

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control State Licensure survey conducted at your facility on 03/29/2023, 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 six. Six resident files and three 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 regulatory deficiencies were identified.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0174 SS= D	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview the facility failed to ensure the smoke detector in Room 5 was properly secured to the bracket on the ceiling. Finding include: On 03/29/2023 in the morning, the smoke detector in room 5 was detached from the bracket on the ceiling leaving the wiring to the smoke detector exposed. On 03/29/2023 in the morning both the Caregiver and House Manager acknowledged the smoke detector should have been mounted to the bracket to prevent the wiring from being exposed. Severity: 2 Scope: 1	0174	The Electrician came and fixed the Smoke Detectors. They are fine now. In place and work. Brackets were repaired. I have attached a picture of the Fixed Smoke Detectors in the ceiling. Wiring is fine.	04/11/2023

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 Name: BRAD BOMAN Title: Administrator Date: 04/11/2023
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2023
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119		
(X4) ID PREFIX TAG 0358 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 8. All bathrooms and toilet facilities must be sufficiently lighted, and night-lights must be provided in hallways that lead from the bedrooms to the bathrooms and toilet facilities. Inspector Comments: Based on observation and interview, the facility failed to ensure adequate lighting was available in the bathroom located in Room #5. Findings include: On 03/29/2023 at 9:05 AM, a Caregiver was observed inside of the bathroom in Room #5. The Caregiver turned the light switch to the on position and the light fixtures located on the ceiling above the sink did not turn on. The Caregiver indicated the light bulbs did not work and needed to be replaced. On 03/29/2023 in the morning, the House Manager acknowledged the light bulbs located in the bathroom in Room #5 were not working and did not provide adequate lighting. Severity: 2 Scope:1	ID PREFIX TAG 0358	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Electrician fixed the Lights so the can be switched on and off with no problems. I have attached a picture of the on. The Bathroom is ready to go now.	(X5) COMPLETION DATE 04/11/202 3