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
	11777	A. BUILDING _____ B. WING _____	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELICA'S LOVING HOME CARE	3475 SCOTTSDALE ROAD, RENO, NEVADA ,89512

(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) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 08/25/2025. This State Licensure survey was conducted by the Health Care Purchasing and Compliance Division, in accordance with Nevada Administrative Code (NAC) 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly or disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by Health Care Purchasing and Compliance Division shall not be construed as prohibiting any criminal or civil investigation, 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: FLORENTINO LEANILLO	Title: administrator	Date: 01/24/2026

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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 record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least once every six months for 1 of 5 residents residing in the facility longer than six months (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 03/22/2024, with diagnoses including post-traumatic stress disorder, schizoaffective disorder, and hyperlipidemia. Resident #5's clinical record documented medication reviews completed on 10/18/2024 and 08/01/2025. The clinical record lacked medication reviews six months apart. On 08/28/2028 at 9:39 AM, the Administrator confirmed Resident #5's medication reviews were more than six months in between each review. The Administrator explained all medication reviews were to be completed every six months. Severity: 2 Scope: 1	0870	a-The Facility will make sure that medication review for accuracy of the regimen of drugs will be done every six month by either physician, nurses or pharmacist. b- Facility will assign someone to monitor all resident's medication review and must be done every six months including over the counter medicines. c- Facility administrator will make sure that the corrective action is being followed.	10/09/2025

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months was reviewed and initialed by the Administrator within 72 hours for 2 of 5 residents residing in the facility for longer than six months (Resident #1, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/21/2021, with diagnoses including dementia, anxiety, and hypertension. Resident #1's clinical record documented a medication review on 02/15/2025; however, the medication review was not initialed by the Administrator confirming review and accuracy of the medication review. Resident #4 Resident #4 was admitted to the facility on 01/25/2020, with diagnoses including bipolar disorder and dementia. Resident #4's clinical record documented a medication review completed on 02/15/2025; however, the medication review was not initialed by the Administrator confirming review and accuracy of the medication review. On 08/28/2025 at 9:39 AM, the Administrator confirmed the Administrator's initials were not present on the medication reviews for 02/15/2025 for Resident #1 and #4. The Administrator explained all medication reviews were to be completed every six months and the Administrator was required to initial on the medication reviews indicating the Administrator reviewed and agreed with the medication review. Severity: 2 Scope: 1	0874	a- The Facility will make sure that the administrator will be inform right away when the medication review report arrive at the facility. b- The facility will assign someone to check that all residents medication review report by the Pharmacist, Physician or registered nurse are reviewed and initialed by the administrator within 72 hours. c- The administrator of the facility will make sure that the corrective action is being followed.	10/09/2025

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0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview, clinical record review, and document review, the facility failed to ensure medications were stored securely in a locked area inaccessible to other residents and visitors. Findings include: On 08/28/2025 at 8:53 AM, during a tour of the facility, inside of a resident's room, on top of the dresser, was a bottle of Nystatin 100000 unit/gram (gm) External Powder. Apply to affected areas twice a day as needed for rash. On 08/28/2028 at 8:55 AM, the Caregiver confirmed the resident had Nystatin Powder, unsecured, in the resident's room and verbalized the Caregiver must have left the powder in the resident's room after applying to the resident. The Caregiver explained the resident could not self administer medications and the medication was available and accessible to all residents within the facility. Severity: 2 Scope: 1	0920	a- The facility will make sure that no medications, including over the counter are left in the residents room. The guidelines state that no medications in the residents room including over the counter medicines. All medications should be lock up at all times in the cabinet. b- The facility will instruct the caregivers to always check that no medecines is left behind when leaving the residents room. c- The administrator of the facility will make sure that the corrective action are being followed.	10/09/2025