DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/17/2025**

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 a mandatory grading resurvey completed in your facility on 07/17/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities 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. Six resident files were reviewed. The facility received a grade of A. 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		
0160 SS= C	Advertising - NAC 449.205 Advertising and promotional materials. (NRS 449.0302) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility.	0160	N/A	08/15/2025
0320 SS= F	Bedroom - Doors: Locks - NAC 449.220 Bedroom doors. (NRS 449.0302) 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.	0320	N/A	08/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARJOLIJN KIRBY Title: Administrator Date: 08/22/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0853 SS= E	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility.	0853	N/A	08/15/2025

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 residents did not have range orders for a medication. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 03/21/25 with diagnoses including acute respiratory disease and anxiety. R3's 03/21/25 physician order and July 2025 Medication Administration Record (MAR) documented an order for Furosemide 20 milligrams (mg), take one tablet daily, hold if Systolic Blood Pressure (SBP) is less than 110. The July 2025 MAR documented the medication was administered daily by the Owner. On 07/17/25 at 11:45 AM, the Owner confirmed the physician order and the daily administration of the Furosemide. The Owner reported they had completed training to assess the resident's blood pressure and checked R3's blood pressure before giving the medication. On 07/17/25 in the afternoon, the requested documentation of training to take and assess resident blood pressure for the Owner was not provided. Severity: 2 Scope: 1	0876	On 07/18/25 we received a DC order for the Furosemide 20mg twice daily, and received a new order to start Furosemide 20mg, 1 tab by mouth once a day without any parameters. On 08/15/25 The Administrator retrained the owner and Medication Technicians on medications with parameters, and the required training that would be needed. The administrator confirmed that the owner had misunderstood and had not completed the required training. The Administrator and or Designee will complete random monthly audits of the medcart to ensure compliance going forward.	08/15/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver	0878	On 07/18/25 we received the medication order for resident#6's Timolol Maleate 0.25%. The medication was added to the residents MAR. On 08/15/25 The	08/15/2025

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	and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist		Administrator retrained the owner and Medication Technicians on physicians' orders, and proper procedures for medication administration. The Administrator and/or Designee will conduct random monthly audits of the medcart to ensure ongoing compliance.	

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	must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a resident had a physician order for a medication for 1 of 6 residents. (Resident #6) Findings include: Resident #6 (R6) R6 was admitted on 07/03/25 with diagnoses including Type II diabetes, glaucoma and acid reflux. On 07/17/25 at 10:30 AM, a bottle of Timolol Maleate 0.5% eye drops 1 drop in right eye every morning for glaucoma was dispensed on 05/30/25. There was no physician order and the eye drops were not documented on the July 2025 Medication Administration Record (MAR). On 07/17/25 at 10:30 AM, the Caregiver confirmed there was no physician order for the eye drops and could not confirm whether the eye drops were being administered to R6. Severity: 2 Scope: 1			
0923 SS= F	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, record review and interview, the facility failed to ensure medications for 4 of 6 residents were properly labeled with a resident's name, prescribing physician, and directions for administration. (Resident #2, #3, #5 and #6) Finding include: Resident #2 (R2) R2 was admitted on 06/27/24, with primary diagnoses including hypertension. The following over-the-counter medications	0923	On 07/18/25 the staff labeled the otc medications for residents #2, #3, #5, #6. The Administrator retrained the owner and Medication Technicians on 08/15/25 on Medication administration and over the counter medications and proper labeling and the MAR. The Administrator and/or Designee will conduct random monthly audits to ensure ongoing compliance.	08/15/2025

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	with current physician orders, were observed in R2's medication bin with no resident's name, physician name and directions for administration: Vitamin B12 1000 micrograms (mcg) 1 tablet daily Vitamin D3 25 mcg 1 tablet daily Resident #3 (R3) R3 was admitted on 03/21/25, with primary diagnoses including acute respiratory disease and anxiety. The following over-the-counter medications with current physician orders, were observed in R3's medication bin with no resident's name, physician name and directions for administration: Meclizine 25 mg 1 tablet daily as needed (PRN), 3 bottles Refresh Tears 1 drop every 6 hours PRN, 2 packages Aspirin 81 mg, 2 bottles Resident #5 (R5) R5 was admitted on 08/13/24, with primary diagnoses including dementia, hypercholesterolemia and vitamin D deficiency. The following over-the-counter medications with current physician orders, were observed in R5's medication bin with no resident's name, physician name and directions for administration: Metamucil Fiber Supplement 1 teaspoon in 8 ounces of water PRN, 2 packages Melatonin 10 mg, 2 gummies at bedtime Vitamin B12 1000 mcg, 1 daily, 2 bottles Resident #6 (R6) R6 was admitted on 07/03/25, with primary diagnoses including glaucoma, Type II diabetes and acid reflux. The following over-the-counter medication with a current physician order, was observed in R6's medication bin with no resident's name, physician name and directions for administration: Timolol Maleate 0.25% 10 milliliter (ml), install 1 drop in both eyes daily On 07/17/25 at 10:45 AM, the Caregiver confirmed the observed over-the-counter medications in R2, R3, R5 and R6's medication bins did not have the proper labeling and should have. Severity: 2 Scope: 3			

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0950 SS= E	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident.	0950	N/A	08/15/2025
0992 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes the training and continuing education required pursuant to NAC 449.2768.	0992	N/A	08/15/2025