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 _____	05/30/2019

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 conducted at your facility on 05/30/19. This State Licensure 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. Eight resident files were reviewed and five employee files were reviewed. The facility received a annual survey 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 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		

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: BRAD BOMAN | Title: Administrator | Date: 07/08/2019

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0531 SS= D	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and Inspector Comments: Based on interview and document review, the facilty failed to encourage residents to participate in activities for 2 of 8 residents (Resident #1 and #3). Finding include: On 05/30/19 at 11:15 AM, during a tour of the facility, the May 2019 activity calendar was posted in the kitchen. The calendar documented exercise at 10:00 AM. Resident #(R1) R1 was admitted on 05/03/19, with diagnoses including hypertension and hypothyroidism. On 05/30/19 at 9:55 AM, R1 indicated activities had not been offered in the facility. R1 explained there were no activities. Resident #3 (R3) R3 was admitted on 02/04/19, with diagnoses including hypertension and diabetes. On 05/20/19 at 10:00 AM, R3 verbalized R3 did not participate in activities. R3 indicated there were no activities in the facility. On 05/30/19 at approximately 10:00 AM - 12:00 PM, no activities were offered to R1 and R3. On 05/30/19 at 2:15 PM, the Operations Manager indicated the residents were offered activities separately. The Operations Manager acknowledged not all residents were offered activities. Severity: 2 Scope: 1	0531	A new Activity Calendar for July will be introduced by Emp. # 3. Individual Residents will be encouraged to participate and give input into what they feel they will be best suited for. I have Uploaded the July Activity schedule. The Administrator will review the Activity schedule each month with employee # 3. WE will encourage the Residents to sign up in advance for Activities.	06/28/2019
0793 SS= D	Diabetes - Special Diet - NAC 449.2726 - Residents having diabetes 4. The caregivers of a residential facility with a resident who has diabetes and requires a special diet shall provide variations in the types of meals served and make available food substitutions in order to allow the resident to consume meals as prescribed by the resident's physician. The substitutions must conform with the recommendations for food exchanges contained in the "Exchange Lists For Meal Planning," published by the American Diabetes Association, Incorporated and the American Dietetic Association, which is hereby adopted by reference. A copy of the publication may be obtained from the American Diabetes Association, Incorporated, Order Fulfillment	0793	The Menu for July will include Residents 2 & 3 Low Fat / Low Salt options for them. Caregivers / Med Techs will be advised again on what constitutes compliance with Low Fat / Salt Free Meals. Admission Data will be reviewed by Emp # 3 to be sure pre-existing conditions are cared for. The Administrator ordered the Publication from the ADA. Item # 5601-15, Order # 66431761 on 06/27/19. Administrator and Emp. # 3 will review the Menu Monthly for compliance with Diabetic needs. July menu uploaded.	06/28/2019

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	Department, P.O. Box 930850, Atlanta, Georgia 31193-0850, at a cost of $2.50. Inspector Comments: Based on observation, interview, record review and document review, the facility failed to provide a diabetic diet and a low fat diet as prescribed by the physician for 2 of 8 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted on 03/17/19, with diagnoses including diabetes mellitus and nephropathy. A Physician Progress Note dated 02/13/19, documented a cardiac/diabetic diet (exercise 30 minutes a day and a low salt diet). The lunch menu dated 05/30/19, documented roast pork, salad, mixed vegetables and fresh fruit. On 05/30/19 at 11:30 AM, R2 was observed eating mashed potatoes, mixed vegetables, roast pork and cake. On 05/30/19 at 12:00 PM, the Operations Manager acknowledged the lunch served was not a diabetic diet. The Operations Manager verbalized R2 was not a diabetic and should not be on a diabetic diet. The Operations Manager verified R2's physician progress note dated 02/13/19 and explained she was not aware the resident was diabetic. Resident #3 (R3) R3 was admitted on 02/04/19, with diagnoses including diabetes mellitus and hypertension. R3's Physical Examination dated 01/31/19, documented a low fat diet. On 05/30/19 at 11:30 AM, R3 was observed eating mashed potatoes, mixed vegetables, sliced pork and cake. On 05/30/19 at 12:00 PM, a Operations Manager acknowledged R3 had not received a low fat diet. The Operations Manager agreed the lunch served was not a low fat diet. Severity: 2 Scope: 1			

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0960	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained a resident with diagnoses of dementia (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 09/17/18, with diagnoses including dementia and chronic debility. The face sheet dated 09/17/18, documented R7 was diagnosed with unspecified dementia without behavioral disturbances. R7's History and Physical Examination dated 09/03/18, documented R7 was alert. A mini cognitive assessment was completed. R7 was unable to recall the year, indicated the day of the week was Monday and was unaware of what city and state R7 resided. On 05/30/19 at 1:30 PM, a Manager confirmed R7 had a diagnoses of dementia.	0960	The latest Mediucal History and Examination for Resident # 7 have been uploaded. According to H & P obtained from REHAB she did not have Alzheimer's and there was no mention of it. Dementia was mentioned as number 7 in her diagnosis. The Hospice Agency who is tasked with her care does not mention Alzheimers. She is visited 5 times per week by Hospice and they have not expressed any ALZ Concerns. WE will continue to monitor her behavior in conjunction with the Hospice Nurse. Resident # 7 was given an EXAM on 07/08. I have attached the results. The NP found no evidence of Cognitive Issues at this time which She communicated to The manager. (Employee # 3) She will be visited five days per week by the Hospice Nurse.	07/08/2019