

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2015
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ANGEL HOUSE V

**60 E HORNOT CIRCLE
ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on 10/21/15.	C 000		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observation, record review, resident and staff interviews, the facility failed to provide a therapeutic diet as ordered for 1 of 2 residents (Resident #3). The findings are: Review of Resident #3's most current FL-2 dated 2/25/15 revealed: - Diagnoses which included hypertension and hyperlipidemia. - An order for a "low fat/low sodium" diet. - An order to check the resident's blood pressure every Monday, with parameters to call the physician. - An order for the cholesterol lowering medication Mevacor, 40 mg one tablet at bedtime. Review of Resident #3's record revealed: - A laboratory report dated 8/17/15, which included a lipid panel with results essentially within normal limits. - No new diet orders since the FL-2 date of 2/25/15.	C 284		

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: FCL011268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE V		STREET ADDRESS, CITY, STATE, ZIP CODE 60 E HORNOT CIRCLE ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 284	Continued From page 1 Review of electronic medication administration records for September and October 2015 to date revealed: - Documented weekly blood pressures, all within normal parameters. - The medication mevacor documented as administered at all times, as ordered. Interview on 12/21/15 at 8:55AM with Resident #3 revealed: - Her meals were good and she received enough to eat. - No stated awareness that she was on a special diet. Review of the posted menu (reviewed by a registered dietician (RD) and with a copyright year of 2010) for lunch on 10/21/15 revealed a column for "low/fat cholesterol" diet with the following food items documented: - Sandwich contained turkey, 1 ounce (oz.) "LF" [low fat]. - Sandwich contained swiss cheese, 1 oz. - Sandwich contained mayonnaise, 1 tablespoon (tbsp.) "FF" [fat free]. - Sandwich contained lettuce, 1 leaf. - Wheat bread, 2 slices. - A tomato juice beverage, 4 oz. - Snack crackers, 4 each. - Peaches, ½ cup. - Beverage, 8 oz. Further review of the posted menu for lunch on 10/21/15 revealed columns for "2 gram sodium" and "1 gram sodium" diets with the following food items documented: - Sandwich containing turkey, 1 ounce (oz.) "LS" [low salt] (both columns). - Sandwich containing swiss cheese, 1 oz., "LS" (both columns).	C 284		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE V		STREET ADDRESS, CITY, STATE, ZIP CODE 60 E HORNOT CIRCLE ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 284	Continued From page 2 - Sandwich containing mayonnaise, 1 tablespoon (tbsp.) (no special designation in the 2 gram column but with a "SF" [salt free] in the 1 gram column). - Sandwich containing lettuce, 1 leaf (both columns). - Wheat bread, 2 slices (no special designation in the 2 gram column but with a "SI" [unknown] and "SF" in the 1 gram column). - A tomato juice beverage, 4 oz. "LS" in the 2 gram column only (this item was not listed in the 1 gram column). - Snack crackers, 4 each ("low salt" in the 2 gram column and "SF" in the 1 gram column). - Peaches, ½ cup (both columns). - Beverage, 8 oz. (both columns). Observation of lunch served on 10/21/15 at 11:55AM revealed Resident #3 as eating the following: - A meat sandwich on wheat bread, a light colored meat and lettuce were visible. - Sliced peaches. - Snack crackers. - A clear plastic juice cup full of tomato juice. - A mug full of black coffee. Observation of food items used to prepare Resident #3's lunch on 10/21/15 at 11:55 (provided by the Supervisor-in Charge (SIC)) revealed: - Sliced turkey breast labeled "lean" but not labeled as low sodium (per the nutrition label, 2 oz. of turkey contained 420 mg. of sodium, or 18% of the daily value (DV) for a 2,000 calorie diet). - Swiss cheese not labeled as low sodium (per the nutrition label, 1 slice contained 260 mg of sodium, or 11% of the DV for a 2,000 calorie diet).	C 284		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE V		STREET ADDRESS, CITY, STATE, ZIP CODE 60 E HORNOT CIRCLE ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 284	Continued From page 3 - Mayonnaise not labeled as low fat (per the nutrition label, a 1 tbsp. serving contained 11 g total fat, or 18% of the DV for a 2,000 calorie diet). - Tomato juice not labeled as low sodium (per the nutrition label, an 8 oz. serving contained 600 mg of sodium, or 25% of the DV for a 2,000 calorie diet). - Snack Crackers not labeled as low sodium (per the nutrition label, a serving of 5 crackers contained 105 mg of sodium, or 4% of the DV for a 2,000 calorie diet). Interview with the SIC on 10/21/15 at 11:55AM revealed: - Resident #3 was on the facility diet list as having ordered a low fat/low sodium diet. - The resident's meal was prepared with the food items as provided for review by the state surveyor. - Prepared meals did not include any added salt during cooking, nor did Resident #3 add salt to her meals when they were served. - There was no low fat mayonnaise in the refrigerator or cabinets for use with a low fat diet. - There were no low sodium foods in the refrigerator or cabinets for use with a low sodium diet. Phone interview with a representative of the company which published the facility's menus on 10/21/15 at 3:30PM revealed: - The 2010 copyright version of the menus had been superseded by a more up-to-date menu manual. - The federal agency responsible for nutrition recommendations had made changes to standards governing sodium content in diets since the 2010 version was published. - For the 2010 version of the menu, a low sodium	C 284		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/21/2015
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE V		STREET ADDRESS, CITY, STATE, ZIP CODE 60 E HORNOT CIRCLE ASHEVILLE, 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 284	Continued From page 4 diet would be satisfied by following the 2 gram sodium column on the menu, if a provider were in agreement. - Sodium levels in food products were very "product-specific." - The Registered Dietician who signed off on the menus only consulted periodically with the company publishing the menus and was not available at the time of the interview. Interview with the Administrator on 10/21/15 at 4:15PM revealed: - He expected staff to prepare meals for residents, on special diets and as ordered by the provider, according the menu. - The facility would contact the provider to clarify what constituted a "low sodium" diet based on the 2010 copyrighted menu, until more updated menus could be obtained. - They would purchase food products labeled low sodium and low fat in order to properly prepare meals for Resident #3.	C 284		