

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011269	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/15/2015
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE 6		STREET ADDRESS, CITY, STATE, ZIP CODE 60 F 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 and Buncombe County Department of Social Services completed a unannounced survey on 10/15/15.	C 000		
C 246	10A NCAC 13G .0902(b) Health Care 10A NCAC 13G .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs of residents. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that for 1 of 3 residents (Resident #2) lab work which was ordered by a physician was obtained. The findings are: A review of the FL2 for Resident #2 dated 04/29/2015 revealed: -Diagnoses of Schizoaffective Disorder, Bipolar Type; Rule out Schizotypal Personality Disorder; Methamphetamine/Cocaine, ETOH (Ethyl Alcohol) Dependence; Full Sustained Remission. -Medications included Folvite 1 mg; by mouth every morning (supplement for low folate levels); Vistaril 50 mg by mouth every 6 hours as needed for anxiety or itching; Vistaril 100 mg by mouth at bedtime; Motrin 600 mg; by mouth every 6 hours as needed for pain; Ativan 1 mg by mouth every 4 hours as needed for anxiety; Latuda (used for bi-polar depression); 120 mg; by mouth at bedtime; Milk of Magnesia 30 ml by mouth daily as needed for constipation; Theragran-M Vitamin one table every morning; Lovaza 2 gm by mouth twice a day (to reduce triglyceride levels); and Trazadone 50 mg by mouth at bedtime as needed for insomnia.	C 246		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 246	Continued From page 1 Review of the Report of Consultation dated 06/10/2015 for Resident #2 revealed order for "labs check WBC" (white blood count.). A Physician order dated 07/30/2015 for Resident #2 revealed: -"Get recent records/labs from physician office." A record review for Resident #2 revealed no labwork results since admission to the facility on 04/29/2015. An interview with Supervisor in Charge/Medication Aide (SIC/MA) on 10/14/2015 at 3:50pm regarding Resident #2 revealed: -SIC/MA was not aware that Resident had labs ordered. -SIC/MA would follow-up with this immediately. -SIC/MA stated Resident #2 would have blood work done at appointment at the end of this week. -SIC/MA stated "we just missed it". An interview with the Administrator in Charge (AIC) on 10/15/15 at 9:15am stated he would have expected the labs to have been done.	C 246		
C 330	10A NCAC 13G .1004(a) Medication Administration 10A NCAC 13G .1004 Medication Administration (a) A family care home shall assure that the preparation and administration of medications, prescription and non-prescription and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies	C 330		

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C 330	Continued From page 2 and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on interview and record review the facility failed to assure for 1 of 3 residents (Resident #2) the Physicians orders were administered as ordered and documented in the residents record. The findings are: A review of FL2 for Resident #2 dated 04/29/2015 revealed: -Diagnoses of Schizoaffective Disorder, Bipolar Type; Rule out Schizotypal Personality Disorder; Methamphetamine/ Cocaine, ETOH (Ethyl Alcohol) Dependence; Full Sustained Remission. -Medications included Folvite 1 mg; by mouth every morning (supplement for low folate levels); Vistaril 50 mg by mouth every 6 hours as needed for anxiety or itching; Vistaril 100 mg by mouth at bedtime; Motrin 600 mg; by mouth every 6 hours as needed for pain; Ativan 1 mg by mouth every 4 hours as needed for anxiety; Latuda (used for bi-polar depression); 120 mg; by mouth at bedtime; Milk of Magnesia 30 ml by mouth daily as needed for constipation; Theragran-M Vitamin one table every morning; Lovaza 2 gm by mouth twice a day (to reduce triglyceride levels); and Trazadone 50 mg by mouth at bedtime as needed for insomnia. Review of the Report of Consultation note dated 06/11/2015 for Resident #2 revealed: -Resident was agitated, irritable and actively manic. -An increase in the dosage for Latuda (for Bi-polar disorder) to 80 mg; two tablets by mouth at bedtime with food.	C 330		

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C 330	Continued From page 3 -Latuda "must be taken with 350 calorie meal or more." Review of the Report of Consultation note dated 07/09/2015 for Resident #2 revealed: -Resident was improved, more stable and less manic. -No changes in order for Latuda. Review of the Report of Consultation note dated 07/17/2015 for Resident #2 revealed: -Resident had no urgent needs or problems. -Resident "Reports doing well. Good community activity and exercise." Review of the Report of Consultation note dated 07/30/2015 for Resident #2 revealed: -"Patient is doing well. He is tolerating meds well without side effects." -"Please make sure he has a 500 calorie snack at 8-9pm when he gets his evening meds or Latuda will not work as prescribed." Review of the Report of Consultation note dated 09/17/2015 for Resident #2 revealed: -Resident was "doing well." -No changes in orders for Latuda. Review of the computer generated Medication Administration Records (MAR) for Resident #2 for June 2015 revealed: -Latuda 120 mg; 1 tablet by mouth at bedtime discontinued on June 10, 2015. -Latuda 80 mg; 2 tablets at bedtime with food beginning on June 11, 2015, "Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered.	C 330		

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C 330	Continued From page 4 Review of the computer generated MAR for Resident #2 for July 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered. Review of the computer generated MAR for Resident #2 for August 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered. Review of the computer generated MAR for Resident #2 for September 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered. Review of the computer generated MAR for Resident #2 for October 2015 revealed: -Latuda 80 mg; "Take two tablets by mouth at bedtime with food. Must take with 350 calories or more." -Latuda was initialed as being administered as ordered but there was no documentation related to calories consumed with medication as ordered. An interview with Supervisor in Charge/Medication Aide. (SIC/MA), regarding Resident #2 at 3:50pm on 10/14/2015 revealed: -Resident #2 received his Latuda as ordered.	C 330		

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C 330	Continued From page 5 -It was unknown by Resident #2 and facility staff if Resident #2 had or did not always have a snack with Latuda but staff did not document. -Resident #2 had a right to refuse a snack, staff did not document refusals. -Staff did not document whether Resident #2 received a snack with Latuda. -The physician was not notified whether or not Resident #2 had a snack or refused when taking his Latuda. -At times Resident #2 was too full from dinner to want a snack when his Latuda was administered, staff confirmed this was not documented. During a telephone interview on 10/14/2015 at 4:30pm with the physician office for Resident #2 revealed: -Resident #2 took Latuda for his diagnosis of Schizoaffective Disorder, Bipolar Type. -Resident #2's Latuda was increased from 120 mg to 160 mg, but there was no way to tell if the need for the increase on 06/11/15 was related to whether or not Resident #2 had a snack with Latuda. -"It is detrimental to take Latuda with a snack because a snack helps the medication to be absorbed." -The facility should have contacted the physician if Resident #2 was not having a snack with Latuda. -The facility had not been contacting the physician to let them know when Resident #2 had not received a snack with Latuda. _____ A plan of protection was received from the Administrator on 10/15/15 included: - Facility staff will immediately call the residents physician for a clarification order on calorie intake	C 330		

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C 330	Continued From page 6 needed with medication. -SIC will document type of snack given with medication. -SIC will document snacks refused and notify the residents physician of refusals after 3 days of refusing snacks. -SIC will also discuss with physician alternatives to administering this medication if resident continues to refuse. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED 11/29/15 .	C 330		