

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL011264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER ANGEL HOUSE IV		STREET ADDRESS, CITY, STATE, ZIP CODE 60-B 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 August 14, 2025.	C 000		
C 342	10A NCAC 13G .1004(j) Medication Administration 10A NCAC 13G .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR). This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of the electronic medication administration record (eMAR) for 3 of 3 sampled residents (#1, #2 and #3). The findings are:	C 342		

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

TITLE

(X6) DATE

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C 342	Continued From page 1 1. Review of Resident #1's current FL2 dated 11/19/24 revealed diagnoses included schizoaffective disorder bipolar type, high blood pressure, gastric reflux, and chronic kidney disease. Review of Resident #1's physician's orders dated 05/13/25 revealed an order for APAP (used to treat pain) 500mg tablet (tab) twice daily, atorvastatin (used to treat high cholesterol) 40mg tab at bedtime, carvedilol (used to treat high blood pressure) 6.25mg tab twice daily, fluticasone-salmeterol (used to treat breathing disorders) 500-50mcg one inhalation twice daily, omeprazole (used to treat gastric reflux) 40mg capsule at bedtime, risperidone (used to treat bipolar disorder) 3mg tabs (2 tabs for 6mg) at bedtime, and trazodone (used to treat depression) 100mg (2 tabs for 200mg) at bedtime. Review of Resident #1's eMAR for July 2025 revealed: -There was an entry for APAP 500mg tab twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for atorvastatin 40mg tab at 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for carvedilol 6.25mg tab twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for fluticasone-salmeterol 500-50mcg one inhalation twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses.	C 342		

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C 342	Continued From page 2 -There was an entry for omeprazole 40mg tab daily at 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for risperidone 3mg tab (2 tabs for 6mg total) at 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for trazodone 100mg tab (2 tabs for 200mg total) at 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. Review of Resident #1's eMAR for August 1-14, 2025, revealed: -There was an entry for APAP 500mg tab twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 1 of 14 8:00am doses and 3 of 13 8:00pm doses. -There was an entry for atorvastatin 40mg tab at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for carvedilol 6.25mg tab twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 1 of 14 of the 8:00am doses and 3 of 13 of the 8:00pm doses. -There was an entry for fluticasone-salmeterol 500-50mcg one inhalation twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 1 of 14 of the 8:00am doses and 3 of 13 of the 8:00pm doses. -There was an entry for omeprazole 40mg tab daily at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for risperidone 3mg tab (2 tabs for 6mg total) at 8:00pm with no	C 342		

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C 342	Continued From page 3 documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for trazodone 100mg tab (2 tabs for 200mg total) at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. Observation of Resident #1's medications available for administration on 08/14/25 at 3:15pm revealed APAP, atorvastatin, carvedilol, fluticasone-salmeterol, omeprazole, risperidone and trazodone was available for administration. Refer to the interview with the medication aide (MA) on 08/14/25 at 10:57am. Refer to the interview with the facility Manager on 08/14/25 at 11:54am. 2. Review of Resident #2's current FL2 dated 05/13/25 revealed diagnoses included bipolar type 1, post-traumatic stress disorder, diabetes, gastric reflux, chronic kidney disease, hypothyroidism and a history of bilateral breast mastectomy. Review of Resident #2's physician's orders dated 05/13/25 revealed an order for atorvastatin (used to treat high cholesterol) 20mg tablet (tab) at bedtime, clonazepam (used to treat anxiety) 1mg tab three times daily, famotidine (used to treat gastric reflux) 40mg tab at bedtime, fluticasone-salmeterol (used to treat breathing disorders) 250-50mcg one inhalation twice daily, gabapentin (used to treat neuropathy) 300mg capsule at 12:00pm daily, gabapentin (used to treat pain) 600mg tab at bedtime, lithium carbonate (used for mood stabilization) 150mg capsule at bedtime, montelukast (used to treat allergic rhinitis) 10mg tablet at bedtime, prazosin	C 342		

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C 342	Continued From page 4 (used to treat high blood pressure) 2mg capsule at bedtime, quetiapine (used to treat bipolar disorder) 300mg tab at bedtime, quetiapine (used to treat bipolar disorder) 75mg tab at bedtime, and trazodone (used for sleep disorders) 150mg at bedtime. Review of Resident #2's eMAR for July 2025 revealed: -There was an entry for atorvastatin 20mg tab at 8:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for clonazepam 1mg tab at 8:00am, 12:00pm, and 8:00pm with no documentation it was administered or reason why for 1 of 31 8:00am doses, 5 of 31 12:00pm doses, and 8 of 31 of the 8:00pm doses. -There was an entry for famotidine 40mg tablet at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for fluticasone-salmeterol 250-50mcg one inhalation twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 1 of 31 8:00am doses and 8 of 31 of the 8:00pm doses. -There was an entry for gabapentin 300mg capsule at 12:00pm with no documentation it was administered or reason why for 5 of 31 of the 12:00pm doses. -There was an entry for gabapentin 600mg capsule at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for lithium carbonate 150mg capsule at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for montelukast 10mg tablet	C 342		

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C 342	Continued From page 5 at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for prazosin 2mg capsule at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for quetiapine 300mg tab at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for quetiapine 50mg tab (1&1/2 tabs for 75mg total) at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. -There was an entry for trazodone 150mg tablet at 8:00pm with no documentation it was administered or reason why for 8 of 31 of the 8:00pm doses. Review of Resident #2's eMAR for August 1 - 14, 2025 revealed: -There was an entry for atorvastatin 20mg tab at 8:00pm with no documentation it was administered or reason why for 5 of 13 of the 8:00pm doses. -There was an entry for clonazepam 1mg tab at 8:00am, 12:00pm, and 8:00pm with no documentation it was administered or reason why for 1 of 14 8:00am doses, 1 of 13 12:00pm doses, and 3 of 13 of the 8:00pm doses. -There was an entry for famotidine 40mg tablet at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for fluticasone-salmeterol 250-50mcg one inhalation twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 1 of 14 8:00am doses and 3 of 13 of the 8:00pm doses.	C 342		

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C 342	Continued From page 6 -There was an entry for gabapentin 300mg capsule at 12:00pm with no documentation it was administered or reason why for 1 of 13 of the 12:00pm doses. -There was an entry for gabapentin 600mg capsule at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for lithium carbonate 150mg capsule at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for montelukast 10mg tablet at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for prazosin 2mg capsule at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for quetiapine 300mg tab at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for quetiapine 50mg tab (1&1/2 tabs for 75mg total) at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for trazodone 150mg tablet at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. Observation of Resident #2's medications available for administration on 08/14/25 at 3:25pm revealed atorvastatin, clonazepam, famotidine, fluticasone-salmeterol, gabapentin, lithium carbonate, montelukast, prazosin, quetiapine and trazodone was available for administration.	C 342		

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C 342	Continued From page 7 Refer to the interview with the medication aide (MA) on 08/14/25 at 10:57am. Refer to the interview with the facility Manager on 08/14/25 at 11:54am. 3. Review of Resident #3's current FL2 dated 11/19/24 revealed diagnoses included traumatic brain injury, asthma, essential tremors and bipolar disorder. Review of Resident #3's physician's orders dated 05/13/25 revealed an order for APAP (used to treat pain) 500mg tablet (2 tablets 1000mg total) three times daily, albuterol (used to treat lung disease) 90mcg inhaler 2 puffs three times daily, atorvastatin (used to treat high cholesterol) 40mg tab at bedtime, benztropine (used to treat tremors) 1mg tab twice daily, buspirone (used to treat anxiety) 15mg tab twice daily, lurasidone (used to treat bipolar disorder) 80mg tablet twice daily, and trazodone (used for sleep disorders) 100mg tablet at bedtime. Review of Resident #3's eMAR for July 2025 revealed: -There was an entry for acetaminophen 500mg caplet - 2 tabs three times daily at 8:00am, 12:00pm to 3:00pm, and 8:00pm with no documentation it was administered or reason why for 4 of 31of the 8:00pm doses. -There was an entry for albuterol 90mcg inhale 2 puffs three times daily at 8:00am, 12:00pm to 3:00pm, and 8:00pm with no documentation it was administered or reason why for 4 of 31of the 8:00pm doses. -There was an entry for atorvastatin 40mg tab at bedtime with no documentation it was administered or reason why for 4 of 31of the	C 342		

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C 342	Continued From page 8 8:00pm doses. -There was an entry for benztropine 1mg tab at 8:00am and 8:00pm with no documentation it was administered or reason why for 4 of 31 of the 8:00pm doses. -There was an entry for buspirone 15mg tab twice daily at 8:00am and 8:00pm with no documentation it was administered or reason why for 4 of 31 of the 8:00pm doses. -There was an entry for lurasidone 80mg tab twice daily at 7:00am and 5:00pm with no documentation it was administered or reason why for 6 of 31 of the 8:00pm doses. -There was an entry for trazodone 100mg tab by mouth at 8:00pm with no documentation it was administered or reason why for 4 of 31 of the 8:00pm doses. Review of Resident #3's eMAR for August 1-14, 2025 revealed: -There was an entry for acetaminophen 500mg caplet (cap) - 2 caps three times daily at 8:00am, 12:00pm to 3:00pm, and 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for albuterol 90mcg inhale 2 puffs three times daily at 8:00am, 12:00pm to 3:00pm, and 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for atorvastatin 40mg tab at bedtime with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for benztropine 1mg tab at 8:00am and 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for buspirone 15mg tab twice daily at 8:00am and 8:00pm with no	C 342		

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C 342	Continued From page 9 documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. -There was an entry for trazodone 100mg tab by mouth at 8:00pm with no documentation it was administered or reason why for 3 of 13 of the 8:00pm doses. Observation of Resident #3's medications available for administration on 08/14/25 at 3:35pm revealed APAP, albuterol, atorvastatin, benztropine, buspirone, lurasidone, and trazodone was available for administration. Refer to the interview with the medication aide (MA) on 08/14/25 at 10:57am. Refer to the interview with the facility Manager on 08/14/25 at 11:54am. Interview with the MA on 08/14/25 at 10:57am revealed: -She usually looked at the eMAR, then gathered each medication for administration, administered the medication, and came back to sign off on the eMAR. -She had no idea there were so many "blanks" on the eMAR. -There must be some type of computer glitch because the residents always got their medications. -She always assumed when she documented medications on the eMAR they were always recorded as administered. -She was unaware there was a problem with the eMAR documentation until it was brought to her attention on 08/14/25. Interview with the facility Manager on 08/14/25 at 11:54am revealed: -The facility was having problems with the	C 342		

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C 342	Continued From page 10 computer system that tracked medication administration for a few months. -The Administrator was still working on trying to find out what the problem was. -The Human Resources Director or the Administrator was responsible to review the eMAR monthly to ensure accurate medication administration documentation.	C 342		