

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 A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/26/2025	
NAME OF PROVIDER OR SUPPLIER ANGEL PALACE				STREET ADDRESS, CITY, STATE, ZIP CODE 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 a complaint investigation completed in your facility on 03/26/2025, in accordance with Nevada Administrative Code (NAC), Chapter 449. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There were two complaints investigated. Complaint #NV00073683 could not be substantiated. No regulatory deficiencies could be identified. Complaint #NV00073010 was substantiated. (See Tags 0178, 0994, and 0995) The investigation of Complaints included: Observation of the interior and exterior of the facility, of the locking mechanisms on facility exit doors, simulated medication administration procedure, and lunchtime meal service. Interviews were conducted with residents, caregiver, Administrator and Owner. Clinical Record Review of five records and medication administration records, which included the resident of concern. Document Review included facility policy and procedures and menus. 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					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

Name: GINALYN T
BALTAZAR

Title: Administrator

Date: 05/08/2025

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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PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

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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 of the facility was properly maintained and free of debris and broken equipment. Findings include: On 03/26/2025, in the morning, the following was observed in the backyard of the facility: -Broken equipment, including bed frames, walker, mattress, washing machine, garbage disposal and a sink. -Garbage and debris including cardboard boxes, wood planks, and plastic packaging debris. On 03/26/2025, in the afternoon, the Owner confirmed the backyard contained broken equipment and debris. Severity: 2 Scope: 3 Complaint #NV00073010	0178	1. The Administrator immediately instructed the Facility Owner and Staff to clear the backyard of all debris. All broken equipment (bed frames,walker, mattress, washing machine, garbage disposal, and sink) was quickly removed and properly disposed of. Cardboard boxes, wood planks, and plastics packaging, were also cleared. 2. The Administrator assigned the Facility Owner and Staff to conduct weekly exterior audits, documenting findings for monthly reviews. Any issues will be addressed immediately. 3. Complete Date: 03/28/2025			03/28/2025	

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured in the facility's backyard. Findings include: On 03/26/2025 in the morning, a pair of scissors were found unsecured outside on the ground in the backyard. On 03/26/2025 in the afternoon, the Owner confirmed the scissors were not supposed to be left outside on the ground and should be stored securely. Severity: 2 Scope: 3 Complaint #NV00073010	0994	1. During the survey, the Facility Staff picked up the scissors, put them away, and checked the whole place for other sharp objects that needed to be stored properly. Staff were also reminded to keep sharp objects secure and report any found outside their proper spots. 2. The Administrator assigned Facility Staff to check both inside and outside the facility daily for sharp objects or other hazards and store them properly 3. Complete Date: 03/26/2025		03/26/2025		

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure a backyard gate, which leads to the street, was locked. Findings include: On 03/26/2025 in the morning, a gate in the backyard, which exited to the front yard and street, was found unlocked. On 03/26/2025 in the afternoon, the Owner confirmed a gate in the backyard, which exited the property, was left unlocked and should have been secured. Severity: 2 Scope: 3 Complaint #NV00073010	0995	1. The Administrator quickly secured the unlocked backyard gate and reminded the Facility owner and Staff about the importance of keeping all exterior gates closed and locked at all times. 2. The Adminisstrator assigned the Facility Owner and Staff to check the backyard gates daily to make sure they're always locked. Signs were posted on the gates and doors as reminders. 3. Complete Date: 03/26/2025 4. SEE ATTACHED TAG : TAG 0995			03/26/2025	