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 _____	**07/28/2022**

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 complaint State Licensure survey initiated at your facility on 07/20/22 and finalized on 07/28/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was four. The sample size was five. The facility received a grade of A. There was one complaint investigated. Complaint #NV00066684 with the following allegations could not be substantiated: Allegation #1: A resident was not treated for a pressure sore and passed away with horrific sores left untreated could not be substantiated because review of medical records did not validate the allegation. Allegation #2: A resident was subjected to seeing and hearing the roommate being abused, neglected, yelled at, and threatened to be kicked out could not be substantiated because there was a lack of evidence abuse had occurred to any of the residents within the facility in addition to review of incident reports and medical records. Allegation #3: The facility was providing peanut butter and jelly sandwiches for dinner could not be substantiated because interview with a resident's family member and lack of evidence. Allegation #4: The facility had rodents and cockroaches could not be substantiated because there was a lack of evidence the facility had rodents and interview with a resident's family member. Allegation #5: The facility was too hot could not be substantiated because there was a lack of evidence the facility was too hot upon observation and interview with a resident's family member. The investigation into the allegations included: Observations of residents and a brief tour of the facility. Interviews were conducted with the Caregiver, via phone with the Administrator, and a Resident's Family Member. Review of	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	five resident files, including the resident's of concern. Document review included Ultimate User Agreement, Activities of Daily Living (ADLs), Weekly Menu, Staffing Schedules, Admission Records, Incident Reports, legal guardian paperwork, Hospice Records, Physician Plan of Care, History and Physicals, Standard Physician Assessments, Placement Determination forms, and the policy for Resident Rights. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			