NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

Certified Mail and Electronic Mail
7019 1120 0001 5209 5401.

March 29, 2021

Bianka Gray, Administrator
Angel House Family Care Home, LLC, Licensee
Angel House V
60 D Hornot Circle
Asheville, NC 28806

biankafaisongray@gmail.com

Re: Annual Survey completed March 16, 2021 (ASPEN Event ID KTTV11)
Type B Violation

Facility:	**Angel House V**
Licensure Number:	**FCL-011-268**
County:	**Buncombe**

Dear Ms. Gray:

Thank you for the cooperation and courtesy extended during the survey completed March 16, 2021 by staff with the Adult Care Licensure Section.

Enclosed you will find all violations/deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with the state regulations. You must provide an acceptable Plan of Correction for each violation/deficiency cited in the left column. In the spaces to the right of the form, state your plan for correcting the problem and the completion date by which you will correct each violation/deficiency identified and return it to our office within 15 working days of receipt of this letter. Below you will find what to include in the Plan of Correction for all deficiencies; and, if violations were identified, details of the type of violation(s) and the time frame(s) for compliance are also provided below.

Type B Violation(s)

- Type B rule violation is cited for **10A NCAC 13G .0902(b) Health Care Referral** and **G.S. § 131D-21 Resident Rights.**
- Type B Violation(s) must be corrected within 45 days from the exit date of the survey, which is April 30, 2021.

  As set forth in G.S. § 131D-34 where a facility has failed to correct a Type B Violation, the Department shall assess the facility a civil penalty in the amount of up to $400.00 for each day that the violation continues beyond the time specified for correction.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedures, staff training, changes in staffing patterns, etc.)
- Indicate what measures will be put in place to prevent the problem from occurring again
- Indicate who will monitor the situation to ensure it will not occur again
- Indicate how often the monitoring will take place
- Completion dates by which the plan of correction will be completed. The completion dates must be acceptable to the State.
- Sign and date the bottom of the first page of the State Form.

Return the signed and dated Statement of Deficiencies form within 15 working days from the date of receipt of this letter. We are unable to accept faxed reports at this time; therefore, a copy must be mailed to our office or e-mailed to the survey team leader. Please make sure the copy you mail or e-mail to us is SIGNED AND DATED or it will not be accepted. A response to the plan of correction will be sent ONLY if the plan of correction is not accepted. Please retain a copy for your files.

Informal Dispute Resolution

In accordance with G.S. § 131D-2.11(a2), you have one opportunity to question cited deficiencies through an informal dispute resolution (IDR) process. You may also contest the severity of noncompliance that resulted in a violation determination. To be given such an opportunity, you are required to send your written request identifying the specific deficiencies being disputed postmarked by **April 19, 2021**. An explanation of why you are disputing those deficiencies (or why you are disputing the severity of noncompliance that resulted in a violation determination) along with any supporting documentation must be sent and postmarked by **April 19, 2021**. You must submit 2 copies of material and highlight or use some other means to identify written information pertinent to the disputed deficiency(ies). Additional written material that does not meet these requirements will not be reviewed. This information should be sent to: IDR Coordinator, Adult Care Licensure Section, 2708 Mail Service Center, Raleigh, NC 27699-2708. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. IDR Procedures can be accessed at: http://www.ncdhhs.gov/dhsr/acls/idr.html.

If you have questions about the enclosed Statement of Deficiencies or the violations, please contact me at (828) 526-6611. A follow up survey will be conducted to determine compliance in all areas cited. If this agency can be of any assistance in providing consultation relative to licensure rules, please let us know.

Sincerely,

Renee Howard, PharmD

Renee Howard, PharmD, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosures: Statement of Deficiencies

cc: Alison Banzhoff, Supervisor/Designee, Buncombe County Department of Social Services
Darlene Penland, Team Supervisor, West Team 1 Region, Adult Care Licensure Section
Facility File

Please note information regarding Customer Service Survey below.

In an ongoing effort to improve the inspection process with the providers we serve, we would like you to complete a Customer Service Survey. The Survey can be accessed at the web site below. Your opinion is important to us, and will assist us in developing new and better ways to do our job.

Please note: Because the survey is confidential, your identity will not be known to the Division of Health Service Regulation or the North Carolina Department of Health and Human Services.

Thank you for participating in this confidential survey as we strive to improve the services we provide to licensed health care providers across the state of North Carolina. Should you wish to have a confidential discussion regarding this survey or your interaction with the Division of Health Service Regulation, please feel free to contact Mark Payne, Director, Division of Health Service Regulation, at 919-855-3750.

Customer Service Survey web site: **http://info.ncdhhs.gov/dhsr/customerservice.html**
(Survey Max does not work well with all browsers, please access survey with Internet Explorer)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL011268	A. BUILDING: _____ B. WING _____	03/16/2021

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 completed an annual survey on March 16, 2021.	C 000	Corrected date: 05/03/21 per email by Bianka Gray dated 04/21/21 eH See Attached Response	
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: TYPE B VIOLATION Based on observations, interviews, and record reviews, the facility failed to ensure physician notification for 1 of 3 sampled residents (Resident #1) who had an order to notify the Primary Care Provider (PCP) for blood pressure readings outside of parameters. The findings are: Review of Resident #1's current FL-2 dated 08/17/20 revealed: -Diagnoses included cerebrovascular accident (CVA) bipolar disorder, schizophrenia, emphysema, chronic pain, acid reflux, and HIV. -There was a physician's order to check and record blood pressure daily and notify provider if systolic blood pressure (SBP) was greater than 150 or diastolic blood pressure (DBP) was greater than 90 for 2 or more consecutive readings. Review of the American Heart Association guidelines for Treating Hypertension revealed a normal blood pressure was a SBP < 120 and a DBP < 80.	C 246		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bianka Gray TITLE: Administrator (X6) DATE: 4/16/21

Reviewed and Accepted 04/23/21 eH

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C 246	Continued From page 1 Review of Resident #1's Report of Consultation notes from the PCP dated 03/01/21 revealed: -Resident #1's blood pressure was mildly elevated during visit. -"Facility notes hypertensive readings." -Resident #1's metoprolol (used to treat high blood pressure) was increased from 75mg to 100mg daily. Review of Resident #1's March 2021 electronic Medication Administration Record (eMAR) revealed: -There was no computer-generated entry to check blood pressure daily and to notify provider if the SBP was greater than 150 or the DBP was greater than 90 for 2 or more readings. -There was a computer-generated entry to check blood pressure daily before taking metoprolol 100mg 1 tablet twice daily, hold for heart rate less than 60, SBP less than 105 or DBP <60 scheduled to be checked at 8:00am and 8:00pm daily. -Blood pressure was documented twice daily at 8:00am and 8:00pm from 03/01/21 to 03/16/21 at 8:00am except for 03/07/21 at 8:00pm. -Blood pressure was documented as outside of parameters for elevated blood pressure for 25 of 31 opportunities. -Blood pressure readings were documented at 8:00am as 147/100 on 03/01/21, 146/111 on 03/02/21, 145/109 on 03/03/21, 145/100 on 03/04/21, 156/111 on 03/05/21, 156/96 on 03/06/21, 166/107 on 03/07/21, 143/98 on 03/08/21,132/98 on 03/09/21, 153/109 on 03/10/21, 142/97 on 03/11/21, 145/99 on 03/12/21, 140/99 on 03/13/21, 129/94 on 03/14/21, and 142/102 on 03/16/21. -Blood pressure readings were documented at 8:00pm as 136/98 on 03/01/21, 134/96 on 03/02/21, 154/109 on 03/03/21, 145/99 on	C 246	See Attached Response	

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C 246	Continued From page 2 03/04/21, 139/96 on 03/05/21, 144/96 on 03/09/21, 135/97 on 03/10/21, 130/94 on 03/13/21, 141/98 on 03/14/21, 153/102 on 03/15/21. Review of Resident #1's progress notes revealed there was no documentation Resident #1's PCP was called from 03/01/21 to 03/16/21 regarding elevated blood pressure readings. Observation of the facility's office where the medication cart was stored on 03/16/21 at 12:52pm revealed a sign posted above the medication cart reminding the medication aide (MA) to notify Resident #1's PCP if SBP less than 105 or DP less than 60. Interview with the Facility Manager on 03/16/21 at 12:40pm revealed: -She knew Resident #1 had ordered parameters for low blood pressure but did not know she had ordered parameters for high blood pressures. -She did not know why the order to notify the PCP for elevated blood pressures was not on the eMAR. Interview with the MA on 03/16/21 at 12:52pm revealed: -She did not know Resident #1 there was an order to call the PCP for SBP greater than 150 or DBP greater than 90. -She did not think there was a facility wide policy for what to do if a resident had an elevated blood pressure reading. -She knew what "blood pressure readings were considered high" because she "had high blood pressure" herself. -She had not called the PCP about Resident #1's elevated blood pressure. -She had only worked in this facility for two days	C 246	SEE Attached Response	

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C 246	Continued From page 3 and had not noticed Resident #1's blood pressure was high. Telephone interview with Resident #1's PCP on 03/16/21 at 3:15pm revealed: -There was no documentation that the facility had called and notified her of elevated blood pressures for Resident #1 since 03/01/21. -She adjusted Resident #1's blood pressure medicine during the last visit to the facility (03/01/21) because she noticed elevated readings on the eMAR. -She wanted the facility to continue monitoring Resident #1's blood pressure. -The facility should have notified her of the elevated blood pressures, especially since they were numerous readings that were outside of the set parameters on consecutive days. -It was very dangerous for Resident #1 to have elevated blood pressures over several days. -Elevated blood pressures increased the risk of headache, blurry vision, stroke, and heart attack. Interview with the Administrator on 03/16/21 at 1:05pm revealed: -There was no facility wide policy for when to call the provider for elevated blood pressure readings. -Every resident had their blood pressure checked monthly unless they had specific orders to do something different by the PCP. -She knew Resident #1 had parameters for low blood pressure but did not know there was an order on the current FL-2 to notify the PCP for elevated blood pressure readings. -She did not know how the order was missed on the FL-2 and not added to the eMAR. -She had talked to the Administrative Assistant who updated the eMARs and she did not remember the order to call Resident #1's PCP for elevated blood pressures.	C 246	See Attached Response	

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C 246	Continued From page 4 -The order should have been on the eMAR so the MA would know to call the PCP. -If the PCP was called about the parameters then it would be in the resident's record in the progress notes. _____ The facility failed to notify Resident #1's PCP of elevated blood pressures outside of ordered parameters from 03/01/21 to 03/16/21 which could result in increased risk of headache, blurry vision, stroke, heart attack. This failure was detrimental to the health and safety of the resident which constitutes a Type B Violation. _____ The facility provided a Plan of Protection in accordance with G.S. 131D-34 on 03/16/21. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 30, 2021.	C 246	See Attached Response	
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents were free from neglect as related to health care. The findings are: Based on observations, interviews, and record reviews, the facility failed to ensure the provider	C 912		

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C 912	Continued From page 5 was notified for 1 of 3 sampled residents (Resident #1) who had an order to notify the provider for blood pressure readings outside of parameters set by the provider [Refer to Tag 246, 10A NCAC 13G .0902(b) Health Care (Type B Violation)].	C 912	See attached Response	

Angel House Family Care Homes

April 14, 2021

In response to Section 10A NCAC 13G.0902 (Health Care) In non-compliance,

As stated in report, Administrator put in place plan of protection immediately on 3/17/2021. Administrative assistant implemented standard facility policy on blood pressure parameters in the Quick MAR system.

Administrator checked all resident charts thoroughly to ensure health care follow up was in place. Staff will have an in-service on medication orders on or by May 30, 2021.

Administrator will be monitoring all health care order on a weekly basis along with documentation until compliance is met.

In response to G.S. 131 D-21-(2) Resident Rights in violation,

Administrator put in place to monitor health care orders on a weekly basis with documentation until compliance is met.

Sincerely,

Bianka Faison
Owner/Administrator
Angel House Family Care Homes