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		
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		

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 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		

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 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		

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 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		

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 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		
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		

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 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		