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 _____	**11/16/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNNY ANGEL'S CARE HOME	**4460 MARLENA CIRCLE, LAS VEGAS, NEVADA ,89108**

(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 survey and infection control survey conducted at your facility on 011/16/22. This State Licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 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 eight. Eight resident files and six employee files were reviewed. The facility received a grade of A. One complaint was investigated. Complaint #NV00067321 with two allegations was substantiated without deficiencies. Allegation #1, the facility denied visitors to see a resident was substantiated without deficiency based on observation of residents receiving visitors and interviews with a caregiver, the owner and the administrator who indicated non family members of a resident would show up frequently asking for money and they wanted to prevent misappropriation of property and ensure a safe environment for the resident, so visitation by these non-family members was denied. The following allegation was unsubstantiated. Allegation #2, staff are rude and yell at residents and visitors was unsubstantiated based on observation of staff being polite to residents and visitors and interviews with a caregiver, the administrator and four residents who indicated staff were not rude and did not yell or talk loudly to residents or visitors. Investigation into the allegations included: Observation of resident/staff interactions and visitors being allowed into facility. Interviews with a caregiver, the owner, the Administrator and four residents. Medical record review and resident rights for eight residents, including the resident of concern. Record review of six employee records for	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: REBECCA N WOLFKILL | Title: Administrator | Date: 11/30/2022

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.

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 _____	**11/16/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNNY ANGEL'S CARE HOME	**4460 MARLENA CIRCLE, LAS VEGAS, NEVADA ,89108**

(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
	disciplinary documentation. Review of incident and grievance reports and policy for admission and visitation. 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 deficiency was identified:			
0990 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: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. Inspector Comments: Based on observation and interview, the facility failed to ensure a gate leading to a swimming pool was locked. A padlock on the gate leading into an area with a swimming pool was unlocked and no staff were in the area. The Owner confirmed the lock on the gate to the swimming pool was unlocked and should have been locked. Severity: 2 Scope: 3	0990	1)As soon as the gate leading to the pool found to be unlocked a caregiver locked the gate right away. 2) The owner is now in-charge of the key and no one can open the lock of the gate unless the owner open the lock and someone has to be on guard until it is locked back again. 3/4/5) The owner and the Administrator will ensure that the gate leading to pool area are locked at all times. Signage are in place at the gate. (attachment enclosed)4) The owner and administrator will monitor for compliance. 5) 11-23-22	11/23/2022