times a day. Disorder) 5 mg - 1 tablet at					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY	
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL081-138		B. WING		12	2/13/2024
VIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
ANGEL HOME			139		
SUMMARY S					(XE)
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
Continued From pag	e 2	V 118			
10/1/24 through 12/1 Desmopressin Aceta at HS, instead of 2 o reviewed. Buspirone HCL 7.5 Diazepam 5 mg - 1 at 8:00 p.m. Paliperidone ER 6 m isted for months of 1 Trazodone HCL 100 Review on 12/13/24 Visit Information She Practioner 7/11/24 re "No changes in med the attached list of m Desmopressin Aceta Buspirone HCL 7.5 Diazepam 5 mg - no Paliperidone ER 6 m	2/24 revealed: ate 0.2 mg - listed 3 tablets n all medication records mg - 1 tablet 2 times a day. tablet at 8:00 a.m.; 2 tablets ng - 1 tablet at HS was not 10/2024 and 11/2024. 0 mg - 2 tablets at HS. of Client #1's "Physician's set" signed by the Nurse evealed: dications." nedications included: ate 0.2 mg - 3 tablets at HS. mg - no instructions for use. o instructions for use. ng - 1 tablet at HS.				
Review on 12/13/24 medications provided Professional (QP)/Di revealed: the list was provided (12/13/24). the pharmacy list ind medications: Desmopressin Aceta as of 12/4/24. Buspirone HCL 7.5 Diazepam 5 mg - 1 3:00 p.m.	of Client #1's list of d by the Qualified frector of Operations d by the local pharmacy today cluded the following ate 0.2 mg - 2 tablets at HS - mg - 1 tablet 2 times a day. tablet at 8:00 a.m.; 1 tablet at				
	F DEFICIENCIES CORRECTION WIDER OR SUPPLIER ANGEL HOME SUMMARY S' (EACH DEFICIENC REGULATORY OR Continued From pag Review on 12/13/24 10/1/24 through 12/1 Desmopressin Acet at HS, instead of 2 o reviewed. Buspirone HCL 7.5 Diazepam 5 mg - 1 at 8:00 p.m. Paliperidone ER 6 r isted for months of 1 Trazodone HCL 100 Review on 12/13/24 Visit Information She Practioner 7/11/24 ref "No changes in med the attached list of r Desmopressin Acet Buspirone HCL 7.5 Diazepam 5 mg - no Paliperidone ER 6 r Trazodone HCL 7.5 Diazepam 5 mg - no Paliperidone ER 6 r Trazodone HCL 7.5 Diazepam 5 mg - no Paliperidone ER 6 r Trazodone HCL 7.5 Diazepam 5 mg - no Paliperidone ER 6 r Trazodone HCL 100 Review on 12/13/24 nedications provided 12/13/24). the pharmacy list in- medications: Desmopressin Acet as of 12/4/24. Buspirone HCL 7.5 Diazepam 5 mg - 1 3:00 p.m. Paliperidone ER 6 r	F DEFICIENCIES CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-138 WIDER OR SUPPLIER STREET / ANGEL HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Review on 12/13/24 of Client #1's MARs from 10/1/24 through 12/12/24 revealed: Desmopressin Acetate 0.2 mg - listed 3 tablets at HS, instead of 2 on all medication records eviewed. Buspirone HCL 7.5 mg - 1 tablet 2 times a day. Diazepam 5 mg - 1 tablet at 8:00 a.m.; 2 tablets at 8:00 p.m. Paliperidone ER 6 mg - 1 tablet at HS was not isted for months of 10/2024 and 11/2024. Trazodone HCL 100 mg - 2 tablets at HS. Review on 12/13/24 of Client #1's "Physician's //isit Information Sheet" signed by the Nurse Practioner 7/11/24 revealed: "No changes in medications." the attached list of medications included: Desmopressin Acetate 0.2 mg - 3 tablets at HS. Buspirone HCL 7.5 mg - no instructions for use. Diazepam 5 mg - no instructions for use. Diazepam 5 mg - no instructions for use. Paliperidone ER 6 mg - 1 tablet at HS. Trazodone HCL 100 mg - no instructions for use. Diazepam 5 mg - no instructions for use. Paliperidone ER 6 mg - 1 tablet at HS. Trazodone HCL 100 mg - no instructions for use. Review on 12/13/24 of Client #1's list of nedications provided by the Qualified Professional (QP)/Director of Operations evealed: the list was provided by the local pharmacy today 12/13/24). the pharmacy list included the following nedications: Desmopressin Acetate 0.2 mg	IF DEFICIENCIES CORRECTION (X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CC A BUILDING:	CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL081-138 B. WING MIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE NAGEL HOME 131 BENTON LANE RUTHERFORDTON, NC 28139 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICINEY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PREF/K REGULATORY OR LSC IDENTIFYING INFORMATION) 10 PREF/K PREF/K REGULATORY OR LSC IDENTIFYING INFORMATION) Desmoorpessin Acetate 0.2 mg - 1 tablet at HS was not isted for months of 10/2024 and 11/2024. 11 PREF/K Trazodone HCL 7.5 mg - 1 tablet at HS. 11 PREF/K PREF/	PERFORMUTES PERFO

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If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL081-138	B. WING		12	2/13/2024
AME OF PI	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE,	ZIP CODE		
EAVEN'S	SANGEL HOME		NTON LANE RFORDTON, NC 28 [°]	139		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 3		V 118			
	#1's physician or nurse practioner.					
	Living (AFL) Provider -Desmopressin Aceta (tablets)" and was for -she administered 2 t exact date unknown, the MAR. -Paliperidone ER 6 m and November 2024, hand, forgot to transo had been administeri Interview on 12/13/24 Operations revealed: -expectation was for the medications on the Information Sheet" be the appointment. -once at the appointment. -once at the appointment. review the medication was how it was "supp- would discuss this we review Client #1's me physician orders more the facility monthly. Due to the failure to a medication administration	ate 0.2 mg "just changed to 2 r swelling in Client #1's legs. tablets when this changed, but forgot to change this on mg was not listed on October she had the medication on cribe this on the MARs, but ing this to the client. 4 with the QP/Director of the AFL Provider to write out he "Physician's Visit efore she took Client #1 to ment, the physician could ms and sign the sheet, this posed to be." with the AFL Provider and edications, MARs and re closely when she visited accurately document ation, it could not be nt received her medications				

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