Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10920	A. BUILDING _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING ANGELS HENDERSON	2249 EARLY FROST AVE, HENDERSON, NEVADA ,89052

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Annual State Licensure survey, completed at your facility on 11/20/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of B. Complaint #71730 and Complaint #72471 were initiated and investigated during the annual survey and are still in the process of investigation. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified.	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARJOLIJN KIRBY Title: Administrator Date: 03/11/2025

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0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to ensure activities were provided in accordance with the Activity Calendar, and residents interests. Findings include: On 11/20/24 at 9:00 AM, four residents were seen in the living room watching television and four were bed bound. Activity calendar dated 11/20/24 documented music with dancing and singing would take place from 10:00 AM to 10:30 AM. On 11/20/24 at 10:15 AM, the scheduled activity was not observed taking place. On 11/20/24 at 10:30 AM, three residents in a common area indicated the facility did not really offer activities, and they mostly just watched television. On 11/20/24 at 11:00 AM, a bed bound resident indicated the facility did not do any activities and they just sat in bed and watched television. On 11/20/24 at 11:30 AM, the Owner revealed they only did activities sometimes and confirmed the scheduled activity of music and dancing did not take place. Severity: 2 Scope: 3	0527	Monthly Activity Calendars have been updated and a re-training was conducted on 3/8/2025 by Administrator and Designee on following the activities posted on the monthly calendars for and with the Residents that include activities designed for mental and physical stimulation as well as developing creative skills and interests. Administrator and/or Designee will continue to monitor on a weekly and/or monthly basis that activities are being done according to the schedules and requirements.	03/10/2025

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used to keep a resident in bed, for 1 of 8 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 10/24/24 with a broken clavicle and benign prostatic hyperplasia. On 11/20/24 in the morning, R5 was found in bed with full bed rails up on both sides of the bed. On 11/20/24 in the morning, R5 indicated they were unsure why the bed rails were up and they did not use them for any purpose. R5 revealed they were able to move on their own and did not require the use of bedrails. On 11/20/24 in the morning, the Owner confirmed they used full beds rails to keep R5 in bed, because R5 was a fall risk. Severity: 2 Scope: 1	0557	Full bedrails were removed from Resident #5 bed. Administrator and/or Designee reviewed all other Residents beds to ensure no other full bedrails are used and will ensure no full bedrails are used for any Residents going forward. Half rails may be used for support of the Resident getting in and out of bed only and not for restraints. Training was completed by Administrator on 3/8/2025 on all staff in regard to not allowing full bed rails and only using half rails for resident physical assistance/support getting in and out of bed only.	03/10/2025

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a waiver to maintain a resident who was bedfast and had contractures, for 1 of 8 residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 06/27/24 with hypertension and contractures of the ankles. On 11/20/24 in the morning, R3 was found lying flat in bed with ankles and feet turned inward. On 11/20/24 in the morning, R3 indicated they were unable to turn without staff assistance. On 11/20/24 in the morning, the Owner indicated they had to turn R3 multiple times a day, because R3 could not turn on their own. Review of R3's record revealed there was no medical exemption for a resident who was bedfast and had contractures. On 11/20/24 in the morning, the Administrator confirmed R3 had contractures and was bedfast, and they had not submitted a medical exemption for R3. Severity: 2 Scope: 1	0620	See attached bed bound wavier from HCQC for Resident #3 dated 12/2/2024. Administrator will request a bedbound/bedfast exemption for all residents requiring this need on an ongoing basis. All other residents files were reviewed by Administrator and/or Designee and any other requests were filed and completed with HCQC by 3/10/2025.	12/02/2024

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a medication review, was completed every six months, for 1 of 8 residents (Resident #8). Findings include: Resident #8 (R8) was admitted on 03/24/24 with a diagnosis of dementia. Review of R8's record revealed a six month medication review had not been completed for R8. On 11/20/24 in the morning, the Owner confirmed a six month medication review had not been completed for R8. Severity: 2 Scope: 1	0870	6 month medication review was completed for Resident #8 on 12/05/2024. See attached. Administrator and/or Designee reviewed all other Resident files and they are current. Administrator and/or Designee will monitor on a monthly basis all Residents going forward to ensure 6 month medication reviews are completed and current going forward.	03/10/2025

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0923 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure medications kept in their original container, until they were ready to be administered, for 2 of 8 residents (Resident #1 and Resident #3). Findings include: Resident #1 (R1) R1 was admitted on 07/13/24 with diagnosis including dementia. On 11/20/24 at 9:00 AM, a medication cup, with three pills in it, was observed in R1's bin inside the medication closet. Resident #3 (R3) R3 was admitted on 06/27/24 with diagnosis including hypertension and contractures. On 11/20/24 at 9:00 AM, a medication cup, with five pills in it, was observed in R3's bin inside the medication closet. On 11/20/24 in the morning, the Owner indicated they pre-poured medications, into medication cups, for R1 and R3, to administer when R1 and R3 woke up and confirmed the medication was not kept in the original containers until administration. Severity: 2 Scope: 2	0923	Retraining of Medication Technicians was conducted on 03/01/2025 by Administrator on keeping medications in their original containers until administered and no pre-pouring of medications. Administrator and/or Designee will monitor on a weekly/monthly basis as needed going forward to ensure compliance with medication management protocols.	03/01/2025

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0966 SS= F	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake; Inspector Comments: Based on observation and interview, the facility failed to ensure there was one caregiver available, during the day, for 6 residents, per the requirement. Findings include: On 11/20/24 in the morning, there was one Caregiver in the facility with a census of eight residents. Review of daily staffing schedule for 11/20/24 documented only one staff member was assigned to work the daytime shift. On 11/20/24 in the morning, the Owner confirmed being the only person currently working the day shift with eight residents and had not adhered to the regulatory requirement of 1 caregiver to 6 residents during waking hours. Severity: 2 Scope: 3	0966	Administrator conducted re-training with all staff on 3/5/2025 on monthly staffing schedules and state regulations of staffing at all times in the facility. Administrator and/or Designee will monitor daily to ensure compliance at all times with these requirements going forward. See attached current staffing schedule.	03/05/2025