

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2023
NAME OF PROVIDER OR SUPPLIER LITTLE ANGEL CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2570 KEYSTONE AVE, RENO, NEVADA ,89503	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey and complaint investigation conducted at your facility on 01/06/23, 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 three employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Complaint #NV00066733 with the following allegations was substantiated: Allegation #1: A resident was bedfast and did not have an exemption on file was substantiated (see Tag 620). Allegation #2: The facility only had one caregiver on site providing care was substantiated (see Tag 085). Allegation #3 : A toilet was leaking at the base resulting in peeling linoleum and exposed wood subfloor could not be substantiated due to lack of evidence. Allegation #4: There was rodent poison in resident bedrooms in the in the living room could not be substantiated due to lack of evidence. Allegation #5: A caregiver yelled at residents causing them to be scared could not be substantiated due to lack of evidence. Investigation into the allegations included: Observations of resident and staff interactions and a brief tour of the facility. Interviews were conducted with four residents, a Caregiver, via phone with the Administrator, and a resident's family member. Review of four resident files, including the resident's of concern. Document review included Ultimate User Agreement, Activities of Daily Living (ADLs), Staffing Schedules, Admission Records, Incident Reports, Hospice Records, Physician Plan of Care, History and Physicals, Standard Physician Assessments, and Placement Determination forms. The findings and conclusions of any investigation by the Division of Public and Behavioral Health			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MARILOU A REYES Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 04/10/2023

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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	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:						
0085 SS= D	Staffing - Cg on Duty All Times - NAC 449.199 Staffing requirements 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. Inspector Comments: Based on observation, record review and interview, the Administrator failed to ensure a sufficient number of caregivers were on duty to assist a resident in a timely manner after a fall for 1 of 4 residents (Resident #1). Findings include: On 01/06/23, in the morning, one Caregiver was observed providing care for all the residents. There were no other Caregivers on the premises upon arrival to the facility. The Caregiver was scheduled to work the morning and night shift, 24 hours of each day, Monday through Friday. Resident #1 Resident #1 was admitted to the facility on 03/19/18 with a diagnosis of Parkinson's disease, muscle weakness, and chronic obstructive pulmonary disease. On 01/06/23 at 11:54 AM, Resident #1 verbalized the resident fell in late 2021 and had to lay on the floor while the Caregiver contacted the Manager to come to the facility to help pick the resident up off the floor. On 01/06/23 at 12:15 PM, the Caregiver verbalized the Caregiver worked Monday through Friday and was usually the only caregiver on site. When the Caregiver needed assistance with a resident, the Caregiver would call the Manager, who lives nearby, and the Manager would come assist the Caregiver with the residents. The Caregiver confirmed	0085	1. Caregiver/s does not work all day and night. Caregiver rest/sleep as soon as the residents were already in their rooms and were sleeping through out the night. Owner/ Manager comes in the facility to help the caregiver during her shift 2. Administrator makes sure that caregiver gets their rest/sleep at night 3. Administrator will make adjustments with the caregiver's schedule 4. Administrator is responsible 5. March 20, 2023		03/20/2023		

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	Resident #1 fell in the facility December 2021. The Caregiver was unable to pick up the resident and called the Manager for assistance. The Manager came to the facility and helped pick up the resident and put them back in bed. The Caregiver admitted the Caregiver was unable to pick up the resident by themselves. On 01/06/23 at 3:40 PM, the Administrator verbalized the Manager was available to assist the Caregiver when a resident fell. The Administrator verbalized the Caregiver could call the Administrator to come to the facility and assist with the resident. Review of the January 2023 Employee Schedule documented the Caregiver was scheduled to work mostly Monday through Friday with no other caregivers on shift. The Manager was scheduled to work on Saturdays and Sundays and on the days the Caregiver was unavailable. The Employee Schedule revealed there was only one staff member on duty for each day. Severity: 2 Scope: 1 Complaint #NV00066733						

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0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on interview and record review, the facility failed to ensure smoke detectors were tested and fire alarms were conducted on a monthly basis. Findings include: The Smoke Detector log revealed the last smoke detector test was conducted on 06/18/2020. The Fire Drill Log revealed the last fire drill was conducted on 06/15/2020. On 01/23/23 at 2:25 PM, the Caregiver confirmed smoke detectors were not tested and fire drills had not been conducted since June 2020. The Caregiver explained it was important to test smoke detectors and conduct fire alarms on a monthly basis for the safety of the residents. A referral to the State Fire Marshal's office was made, via email, on 03/09/23.	0430	1. Administrator will make sure Fire Drill logs and Smoke Alarms logs were checked and done in a timely manner every month 2. Administrator will check every logs monthly 3. As answered in question #1- Administrator will make sure they are being done and checked monthly 4. Administrator is responsible 5. March 20, 2023		03/20/2023		

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0620 SS= E	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 2 of 4 residents receiving skilled nursing services (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/24/21, with diagnoses including dementia, atrial fibrillation, and heart failure. On 01/06/23 at 12:58 PM, the Caregiver verbalized Resident #2 received 24 hour skilled nursing care from a hospice agency since 08/25/21. The Caregiver confirmed a waiver was not submitted to the State Agency to admit or retain a resident receiving skilled nursing services. Resident #3 Resident #3 was admitted to the facility on 08/11/17, with diagnoses including atherosclerotic heart disease of native coronary artery without angina pectoris, permanent atrial fibrillation, and chronic kidney disease III. On 01/06/23 at 1:00 PM, the Caregiver verbalized Resident #3 received 24 hour skilled nursing care from a hospice agency since 08/13/17. The Caregiver confirmed a waiver was not submitted to the State Agency to admit or retain a resident receiving skilled nursing services. On 01/06/23 at 3:45 PM, the Administrator confirmed Resident #2 and #3 were receiving hospice services and a waiver had not been submitted to the State Agency. Severity: 2 Scope: 2 NV00066733	0620	1. Administrator already applied for a waiver from the Bureau 2. Administrator will now make sure to apply for a waiver if admitting patient will be under hospice care or Home Health Agency for residents using catheter 3. As previously answered in question #2 Administrator will make sure to apply for a waiver for such resident/s 4. Administrator is responsible 5. March 20, 2023		03/20/2023		

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0859 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) 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 interview and record review, the facility failed to ensure a physical examination including a review of systems was completed annually for 2 of 4 residents (Resident #1 and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/19/18 with a diagnosis of Parkinson's disease, muscle weakness, and chronic obstructive pulmonary disease. Resident #1's record documented a physical dated 03/18/21. The resident's record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 01/06/23 at 12:37 PM, the Caregiver confirmed an annual physical examination with a review of systems was not completed for Resident #1 in 2022. Resident #4 Resident #4 was admitted to the facility on 10/09/20, with diagnoses including schizophrenia, diabetes mellitus, and hypertension. Resident #4's record documented a physical dated 04/01/21. The resident's record lacked documented evidence of an annual physical examination with review of systems for 2022. On 01/06/23 at 1:21 PM, the Caregiver confirmed an annual physical examination with a review of systems was not completed for Resident #4 in 2022. On 01/06/23 at 3:41 PM, the Administrator verbalized if the physicals were not on file, the facility did not have them. Severity: 2 Scope: 2	0859	1. Administrator will make sure that Periodic Physical Examination of the resident is on file as soon as the Dr's visit at the facility is done 2. Administrator/caregiver will make follow-up calls at the Dr's office to make sure that the Annual P.E. including the Review of System will be faxed over to the facility 3. Same answered as question #2 - Administrator will make up follow-up calls to the Dr's office to fax the P.E. /ROS of the resident/s 4. Administrator is responsible 5. March 20, 2023	03/20/2023

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0870 SS= E	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 clinical record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 4 sampled residents residing in the facility for longer than six months (Residents #1 and #3) and medication reviews were initialed by an Administrator acknowledging medication changes for 2 of 4 sampled residents (Residents #1 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/19/18 with a diagnosis of Parkinson's disease, muscle weakness, and chronic obstructive pulmonary disease. A six-month medication review was completed for Resident #1 on 03/14/22, and on 11/02/22. The medication review was conducted two months late. The medication	0870	1. Administrator will make sure that the medication review for the resident are up to date within 6 month period and with Administrator's signature and dated 2. Administrator will make sure to check the residents file monthly and as needed 3. Same as question #2 - Administrator will make sure to check the residents file monthly and as needed 4. Administrator is responsible 5. March 20, 2023			03/20/2023	

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	reviews lacked initials from the Administrator acknowledging medication changes for Resident #1. On 01/06/23 at 12:43 PM, the Caregiver confirmed the medication reviews were completed late. The Caregiver confirmed the medication reviews lacked initials from the Administrator acknowledging the medication changes for Resident #1. Resident #3 Resident #3 was admitted to the facility on 08/11/17, with diagnoses including atherosclerotic heart disease of native coronary artery without angina pectoris, permanent atrial fibrillation, and chronic kidney disease III. A six-month medication review was completed for Resident #3 on 03/14/22, and on 11/02/22. The medication review was conducted two months late. The medication reviews lacked initials from the Administrator acknowledging medication changes for Resident #3. On 01/06/23 at 12:45 PM, the Caregiver confirmed the medication reviews were completed late. The Caregiver confirmed the medication reviews lacked initials from the Administrator acknowledging the medication changes for Resident #3. On 01/06/23 at 3:43 PM, the Administrator confirmed the medication reviews were not completed timely. The Administrator was unaware medication reviews with recommendations required the initials of the Administrator. Severity: 2 Scope: 2						
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary	0878	1. Administrator will make sure that facility gets the Dr's order for lorazepam and gets recorded in the MAR 2. Administrator will double check if Dr's order matches with the prescription label and in MAR 3. Same answer as in question #1 Administrator will make sure that facility gets the Dr's order for a new prescription/s 4. Administrator is responsible 5. March 20,2023		03/20/2023		

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	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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the physician, registered nurse or pharmacist 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 obtain physician orders for medications for 1 of 4 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/24/21, with diagnoses including dementia, atrial fibrillation, and heart failure. Resident #2's January 2023 Medication Administration Record (MAR) documented lorazepam 0.5 milligram (mg) tablet. Take one tablet by mouth every four hours as needed. Resident #2's medication bin contained a container of lorazepam 0.5 mg tablet. Take one tablet by mouth every four hours. Resident #2's record lacked documented evidence of a physician order						

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	for lorazepam. Resident #2's January 2023 MAR documented lorazepam was requested and given on 01/02/23 at 8:00 AM and 6:00 PM, and on 01/04/23 at 9:15 AM. On 01/06/23 at 2:50 PM, the Caregiver verbalized lorazepam was administered to the resident when the resident requested the medication. The Caregiver confirmed Resident #2's record lacked a physician order for lorazepam. The Caregiver explained the residents medications were managed by a hospice agency. Severity: 2 Scope: 1						
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, record review, and interview, the facility failed to an as needed (PRN) medication had symptoms treated documented on the Medication Administration Record (MAR) 1 of 4 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/24/21, with diagnoses including dementia, atrial fibrillation, and heart failure. Resident #2's January 2023 MAR documented lorazepam 0.5 milligram (mg) tablet. Take one tablet by mouth every four hours as needed. The PRN medication lacked the symptom to be treated. Resident #2's medication bin contained a container of	0895	1. Administrator will make sure to check the MAR for symptoms treated for a particular resident / prescription 2. Administrator/Caregiver will remind the Dr/RN's to make sure to put in the order the symptoms treated for the resident/s 3. As said in question#1, Administrator will check the MAR/orders for symptoms treated for a resident 4. Administrator is responsible 5. March 20, 2023			03/20/2023	

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	lorazepam 0.5 mg tablet. Take one tablet by mouth every four hours. Resident #2's record lacked documented evidence of a physician order for lorazepam. Resident #2's January 2023 MAR documented lorazepam was requested and given on 01/02/23 at 8:00 AM and 6:00 PM, and on 01/04/23 at 9:15 AM. On 01/06/23 at 2:50 PM, the Caregiver verbalized lorazepam was administered to the resident for agitation when the resident requested the medication. The Caregiver confirmed Resident #2's MAR lacked the symptom treated on the PRN medication. Severity: 2 Scope: 1			
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result	1700	1. Administrator will check Physician's assessment determination monthly and will renew if needed when provider comes over for a visit to the facility 2. Administrator will check monthly the said deficient practice that occurred 3. As previously said, Administrator will do the monthly checklists per State Regulations 4. Administrator is responsible 5. March 20,2023	03/20/2023

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2023	
NAME OF PROVIDER OR SUPPLIER LITTLE ANGEL CARE HOME LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 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		
	of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain an initial and an annual Standard Physician Assessment and Placement Determinations for 1 of 4 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/24/21, with diagnoses including dementia, atrial fibrillation, and heart failure. Resident #2's record lacked evidence of an initial and an annual Standard Physician Placement Determination. On 01/06/23 at 12:41 PM, the Caregiver confirmed Resident #2's record lacked an initial and annual Standard Physician Placement Determination. Severity: 2 Scope: 1						