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 _____	08/14/2024

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 08/14/2024. This State Licensure Survey was conducted 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 or disabled persons, intellectual disabilities, and/or mental illness, Category II residents. The census at the time of survey was five. Five resident files were reviewed and three 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		

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and observation, the facility failed to ensure a secondary person responsible for the facility's infection control program was identified. Findings include: On 08/14/2024 at 11:34 AM, the facility lacked documented evidence of a secondary person responsible for the facility's infection control program. On 08/14/2024 at 11:34 AM, the Administrator verbalized the facility had designated the Administrator who would be identified as the primary person for the facilities infection control program. The Administrator confirmed the facility had not yet identified the secondary infection control program person. Severity: 2 Scope: 1	1825	1. Administrator assigned a secondary person who will be responsible for infection control if the Administrator is absent or away at all times. 2. Once the secondary person is assigned , Administrator will make sure that secondary person will renew the required continuing education annually 3. Same as number 2 4. Administrator is responsible for ensuring plan of correction is implemented 5. September 10, 2024 6. Please see attached document	09/10/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review, document review, and interview, the facility lacked a secondary infection control person with the required infection control training with the potential to affect 5 of 5 residents. Findings include: Employees personnel file lacked the required infection control and prevention training required for an infection control staff. On 08/14/2024 at 11:34 AM, the Administrator confirmed the facility had not designated a secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 1	1830	1.Employee #2 is the Secondary person assigned by the Administrator 2. Administrator will make sure that secondary person will complete the required 15 hours of continuing education annually 3. Administrator will make sure that 15 hours of continuing education is done annually 4. Administrator is responsible for ensuring the plan of correction is implemented 5. September 10, 2024 6. See attached document	09/10/2024