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
	3483	A. BUILDING _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS CARE	**1905 S 17TH STREET, LAS VEGAS, NEVADA ,89104**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey initiated at your facility on 07/13/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of D. 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. The following regulatory deficiencies were identified:	0000		

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0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 5 employees received 16 hours medication training before assisting residents with medication administration (Employee #1 hired 05/01/22, Employee #3 hired 08/01/14, and Employee #5 hired 04/01/22. The Owner was unable to provide documented evidence a medication class totaling 16 hours was completed. Severity: 2 Scope: 3	0072	1. 1 Employee#1 hired date 5/1/2022 #3 hired date4/1/2022 #5 hired 4/1/2022 immediately submitted the 16hrs medication management. 2. This facility will screen each applicant to confirm the veracity of each employee's credentials. 3. We will monitor this action by checking monthly our calendar of activities for an up to date files. 1. 4. The Administrator will monitor.	07/15/2022
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive	0074	1. 1. Employee #3 hired date 4/1/2022 #4hired date 8/1/2014 #5 hired 4/1/2022 immediately submitted elder abuse training. 2. 2. This Facility from now on	07/18/2022

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	training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older		will make sure that proper requirements will be always in placed, submitted & imposed before hiring new employees. 3. 3. We will always ensure that employee's file be readily available for review. 4. Facility manager will monitor	

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	persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 5 employees received annual elder abuse training (Employee #3 hired 08/01/14 last documented training was 01/13/21, Employee #4 hired 08/01/14, last			

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	documented training was in 2020, and Employee #5 hired 04/01/22, last documented training was 01/21/21. The Owner was unable to provide documented evidence elder abuse training was completed and acknowledged the training was not completed. Severity: 2 Scope: 3			
0102 SS= F	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 5 employees had a two-step and/or annual tuberculosis (TB) test or a physical examination. Employee #1 hired 05/01/22, had no two-step TB test or physical examination, Employee #3 hired 04/01/22, had no physical examination, Employee #4 hired 08/01/14, had no annual TB test. The last TB test was dated 2020. Employee #5 hired 04/01/22, had no two-step TB test or physical examination. The Owner acknowledged the missing documentation and was unable to provide documented evidence the TB tests and physical examinations were completed. Severity: 2 Scope: 3	0102	1. 1. Employee #1 #5 immediatelysubmitted 2 step TB test results & Physical examination while #3 submitted Physical Examination and #4 submitted TB test result. 2. 2. This facility will review employee's recordcheck list together with the actual employee's file. By this way, we will beable to track missing documents that needs to be done & filed. 3. 3. This facility will ensure that a copy of thefile be placed on employee's file upon received to avoid missing documents. 4. Facilitymanager will monitor	07/27/2022

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0104 SS= F	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 5 employees had a signed disclosure statement, fingerprints, and a background check (Employee #1 hired 05/01/22, Employee #3 hired 08/01/14, and Employee #5 hired 04/01/22. The Owner was unable to provide documented evidence the employees signed a disclosure statement and were fingerprinted and background checked. Severity: 2 Scope: 3	0104	1. 1. Employee #1 #3 #5 submitted a notification of clearance. 2. 2. This facility will review employee's record check list together with the actual employee's file. By this way, we will be able to track missing documents that needs to be done & filed. 3. 3. This facility will ensure that a copy of the file be placed on employee's file upon received to avoid missing documents. 4. 4. Facility manager will monitor.	08/08/2022

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0620 SS= D	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 interview and record review, the facility failed to obtain an exemption request to retain a bedfast resident for 2 of 7 residents (Resident #2 and #7). Findings include: Resident #2 (R2) R2 was admitted on 04/22/22, with diagnoses including hypertension and encephalopathy. On 07/13/22 in the morning, during a tour of the facility, R2 was observed lying in a hospital bed with half bed rails up. The Caregiver and Owner indicated R2 was bedfast and had a wound treated by home health on the side of their leg. R2's file lacked documented evidence a medical exemption was obtained for the wound and being bedfast. Resident #7 (R7) R7 was admitted on 03/04/22, with diagnoses failure to thrive and diabetes. On 07/13/22 in the morning, during a tour of the facility, R7 was observed lying in a hospital bed with half bed rails up. The Caregiver and Owner indicated R7 was bedfast. R7's file lacked documented evidence a medical exemption was obtained for being bedfast. The Owner and Administrator acknowledged the facility did not have medical exemptions for the retention of R2 and R7. Severity: 2 Scope: 1	0620	1. Resident #2 & Resident #7 home health and hospice company submitted retention of a resident's requiring exemption for all two (2)Residents. 2. This facility will give emphasis by having require the hospice company to submit the medical exempt request for retention during admission. 3. This facility will always have a proper documentation of resident during the admission to avoid having admitted an unfit resident. 4. Administrator will monitor	08/12/2022

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0930 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure resident files were secured. On 07/13/22, approximately 20 resident files were unsecured on the desk in the living room. The Caregiver and Owner acknowledged the files should have been locked. Severity: 2 Scope: 3	0930	1. 1. Instantly segregated all residents files that are unsecured and placing it all in the locked steel cabinet. 2. 2. A note in our monthly Calendar was placed to be reminded of always segregating residents documents and placed in the locked cabinet before leaving and clean up the desk of any unnecessary papers that no longer needed. 3. 3. This facility will make sure that the desk in the living room will be well kept and free of cluttered. 4. 4. Facility manager will monitor.	07/15/2022

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1001 SS= E	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees received four hours initial caregiver training (Employee #3 hired 08/01/14, and Employee #5 hired 04/01/22. The Owner was unable to provide documented evidence four hours initial caregiver training was completed within the past year. Severity: 2 Scope: 2	1001	1. 1. Employee #3 #5 both hired date 4/1/2022submitted eight (8) hrs. of Caregivers Training. 2. 2. This facility will review employee's record check list together with the actual employee's file. By this way, we will be able to track missing documents that needs to be done & filed. 3. 3. This facility will ensure that a copy of the file be placed on employee's file upon received to avoid missing documents. 4. 4. Facility manager will monitor.	08/10/2022

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1555 SS= F	Within 90 days after a facility is licensed Inspector Comments: Based on interview the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. On 7/13/21 in the morning, the Owner acknowledged there was no cultural competency training program implemented for the employees.	1555	1. 1. Employee #1 #2 #3 #4 #5 submitted cultural competency Training. 2. 2. This facility will review employee's record check list together with the actual employee's file. By this way, we will be able to track missing documents that needs to be done & filed. 3. 3. This facility will ensure that a copy of the certificate be placed on employee's file upon received to avoid missing documents and be compliant with Division cultural competency program . 4. 4. Facility administrator will monitor.	08/13/2022