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 _____	03/21/2022

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 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		
0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview the facility failed to ensure the interior premises were maintained. Findings include: On 03/21/22 at 9:49 AM, during a tour of the facility the the sliding screen door leading to the back yard was difficult to slide open. On 03/21/22 at 9:50 AM, the Caregiver acknowledged the observation, and verbalized the screen door needed to be replaced. Severity: 2 Scope: 1	0178	1. Administrator decided to replace the sliding door 2. Administrator will make sure that the interior of the facility are in good condition 3. Administrator bought and replaced the sliding door leading to the backyard. See attached receipt 4. The Administrator is responsible for ensuring the plan of correction is implemented 5. April 16, 2022	04/16/2022

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: 04/16/2022

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0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the kitchen equipment was not sufficiently clean and adequate for the preparation, service and storage of food. Findings include: On 03/21/22 at 9:40 AM, observed the following deficiencies in the kitchen: -The interior oven door had a build up of old encrusted spills and splatters. On 03/21/22 at 9:41 AM, the Caregiver acknowledged the observation, and verbalized the oven needed to be cleaned. Severity: 2 Scope: 1	0250	1. Caregiver has been told by the Administrator to maintain the cleanliness and sanitation of the kitchen at all times 2. Administrator will check the kitchen area daily 3. The Administrator make sure that the interior door of the kitchen oven has been cleaned of the encrusted spills and splatters. Please see attached picture 4.The Administrator is responsible for ensuring the plan of correction is implemented 5. April 16, 2022	04/16/2022

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 sampled residents received a physical examination prior to admission (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 09/24/21 with diagnoses to include hypertensive heart disease. The resident's file documented a physical examination dated 12/15/21, approximately 3 months late. On 03/21/22 at 10:00 AM, the Caregiver was unable to provide documented evidence of a physical examination prior to Resident #3's admission. Severity: 2 Scope: 1	0859	1. Administrator called the hospice nurse to request the prior physical examination of Resident #3 before admission 2. Apparently Resident #3 physical examination was placed in the hospice binder instead of the Resident's File 3. Administrator will make sure that all documentations are in the right files 4. Administrator is responsible for ensuring the plan of correction is implemented 5. April 16, 2022 6. See attached documents	04/16/2022