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 |
|---|---|---|---|
| | 178 | A. BUILDING _____ B. WING _____ | 06/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LITTLE ANGEL CARE HOME LLC | 2570 KEYSTONE AVE, RENO, NEVADA ,89503 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 06/04/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of survey was four. Four resident files were reviewed and four employee 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified: | 0000 | | |
| 0859 SS= D | 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) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 sampled residents received a physical examination prior to admission (Resident #3). Findings include: Resident #3 Resident #3 was admitted on 10/09/20. The resident's record lacked documentation of a diagnoses. The resident's file contained an after visit summary dated 09/30/20, however, the form lacked documented evidence of a review of systems completed by the physician. On 06/04/21 at 10:35 AM, the Caregiver was unable to provide documented evidence of a physical examination with a review of systems prior to Resident #3's admission date. Severity: 2 Scope: 1 | 0859 | 1. Administrator requested the Physician's office to send/fax over the latest copy of the resident's progress notes<br>2. Administrator will make sure to get the latest progress notes of the resident after each Doctor's visit<br>3. Same as No.2 Administrator will make sure to get the latest progress notes of the resident after each Doctor's visit<br>4. Administrator will be responsible for implementing the plan of correction<br>5. June 25, 2021 | 06/24/2021 |

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: MARILOU A REYES Title: Administrator Date: 06/24/2021