

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 60-A 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 03/03/21.	C 000		
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all food items stored by the facility were protected from contamination related to food unlabeled and undated in the refrigerator and two freezers. The findings are: Observation of the refrigerator's freezer in the kitchen on 03/03/21 at 10:23am revealed: -There was a 26 ounce bag of french fries with 1/4 remaining in the bag that was not dated and open to the air. -There was a 12 ounce bag of corn with 1/2 remaining in the bag that was not dated and open to the air. -There was a 30 ounce bag of hash browns with 1/2 remaining in the bag that was not dated and open to the air. -There was 6 hot dogs wrapped in aluminum foil that was not dated. -There was 3 hash brown patties wrapped in aluminum foil that was not dated. -There was 2 unidentifiable pieces of meat with	C 257		

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: FCL011263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 60-A 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 257	Continued From page 1 ice crystals in a plastic bag that was not dated. -There was a 12 ounce bag of mixed vegetables with 1/2 remaining in the bag that was not dated and open to the air. -There was 2 waffles in a plastic bag that was not dated and open to the air. Observation of the refrigerator in the kitchen on 03/03/21 at 10:27am revealed: -There was a 16 ounce package of bacon with two pieces remaining that was not dated and open to the air. -There was a 12 ounce package of bologna with two pieces remaining that was not dated and open to the air. Observation of a second freezer in the dining room on 03/03/21 at 10:41am revealed there was a plastic bag with macaroni and cheese that had ice crystals on it that was not dated and open to the air. Interview with the Supervisor in Charge (SIC) on 03/03/21 at 10:57am revealed: -Staff sometimes stored their personal food items in the refrigerator and freezer. -She knew food items needed to be dated when opened and items should not be open to the air. -She was responsible for dating food items but had not known if the items belonged to the other staff. -She looked at all the items in the refrigerator and freezers three times per week. Interview with the Administrator on 03/03/21 at 12:27pm revealed: -The SIC was responsible for checking the refrigerator and freezers weekly and monthly to ensure all items are labeled and dated. -The SIC had a calendar with the dates the	C 257		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011263	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2021
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE # 3		STREET ADDRESS, CITY, STATE, ZIP CODE 60-A 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 257	Continued From page 2 refrigerator and freezers needed to be checked. -All food items should have been labeled and dated.	C 257		