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 _____	09/05/2023

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 an annual State Licensure survey conducted at your facility on 09/05/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. 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 hallway bathroom lights were adequately functioning. Findings include: On 09/05/23 at 10:33 AM, in main hallway resident bathroom, one light bulb in the toilet area and one bulb in the vanity was burnt out and not turning on. On 09/05/23 at 10:40 AM, the Caregiver confirmed the light bulb had burnt out, and they had not had time to replace each burnt out bulb. The Caregiver confirmed that the light bulbs should have been changed right away, as it is a safety hazard. Severity: 2 Scope: 1	0178	1. Both Administrator and caregiver/s need to address the problem immediately about the light bulb by replacing the burnt one 2. Caregiver was educated not to ignored such small task as it may create an accident in the future 3. Administrator will check and make sure that premises are clean and well maintained 4. Administrator is responsible for ensuring the plan of correction is implemented 5. Jan 22, 2024 6. See attached	01/22/2024

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: 01/24/2024

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0874 SS= E	Medication Administration-Report Received - NAC 449.2742 - 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 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 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 residents residing in the facility for longer than six months (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 09/24/21, with diagnoses including heart failure, and dementia. A six-month medication review was completed for Resident #3 on 02/08/23, and on 07/30/23, however the medication review conducted on 02/08/23, lacked initials from the Administrator acknowledging medication accuracy for Resident #3. On 09/05/23 at 11:33 AM, the Administrator confirmed a medication review for Resident #3 had been completed but not signed, and should have been completed every six months including initials from the Administrator. Resident #4 Resident #4 was admitted to the facility on 03/19/19, with diagnoses including rheumatoid arthritis, and atherosclerosis. A six-month medication review was completed for Resident #4 on 02/08/23, and on 07/30/23, however the medication review conducted on 02/08/23, lacked initials from the Administrator acknowledging medication accuracy for Resident #4. On 09/05/23 at 11:33 AM, the Administrator confirmed a medication review for Residents #4 had been completed but not signed, and should have been completed every six months including initials from the Administrator. Severity: 2 Scope: 2	0874	1. Administrator signed the current medication lists for resident 3 & 4 that was missed 2. Administrator will make sure to reviewed and initial the report (medication lists) 3. Administrator will monitor by checking resident's file monthly or as needed to ensure that all needed requirements are current 4. Administrator will ensure that the plan of correction are being implemented 5. January 24, 2024 6. See attached	01/24/2024