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 _____	07/20/2021

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 07/20/21. 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. Nine resident files were reviewed and four employee files were reviewed. The facility received an annual survey grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing one or more employees to be in charge of the facility during the Administrator's absence. There was no written posted designation of the employee in charge during the Administrator's absence. Findings include: On 7/20/21 in the morning, the Administrator acknowledged there was no document posted or available identifying who was the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	0051	I have attached the Document which will be put on the wall. We have put the "in my absence" document in a conspicuous place for everyone to see on 08/09/2021. If in the future the Administrator changes the document will be changed to reflect the new Administrator.	08/09/2021

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0072 SS= E	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 interview and record review, the facility failed to ensure 1 of 4 employees had a certificate for 8 hours of annual medication management training (Employee #4). Employee #4 (E4) was hired on 02/19/18. E4's last medication management training expired 05/20/21. The Administrator acknowledged E4's file did not contain documentation for a current annual medication management training. Severity: 2 Scope: 2	0072	Employee # 4's Medication training Cert was found and has been uploaded. All Employee files will be checked quarterly to insure no Training has expired and all items are up to date and complete. this will be done by employee # 4. The Certificate was found and filed on 08/09/21. The rest of the employee documents were checked to insure completeness.	08/09/2021

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0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a six-month medication review was completed for 3 of 9 residents (Resident #6, #7 and #8). Finding include: Resident #6 (R6) was admitted to the facility on 10/04/19. R6's file did not have documented evidence of six-month medication review. The Administrator confirmed a six-month medication review was not completed. Resident #7 (R7) was admitted to the facility on 07/06/18. R7's file did not have documented evidence of six-month medication review. The Administrator confirmed a six-month medication review was not completed. Resident #8 (R8) was admitted to the facility on 11/01/19. R8's file did not have documented evidence of six-month medication review. The Administrator confirmed a six-month medication review was not completed. Severity: 2 Scope: 2	0870	I have uploaded Mar Reviews for Residents # 1, # 6, # 8. Employee # 4 will be responsible for monitoring the Medication Reviews and seeing they are done on a timely basis. The pandemic has interfered and disrupted Review schedules but the Facility is on track now and will make sure future MAR Reviews will be done at the appropriate time. Employee # 4 will monitor the Review procedures to insure no future problems and Reviews are done on schedule. The missing reviews were done on 08/06/21.	08/09/2021

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0938 SS= D	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 9 residents had an initial and/or annual activities of daily living assessments (ADL) (Residents #1 and #9). Findings include: Resident #1 (R1) was admitted into the facility on 05/01/19. R1's file lacked documented evidence of an annual ADL assessment. The Administrator verified there was no documented evidence of an annual ADL assessment in resident file. Resident #9 (R9) was admitted into the facility on 01/06/20. R9's file lacked documented evidence of an initial ADL assessment. The Administrator verified there was no documented evidence of an initial ADL assessment in resident file. Severity: 2 Scope: 1	0938	We have uploaded Current ADL info for Residents 1 & 9.Employee # 4 will be responsible for monitoring Resident ADL's to insure initial and annual ADL assessments are done annually when due and at the Time New Residents are admitted to the Facility. Employee # 4 will assume this Responsibility. Please disregard the 3 MAR Reviews, they were uploaded to # 0938 in Error. The MAR reviews were uploaded to Tag 0870 also.	08/09/2021