

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2022
NAME OF PROVIDER OR SUPPLIER ANGELS HOUSE ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control State Licensure survey conducted at your facility on 03/15/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness which provide assisted living services, 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. 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 deficiencies were identified.</p>			

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 Name: BRAD BOMAN Title: Administrator Date: 04/04/2022
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0870 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0870	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/04/202 2
	<p>Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 8 sampled residents (Resident #1) had a six-month medication review. Findings include: Resident #1 was admitted on 05/01/19. Resident #1's file revealed no documented evidence a six-month medication review had been completed since 08/06/21. Employee #3 acknowledged that the six-month medication review was not completed as required. Severity: 2 Scope: 1</p>		Medication Review for Resident # 1 Attached	

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(X4) ID PREFIX TAG 0895 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0895	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/04/2022
	<p>Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident 's physician.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 8 sampled residents (Residents #3 and #4). Findings include: Resident #3 (R3) R3 was admitted on 04/01/21, with diagnoses including bipolar disorder, type 2 diabetes, and hypertension. A physician's order dated 07/30/21 documented Hydralazine HCL 25 milligrams (mg), take one tablet by mouth three times a day. The MAR for March 2022 documented Hydralazine HCL 25 mg was being administered twice a day. On 03/15/22 in the afternoon, the Caregiver acknowledged Hydralazine was not accurately documented on the MAR per the physician's order. Resident #4 (R4) R4 was admitted on 10/04/19, with diagnoses including cerebral infarction, gastroesophageal reflux disease (GERD), and hemiplegia. A physician's order dated 04/09/21 documented Risperidone 0.5 milligrams (mg), take one tablet by mouth twice a day. The MAR for March 2022 documented Risperidone 0.5 mg was being administered once a day. On 03/15/22 in the afternoon, the Caregiver acknowledged Risperidone was not accurately documented on the MAR per the physician's order. Severity: 2 Scope: 1</p>		<p>Medication Record has been corrected for Resident # 3. The Medication in question was being administered 3 times per day. There was a Typo error in the Worksheet. Staff has been instructed to more Carefully check and re-check info as prescribed. New Med Instruction sheet attached. for RESIDENT # 3</p> <p>Residents # 4 MAR was corrected to make sure it Matched the Doctors orders. COPY uploaded. Employee # 3 is holding Education sessions with all staff to insure Doctors Orders and MARS are correctly managed. A review with be done on a Regular basis to insure there are no more MAR ISSUES.</p>	