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
	9189	A. BUILDING _____ B. WING _____	05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL PALACE	**3131 ROSANNA ST, LAS VEGAS, NEVADA ,89117**

(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 05/23/23, 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 and/or chronic illness Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of A. 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 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: GINALYN BALTAZAR Title: Administrator Date: 06/06/2023

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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 and interior of the facility was well maintained. Findings include: On 05/23/23 at 9:00 AM, the rocked areas in the facility's backyard had areas overgrown with brown grass and weeds coming up through the rocks. There were multiple flower bed appearing areas that were overgrown with grass and weeds. On 5/23/23 at 9:20 AM, the facility's bathroom located in the first hallway off the main living area had a shower stall with a piece of tile missing from the shower stall floor. There were two stacked shower chairs with two commode buckets stacked in the back of shower stall and two commodes in the front of the shower stall area. The shower stall area had a layer of dust and dirt across the floor and over the equipment located in the shower stall. On 05/23/23 at 10:30 PM, the Administrator acknowledged the brown grass and weeds in the backyard area needed to be removed. The Administrator acknowledged the shower stall in the bathroom needed cleaning and the equipment removed. The Administrator acknowledged the missing tile on the shower stall floor needed repaired. Severity: 2 Scope: 3	0178	A. The Administrator immediately informed the Owner of the Facility and Staff the same day after the survey regarding the issues observed. The Owner had the tile repaired and the Staff cleaned the bathroom and removed the stacked shower chairs with commode. The overgrowth by the rock area in the backyard were all removed. B. The Administrator, Owner, and Staff shall always maintain both exterior and the interior of the Facility clean and free from any unnecessary debris, clutters and other related objects. C. Accomplished on May 23, 2023	05/23/2023

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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 ensure 1 of 8 sampled residents (Resident #7) who was bedfast, had an approved bedfast waiver. Findings include: Resident #7 (R7) R7 was admitted on 02/09/23, with diagnoses including diabetes, dementia and Parkinson's disease. On 05/23/23 in the morning, R7 was lying in bed, eyes closed and could not speak. R7 was unable to respond to verbal commands and unable to reposition themselves in the bed without assistance. On 05/23/23 in the morning, a Caregiver indicated R7 received hospice services and was bedfast. R7's medical record lacked documented evidence R7 had an approved bedfast waiver or had submitted an application for a bedfast waiver from the Bureau. On 05/23/23 in the morning, the Administrator acknowledged R7 was bedfast and R7's medical record lacked documented evidence the facility had an approved bedfast waiver or had submitted an application for a bedfast waiver from the Bureau. Severity: 2 Scope: 1	0620	1. The Administrator shall apply for a Bedfast Waiver as it became more apparent the health decline of the Resident #7. The Hospice Agency was already informed of the decline and the Facility is waiting for the necessary documentations and changes for the plan of care that will be submitted with the application for the Bedfast Waiver. 2. The Administrator, Owner, and Staff shall always observe significant changes in the Residents' entirety of condition and immediately coordinate with the Medical Providers such as the Primary Care Physician, Home Health Agency, Hospice Agency, and other related entities. 3. Accomplished: 06-05-23	06/05/2023