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 _____	09/17/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 09/17/2025, 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 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:			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.**	Y 0515	1. Administrator will make sure that each residents Person Centered Care will be reviewed every year going forward 2. Administrator will make a reminder that each residents Person centered Care needs	10/07/2025

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	1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;		to be reviewed every year going forward 3. Same answer as no. 2 4. Administrator will be responsible to ensure that the Person centered Care is being implemented 5. October 7, 2025	

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	Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was reviewed annually with the resident and/or the resident's family or representative to address the facility's treatment of residents for 4 of 5residents reviewed for service plans for 4 of 5 residents (Residents #2, #3, #4, and #5). Findings include: Resident #2 Resident #2 was admitted on 05/16/2023, with diagnoses including hypothyroid, dementia, and urinary tract infection. Resident #2's record contained a person-centered service plan dated 05/16/2023. Resident #2s record lacked documented evidence of an annual review of the resident's service plan. Resident #3 Resident #3 was admitted on 10/09/2020, with diagnoses including hypertension, anxiety, and schizophrenia.			

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	Resident #3's record contained a person-centered service plan dated 10/09/2023. Resident #3s record lacked documented evidence of an annual review of the resident's service plan. Resident #4 Resident #4 was admitted on 06/19/2024, with diagnoses including diabetes, hypertension, and urinary tract infection. Resident #4's record contained a person-centered service plan dated 06/19/2024. Resident #4s record lacked documented evidence of an annual review of the resident's service plan. Resident #5 Resident #5 was admitted on 09/20/2023, with diagnoses including dementia, and malnutrition. Resident #5's record contained a person-centered service plan dated 09/20/2023. Resident #5s record lacked documented evidence of an annual review of the resident's service plan. On 09/17/2025 at 11:07 AM, the Owner confirmed the person-centered service plan for all Resident’s residing within the facility had not been reviewed			

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	and completed annually. Severity: 2 Scope: 3			