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 _____	**02/07/2022**

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 complaint investigation completed with your facility on 02/07/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the investigation was 10. One complaint was investigated. Complaint #NV00065583 was substantiated without regulatory deficiencies. Allegation #1 the facility closed in-person visitation with residents due to a COVID-19 outbreak was substantiated without regulatory deficiencies based on an interview with the facility Administrator, who indicated the facility was temporarily not allowing family or friends to visit the resident in-person during the facility's COVID-19 outbreak. There were no restrictions for in-person visitation for healthcare personnel who wore proper Personal Protective Equipment (PPE). Alternative methods of visitation included virtual meetings (Zoom, FaceTime, Skype, etc.) and were available to the residents and encouraged to be used. The facility was waiting until the weekend of 02/12/22-02/13/22 to allow family and friends to visit without restrictions. A review of the facility's COVID-19 visitation policy, undated, indicated the visitors to this facility were limited to Emergency Services, resident Hospice personnel, Home Health visitation, State Health Inspectors, Fire Inspectors and limited immediate family visitation for end-of-life reasons and no family or other visitors until further notice. This policy was subject to change based on the facility's COVID-19 outbreak status.. The investigation included: Interview with the facility Administrator and review of the facility's COVID-19 visitation policy. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			