STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8983	A. BUILDING _____ B. WING _____	12/03/2025

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
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 12/03/25. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will	Y 0515	1) The Person-Centered Care Plan for 6 residents was done while surveyor was still in the facility. 2) To make sure that this deficiency will not be occur, The Owner and Lead Caregiver will make sure that every Admission the Person-Centered Care Plan are filled up and check if rest of resident's file are current for yearly requirements. 3)The corrective action will be monitored by owner and lead caregiver by checking it at least quarterly. 4) The responsible person to make sure that the Plan of Correction is implemented are the Owner an Administrator. 5) Corrective Action was done 12-03-2025.	12/03/2025

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	be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 8 residents had an annual person-centered service plan (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, and Resident #6). Findings include: Resident #1 (R1) R1 was admitted on 07/23/24, with diagnoses including Alzheimer's and encephalopathy. R1's file revealed a person-centered service plan dated 07/25/24. R1's file lacked documented			

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	evidence of an annual person-centered service plan for 2025. Resident #2 (R2) R2 was admitted on 07/19/24, with diagnoses including Alzheimer's and gastroesophageal reflux disease. R2's file revealed a person-centered service plan dated 10/12/24. R2's file lacked documented evidence of an annual person-centered service plan for 2025. Resident #3 (R3) R3 was admitted on 05/04/23, with diagnoses including dementia and hypertension. R3's file revealed a person-centered service plan dated 10/10/24. R3's file lacked documented evidence of an annual person-centered service plan for 2025. Resident #4 (R4) R4 was admitted on 07/14/23, with diagnoses including dementia and diabetes. R4's file revealed a person-centered service plan dated 10/14/24. R4's file lacked documented evidence of an annual person-centered service plan for 2025. Resident #5 (R5) R5 was admitted on 04/05/25, with diagnoses including arthritis, nausea, and reflux. R5's file lacked documented evidence of an annual person-centered service plan. Resident #6 (R6) R6 was admitted on 09/27/19, with diagnoses including altered mental status and muscle weakness. R6's file revealed a person-centered service plan dated 11/11/24. R6's file lacked documented evidence of an annual person-centered service plan for 2025. On 12/03/25 in the morning, the Administrator acknowledged R1, R2, R3,			

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	R4, R5, and R6 were missing the annual person-centered service plan. Severity: 2 Scope: 3			