DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/19/2025**

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 State licensure and complaint investigation survey completed in your facility on 03/19/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities 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 seven. Seven resident files and four employee files were reviewed. The facility received a grade of A. One complaint was investigated: Substantiated. Complaint #NV00073237 was substantiated See TAG 930. The investigation into the allegations included: -Observations of residents and staff providing care and assistance. -Interviews were conducted with the Administrator, two Owner/Operators, residents, and a Caregiver. -Clinical record review of seven residents. -Document review included Resident Rights, the Resident Admission Agreement. 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.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: HEATHER MARIE JACALNE | Title: Administrator | Date: 03/27/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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0930 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: (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 record review and interview the facility failed to ensure resident records were retained for at least 5 years after a resident was discharged from the facility for 1 of 8 sampled residents. (Resident #8) Findings include: Resident #8 was admitted on 09/01/2022 and discharged on 12/01/2023. Record review revealed no records for Resident #8 (R8) at the facility. On 03/19/2025 in the morning, the House Manager confirmed R8 was a previous resident of the facility as of September 2022 and verbalized R8 was transferred in December of 2023 to a different facility by the former House Manager and R8's records were taken from the facility. On 03/19/2025 in the morning, the Administrator acknowledged R8's file was not onsite and should have been. The Administrator verbalized all resident files should be retained by the facility for at least five years. Severity: 2 Scope: 1 CPT #73237	0930	1. Going forward, all resident files will be kept in the facility for five years. 2. The staff and manager will ensure all discharged resident files will be labeled and stored appropriately for five years. 3. Staff, manager, and administrator will ensure files are kept. 4. Manager and Administrator. 5. 3/19/2025.	03/19/2025