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
	7543	A. BUILDING _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE RESIDENTIAL HOME	**5559 TROOPER STREET, LAS VEGAS, NEVADA ,89120**

(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 a State Licensure annual survey conducted at your facility on 12/05/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for persons with Alzheimer's disease and/or Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed. The facility received a grade of C. 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 regulatory 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: SUSAN SOWERS Title: RFA Date: 12/19/2019

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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 exterior of the home was free of debris and broken equipment. There were four bed frames, a dirty mattress, three walkers, two red chairs with exposed fabric and two chairs soaked with water in the backyard. Severity: 2 Scope: 3	0178	1) Facility will correct deficiency by remove and cleaning up debris and broken equipment. Removing and disposing of the 4 bed frames, 1 mattress, 3 walkers and the 2 red chairs with exposed fabric. The 2 other chairs that were wet from a two day rain, were dried and now functional. Staff to have an in-service on this regulation deficiency as seen in statement of deficiency 0178. Please see attachments with course information, (pages 1 & 2), and certificates. Please note that this same in-service addresses the other deficiencies in this statement of deficiencies. 2) Measure to ensure that this deficiency will not happen again, is to have daily backyard checks to clear any debris. 3) Administrator and owner, and caregiver's to monitor for compliance during weekly checks. 4) Administrator and owner 5) Date of completion: 12/14/19 6) Please see attached 5 photos of the backyard area. (Attachments also include sign-in sheet, 12 pages of in-service training, and certificates.) 7) N/A	12/14/2019
0445 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 3. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his or her designee. Inspector Comments: Based on observation and interview, the facility failed to ensure an interior door can be opened without a key for 1 of 3 exit points. The Owner confirmed the staff are the only ones with a key to unlock the deadbolt from the inside. Severity: 2 Scope: 3	0445	1) Facility will correct deficiency by replacing the front door lock with a lock that can be opened without a key. 2) Measure to ensure that this deficiency does not happen again, is for administrator, and owners to make sure that replacement doors have a type of lock that only opens without a key. In-service given to current staff for this deficiency 0445, as found in statement of deficiency. (pages 3 of in-service.) 3) Administrator and owner are to monitor for this compliance during weekly facility checks. 4) Administrator and owner responsible for ensuring this correction is implemented. 5) Date of compliance: 12/14/19 6) See 2 attached photos of front door. 7) N/A	12/14/2019

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0592 SS= F	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity; Inspector Comments: Based on observation and interview, the facility failed to ensure a resident (Resident#3) being provided a bed bath had visual privacy from the outside of the home and failed to ensure cameras in the rooms did not provide a video feed which could be seen by others in a common area of the home. The screen with camera feeds was located in the dining area of the home, visible to other residents and visitors. Severity: 2 Scope: 3	0592	1) Facility will correct deficiency by removing the TV/Camera monitor, and training staff on residents rights to privacy. Also, informing staff to maintain residents privacy when performing care giving tasks that expose residents to outside views of either doors or windows. 2) Measures to ensure that this deficiency does not happen again, is to have current employees do an in-service on resident rights per State regulation (0592), as found in statement of deficiency. Please see full in-service training and certificates as attachments to 0178 above. 3) Administrator is to monitor staff training and staff compliance. 4) Administrator 5) Date of completion: 12/16/19 6) See attached 2 photos of the area where TV/Camera was on the wall, and now is no longer there. 7) N/A	12/16/2019
0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a bedfast waiver for a resident (Resident #3) unable to reposition themselves in bed without staff assistance. Severity: 2 Scope: 1	0620	1) Facility will correct deficiency by submitting an "Exemption Request-Notice of Admission or Retention" for resident # 3. Also, in-service training to all current staff on recognizing a bedfast resident per survey statement of deficiency 0620. (page 5,6,& 7 of in-service training) 2) Measures to ensure that this deficiency does not happen again is to have staff training on State regulation 0620, as found in statement of deficiency survey. See attachments from Tag 0178 showing in-service contents above. (pages 5,6, & 7) 3) Administrator and owner is to monitor for this compliance during weekly facility checks. 4) Administrator and owner 5) Date of Completion: 12/17/19 - (This is the date that bedfast waiver was emailed to State, and we are now awaiting a response.) 6) See attached 5 pages for break down of information emailed to cblackeye@health.nv.gov on 12/17/19. 7) N/A	12/17/2019

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were locked up for 2 of 8 residents (Resident #7 and #8). Fluticasone nasal spray, 50 micrograms and Symbicort, 160-4.5 micrograms were in an unlocked kitchen cabinet. Severity: 2 Scope: 3	0920	1) Facility will correct deficiency by making sure all medications are in a secure and locked area at all times. An in-service to all current staff to make them aware of this deficiency, tag 0920, as seen in statement of deficiency of survey. (pages 7,8. & 9 of in-service training on attachments to Tag 0178 of this plan of corrections.) Please note that this in-service included training concerning other deficiencies. 2) Measures to ensure that this deficiency does not happen again is for the administrator and owner, along with medication techs, follow with this state regulation of securing all medications at all times. 3) Administrator and owner to monitor staff for compliance during weekly facility checks. 4) Administrator and owner 5) 12/05/19 - (dated of survey) 6) See attached pages 7, 8, & 9 of in-service training on tag 0178 above. 7) N/A	12/05/2019

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0930 SS= C	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 observation and interview, the facility failed to ensure medical records for 10 residents no longer in the facility were in a locked cabinet. Severity: 1 Scope: 3	0930	1) Facility will correct deficiency by making sure all medications files, including residents and staff, (past and present), files are in a secure and locked area at all times. An in-service to all current staff to make them aware of this deficiency, tag 0930, as seen in this statement of deficiency of survey. (See pages 9, 10, 11, & 12 of in-service training on attachments to Tag 0178 of this plan of corrections.) Please note that this in-service included training concerning other deficiencies. 2) Measures to ensure that this deficiency does not happen again is for the administrator and owner, along with medication techs, follow with this state regulation of securing all files at all times. 3) Administrator and owner to monitor staff for compliance during weekly facility checks. 4) Administrator and owner 5) 12/05/19 - (dated of survey) 6) See attached pages 9, 10, 11, & 12 of in-service training on tag 0178 above. 7) N/A	12/05/2019