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 _____	03/17/2026

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 03/17/26. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or individuals with mental illness, Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of B.			

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Y 0102 SS= D	NAC 449.200 and R043-22 (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 provide annual tuberculosis (TB) testing results for 1 of 5 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 05/01/25 as a Caregiver. E3's file lacked documentation of an annual TB test. E1's employee file documented an initial 2-Step TB test dated from February 2025. On 03/17/26 in the afternoon, the Administrator confirmed E3 did not complete an annual TB test. Severity: 2 Scope: 1	Y 0102	1) E3 has completed the 1-step annual TB test with negative result. 2) Owner and administrator will use Gmail calendar to keep track of annual TB test expiration date (and any other required renewals) in order to complete the annual test in a timely manner. 3) Owner and administrator will use calendar notifications and reminders to ensure the annual TB test is completed annually before the expiration date and the printed results to be placed on employee file. 4) Owner and administrator will be responsible for ensuring TB test is done annually before the expiration date. 5) Action completed 03/19/2026. 6) TB Test result attached.	03/19/2026
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an	Y 0172	1) NV Energy was called to make sure they are not electrical lines. The technician came out and notified us that they are telecommunications cables owned by Century Link. Century was called and a technician came out to remove the cables. The holes have been patched up. Laundry room was cleaned. All the lint, plastic grocery bags, trash and debris have been removed. The baseboards in the master bathroom and R9's bedroom have been secured to the wall. 2) Routine environmental and cleanliness check have been established with the caregivers and to report any safety hazard so they can be addressed and fixed right away.	03/18/2026

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	enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 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 the premises were clean and well maintained. Findings include: The following observations were made on 03/17/26 in the backyard: - 2 large telecommunication cables were hanging from a power pole to the facility and were approximately 3 feet from the		3) Administrator and owner will perform weekly environmental checks to make sure the facility is free from any safety hazards and facility is well maintained. 4) Administrator and owner will monitor the safety and maintenance of the facility. 5) The corrective action was completed 03/18/2026.	

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	ground within residents' reach. - 1 large telecommunication cable was hanging from a power pole to the facility and was approximately 4 feet from the ground within residents' reach. - There were two holes in the exterior wall on the north side of the property. The following observations were made on 03/17/26 inside of the facility: - There was an accumulation of lint, plastic grocery bags, trash and debris behind the washer and dryer. - The laundry room floor was covered in powdered laundry detergent, debris and lint. - A baseboard in the master bedroom bathroom had detached from the wall and was laying on the floor in front of the shower. - A section of the baseboard in Resident #9's (R9) bedroom was coming off the wall. On 03/17/26 in the afternoon, the Administrator acknowledged the premises had not been well maintained. Severity: 2 Scope: 3			
Y 0680 SS= D	NAC 449.271 **Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition.** 1. Except as otherwise provided in subsection 2 and NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if	Y 0680	1) Meeting was scheduled with Infection Prevention Specialist to assess the facility and develop a plan to put in place in order to request for a medical exemption waiver. Based on the meeting and recommendations provided, facility is not fully prepared and equipped with the resources to enforce the mandated guidelines and protocols to keep a resident with C. auris. Resident is no longer living at the facility. 2) Infection Prevention Specialist provided resources including an in-patient transfer screening tool to prevent future admissions with Multi-Drug Resistant Organisms infection.	04/08/2026

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	he or she: (a) Requires gastrostomy care; (b) Suffers from a staphylococcus infection or other serious infection; or (c) Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive. 2. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. Inspector Comments: Based on record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had Candida auris (C. auris) (Resident #6).		3) In-patient transfer screening tool will be used as part of the admission process to ensure this deficiency will not happen again. 4) Administrator, owner and lead caregiver will make sure form is used and to review history and physical to make sure any new resident being admitted does not have history of MDROs infection. 5) Corrective action was completed April 8th, 2026.	

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	Findings include: Resident #6 (R6) R6 was admitted on 06/06/24 with diagnoses including cerebrovascular accident and hypertension. Home Health notes dated 04/10/25 documented R6 had a recurrent urinary tract infection, UTI with C. auris, ESBL organism, urine culture grew C. auris. On 03/17/26 in the afternoon, a Caregiver verbalized being unaware of R6 having C. auris. R6's file lacked documented evidence of an approved medical exemption for C. auris. On 03/17/26 in the afternoon, the Administrator acknowledged the facility had not submitted for approval to the Bureau for a medical exemption for R6 and was unaware R6 had C. auris. Severity: 2 Scope: 1			
Y 0740 SS= D	NAC 449.272 **Residents requiring use of indwelling catheter.** 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical	Y 0740	1 – Moving forward, facility will apply for a medical exemption for any resident that will be admitted with a medical equipment including a catheter. But in this specific resident's case, since we could not keep the resident due to his C. auris infection, we could not proceed with the waiver application. 2 – As part of the admission process, any resident being admitted who has medical equipment such as a catheter will be applied for a waiver. Plan of care will be requested from either home health or hospice agency as a requirement for waiver approval. 3 – Administrator and owner will assess all new admissions and submit a medical exemption waiver if they have any medical equipment such as a catheter.	04/08/2026

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	professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or (2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d)The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a catheter (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 06/06/24 with diagnoses including cerebrovascular accident and hypertension.		4 – Administrator and owner will be responsible for submitting a medical exemption waiver for any resident having a catheter or any other medical equipment. 5 – Corrective action was completed on April 8th, 2026.	

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	On 03/17/26 in the morning, R6 was observed to have a catheter. Admission documents from a skilled nursing facility dated 05/29/24 documented R6 had a supra catheter. On 03/17/26 in the morning, R6 reported Home Health provided care for all aspects of R6's catheter. On 03/17/26 in the afternoon, a Caregiver confirmed R6 had a catheter which required care from R6's home health nurse. R6's file lacked documented evidence of an approved medical exemption for the catheter. On 03/17/26 in the afternoon, the Administrator acknowledged the facility had not submitted for approval to the Bureau for a medical exemption for R6's catheter. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 0878	1) Primary care provider was contacted to review the order; requested to either make it a routine/scheduled medication or discontinue order. Order received from provider to discontinue medication. 2) Thorough medication review to make sure there are no medication orders with parameters. 3) Administrator, owner and caregivers will double check all medication orders and any new orders for all the residents to make sure there are no range orders. 4) Administrator, owner and caregivers will ensure there are no medication range orders. 5) Corrective action was completed on April 2nd, 2026.	04/02/2026

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	physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview and record review, the facility failed to ensure range orders were not in use for 1 of 9 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 06/23/25 with a diagnosis of congestive heart failure. R2's medication bin contained Midodrine 5		6) Discontinue order attached.	

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	milligrams (mg) tablet, take one tablet by mouth daily as needed for systolic blood pressure less than 90. Review of R2's Medication Administration Records documented R2 was administered one Midodrine 5 mg on 12/26/25, 10/22/25, 08/26/25, 08/21/25, 08/17/25, 08/14/25 for having a systolic blood pressure of less than 90. A physician's order dated 08/04/25 documented Midodrine 5 mg tablet, take one tablet by mouth daily as needed for systolic blood pressure less than 90. On 03/17/26 in the afternoon, the Administrator confirmed R2 had a range order for R2's blood pressure medication, and the staff checked R2's blood pressure prior to administering the Midodrine. Severity: 2 Scope: 1			
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for	Y 1825	1 – E1 has completed the 15-hour infection control and prevention training online through the CDC Train website (train.org) which consists of 15 modules. 2 – Facility staff will only use nationally recognized organizations such as CDC website to provide infection control trainings and use Gmail calendar to keep track of annual training expiration date in order to complete the annual training in a timely manner. 3 – Facility will verify that training provider for infection control is a nationally recognized organization and use calendar notifications and reminders to ensure the training is completed annually before the expiration date and the printed certificates are placed in employee file. 4 – Administrator and E1 will be responsible for making sure annual 15-hr infection	03/20/2026

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	Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control designee acquired the required 15-hour infection control training from an approved nationally recognized organization annually (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 05/19/24 as a Caregiver. E1's file documented E1 last completed 15 hours of infection control training from an approved nationally recognized organization on 08/04/24. E1's file lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved nationally recognized organization for 2025. On 03/17/26 in the afternoon, the Administrator confirmed E1 was the secondary infection control designee and		control training is completed before the due date. 5 - Corrective action was completed on March 20, 2026. 6 - Training certificates attached.	

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	acknowledged E1's required 15 hours of infection control and prevention training from a nationally recognized organization had last been completed on 08/04/24 and had not been completed annually. Severity: 2 Scope: 2			