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
	4063	A. BUILDING _____ B. WING _____	05/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOUSE ADULT CARE	5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119

(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 survey initiated at your facility on May 9, 2018. This State Licensure Complaint Survey was conducted 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. Nine resident files were reviewed and five employee files were reviewed. The facility received a annual survey grade of B. 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 deficiencies were identified:	0000		
0068 SS= F	449.196(1)(d) - Qualifications of Caregivers-English language - NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (d) Demonstrate the ability to read, write, speak and understand the English language. Inspector Comments: Based on observation and interview, the facility failed to ensure a Caregiver could effectively read, speak and understand the English language (Caregiver # 3). Findings include: On 5/9/18 at 8:55 AM. Caregiver #3 was the only employee in the facility. The Inspectors had difficulty communicating with the caregiver when asked standard questions. The caregiver explained their primary language was Spanish. During the facility tour an egg was on the countertop. A tangerine was on the windowsill had visible mold on the outside skin. When the Caregiver was asked why the egg was on the countertop and why the tangerine was on the windowsill the caregiver responded "no". The Caregiver was asked when the Administrator would arrive? The Caregiver initially replied the Administrator would	0068	I have discussed Employee # 3 with the on site managers. Employee is never to be left alone in the Facility.(Done on 05/28/18) I have uploaded an Employee schedule which will assure she will never be alone. We recognize that it should never happen with any Caregiver /House Keeping/or Food service worker. The on site managers and myself will monitor the schedule weekly to insure compliance. We will work with Emp. # 3 to help her to understand English more fully. She is assigned to Housekeeping and Food Preparation and will be re-trained in keeping a clean kitchen and making sure the food is fresh and edible. Done 05/31/18	05/31/2018

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	arrive in five months. When the Caregiver was asked again when the Administrator would arrive? The Caregiver replied the Administrator would arrive in five hours. On 5/9/18 in the morning, two separate residents expressed difficulty understanding Caregiver #3. The residents indicated the Caregiver was unable to understand their request at times. The residents explained it made it difficult when they needed assistance and Caregiver #3 was the only caregiver. On 5/9/18 in the morning, Caregiver #3 was asked to read a sign on the wall which read "In case of non-emergency, please contact 311." Caregiver #3 explained this meant in case of emergency, call at noon. An Inspector, who was fluent in the Spanish language, explained to the caregiver they were going to write a phrase on a note pad in English. The Inspector asked the caregiver to read the phrase and explain what the phrase meant in English. The phrase written was "I am allergic to nuts, I cannot eat nuts." The caregiver explained they did not know what the phrase meant. The Inspector explained in Spanish they were going to repeat the phrase in English. The caregiver was asked how they would respond if a resident told them the same phrase in English. After the caregiver listened to the phrase repeated three separate times in English the caregiver response they were not sure what the Inspector was trying to say, but indicated they might contact the doctor. On 5/9/18 at 12:05 PM, during lunch a resident asked Caregiver #3 for some soup. The caregiver brought the resident a plate with beans. The resident repeated their requested for soup. The caregiver brought the resident a salad. The resident raised their hands up above their head, walked out of the dining area and did not return to eat lunch. On 5/9/18 in the afternoon, the facility administrator acknowledged Caregiver #3 was unable to demonstrate the ability to read, speak or comprehend English. Severity: 2 Scope: 3			

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0103 SS= F	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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 2 of 5 employees (Employee #3 and #4) had an initial two step tuberculoses (TB) screening prior to employment, and 1 of 5 employees (Employee #5) had a pre employment physical. Findings include: Employee #3 was hired on 3/1/18 as kitchen staff. The employee's file documented the employee had a two step TB screening completed on 4/14/18. The employee file lacked documented evidence of an initial two step TB screening prior to the hire date. Employee #4 was hired on 9/11/17 as a Caregiver. The employee file documented a one step TB screening had been completed on 1/22/18. The employee file lacked documented evidence of a second step in January 2018. The employee file lacked documented evidence of an initial two step TB screening prior to hire date. Employee #5 was hired on 11/22/17 as a Caregiver. The employee file lacked documented evidence of a pre employment physical. On 5/9/18 at 11:30 AM, the Caregiver #2 thought the physicals and TB screenings were up to date. The Caregiver could not locate the missing documentation at the time of the survey. Severity: 2 Scope: 3	0103	I have uploaded Emp # 3's Two step TB test - 08/08/17 and 08/12/17 and her 2 step given on 04/05/18 and 04/12/18. The test given in 2017 may have tucked away out of sight in her file or in the Cabinet. On site management will make sure TB tests are done as and when required. The Administrator will monitor compliance. I have uploaded Emp # 4's TB screening (2 Step) done on 9/20/17 . An annual was done on 09/19/18. I have also uploaded an annual physical done on 09/24/17 for Employee # 4. On site Management will continue to monitor employee Physicals and checked by the Administrator . Discussed and procedures implemented 05/29/18.	05/31/2018

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0105 SS= E	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview the facility failed to ensure 2 of 5 employees (Employee #3 and #5) had a completed background check. Findings include: Employee #3 was hired on 03/01/18 as kitchen staff. The employee file contained a background clearance letter dated 10/12/17. The clearance letter was not valid because the employee had separated from the facility as of 3/15/18. Employee #5 was hired on 11/22/17 as a Caregiver. The employee's file lacked a completed background check. On 05/09/18 at 11:45 AM, the Caregiver thought the background clearance letter dated 10/12/17 was the correct letter for Employee #3. Severity: 2 Scope: 2	0105	I have uploaded current background checks for Employees 3 and 5. Angel House is aware of the need for current background checks. On site management will make sure the process will be timely and the Administrator will follow follow up on the submittals and results. Procedures discussed and implemented 05/29/18.	05/31/2018
0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 1 of 3 bathroom faucets were in good working order for 1 of 3 bathrooms. Findings include: On 5/9/18 at 9:20 AM, the faucet in the bathroom located in the dining area was loose. The bathroom faucet moved side to side when used. On 5/10/18 at 12:05 PM, the Administrator explained he thought the staff member who worked as the Maintenance staff fixed the faucet. Caregiver #2 explained the Maintenance man had put in a new faucet a couple weeks ago but the faucet was still broken. Severity: 2 Scope: 3	0178	The person we scheduled to come fix the Sink/Faucet never came. Even with repeated calls. We have scheduled another workman for Monday, 06/04/18. I will send the receipt for the Repair by E mail to HCQC. I will be unable to upload Data after the POC is submitted. Today is deadline for submittal. The Sink / Faucet was fixed in house by Employee # 1 on 05/31/18. Outside Maint. company never showed up.	05/31/2018