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 _____	06/02/2022

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 an annual state licensure and infection control survey conducted at your facility on 06/02/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 deficiency was 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: CHRISTOPHER LANE Title: Administrator Date: 06/08/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents with diagnoses of Alzheimer's disease and/or dementia. Findings include: On 06/02/22 in the morning, observed a cabinet in the laundry room was not secured, inside the cabinet was a bottle of laundry detergent. On 06/02/22 in the morning, the Administrator acknowledged the laundry detergent was unsecured and should have been locked up. Severity: 2 Scope: 3	0999	1) We will correct the deficiency found by keeping the toxic chemicals locked up in the current area designated. 2) As the deficiency was caused by a lapse in thinking by a caregiver, management and the Administrator will continually reinforce the importance of locking chemicals immediately after their use and not ever leaving them unattended. 3) As the Administrator or the Owner/Manager are at the facility practically on a daily basis, we will check the laundry, kitchen and other areas of the facility where toxic chemicals are used, to make sure they are properly secured in a locked area. Additional training on this subject, and initial reinforcement as to the importance of denying access to chemicals by residents, are reflected in the acknowledgements signed by the current caregivers and will be signed by new staff upon hire. (**see attachment A**). 4) The Administrator will be responsible for this POC being implemented. 5) This deficiency was corrected 6/3/22.	06/03/2022