

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3843AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2008
NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET LAS VEGAS, NV 89104		
(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) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 12/5/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 Category 1 beds.</p> <p>The facility had an endorsement to care for elderly or disabled persons and/or persons with mental illnesses.</p> <p>The census at the time of the survey was three. Three resident records were reviewed. One closed record was reviewed. Two employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division 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.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p>RECEIVED</p> <p>JAN 05 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	
Y 088 SS=C	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199</p> <p>4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the</p>	Y 088		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Angela L. Rangel* TITLE **ADMINISTRATOR** (X6) DATE **AP 12/2/09**

1/2/09

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Y 088	Continued From page 1 staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on observation, record review and interview, the administer failed to maintain a written schedule and retain schedules for six months. Findings include: There was no staffing schedule posted in the facility. There were no previous schedules. Employee #2 said, "I'm always here." Severity: 1 Scope: 3	Y 088	<i>ADMINISTRATOR HAVE STARTED A WRITTEN MONTHLY SCHEDULE BEGINNING JAN 1, 2009 & WILL KEEP SCHEDULE POSTED IN THE HOME. FILE TO BE KEPT FOR 6 MONTHS. (SEE ATTACHMENT 1)</i>	<i>1/1/09</i>
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files with	Y 103		

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Y 103	Continued From page 2 all required documents for 2 of 2 employees (#1, #2). Findings include: Employee #1 was hired as the administrator sometime in 2005. The file for Employee #1 lacked documented evidence of a pre-employment physical exam along with a statement of clearance of any communicable diseases. Employee #2 was hired as a caregiver on 3/2/05. The file for Employee #2 lacked documented evidence of Tuberculosis screening for the past year. Severity: 2 Scope: 3	Y 103	EMPLOYEE #1 IS CLEAR OF ANY COMMUNICABLE DISEASE (NO TB). AN MO PHYSICAL EXAM BY DR _____ DONE 2/23/05 (SEE ATTACHMENT 2) EMPLOYEE #2 IS FREE OF TB. TB SCREENING DONE 4/16/08 (ATTACHMENT 3)	2/23/05 4/16/08
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete personnel files with all required documents for 2 of 2 employees (#1, #2). Findings include:	Y 105	Admin to monitor	RECEIVED JAN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA

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Y 106	Continued From page 4 #2). Findings include: Employee #1 was hired as the administrator sometime in 2005. The file for Employee #1 lacked documented evidence of current first aid training certification. Employee #2 was hired as a caregiver on 3/2/05. The file for Employee #2 lacked documented evidence of current first aid training certification. Severity: 2 Scope: 3	Y 106	EMPLOYEE # 1 CPR IS CURRENT EMPLOYEE # 2 CPR IS CURRENT UNTIL 7/7/09 (SEE ATTACHMENT 6)	2/15/08 7/7/07
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure emergency evacuation drills were performed on a monthly basis for the past year. Findings include: The record lacked documented evidence of an evacuation drill for the month of November 2008.	Y 434	MONTHLY EVACUATION DRILLS WILL BE DONE & DOCUMENTED. ADMINISTRATOR WILL MAKE SURE ABOVE IS ACCOMPLISHED (SEE ATTACHMENT 7)	12/15/08 12/15/08

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Y 434	Continued From page 5 Employee #2 stated, "Oh, I missed that one." A resident who requested anonymity, indicated there had not been any evacuation drills since she came to live there. Severity: 2 Scope: 1	Y 434		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a smoke detector check was completed on a monthly basis for the past year. Findings include: The record lacked documented evidence of a smoke detector check for the month of November 2008. Employee #2 stated, "Oh, I missed that one." Severity: 2 Scope: 1	Y 444	ADMINISTRATOR WILL VERIFY ALL SMOKE DETECTORS WORK & ENSURE DOCUMENTATION IS DONE ON A MONTHLY BASIS. (See attachment 8)	12/15/08
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary	Y 877		

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Y 877	<p>Continued From page 6</p> <p>supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1) a physician's order was obtained before administering over the counter (OTC) medications; and 2) the inclusion of the administration of the medication in the record for 1 of 3 residents (#3).</p> <p>Findings include:</p> <p>Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis.</p> <p>There was no physician's order in Resident #3's record for Tylenol. An entry on the medication administration record (MAR) indicated, "Tylenol 500 milligrams as needed." The MAR lacked documented evidence of any Tylenol being administered.</p>	Y 877	<p>ADMINISTRATOR WILL MAKE SURE ALL RESIDENTS MAR (MEDICATIONS) ARE UNDER PHYSICIAN ORDER 1/2/09</p> <p>RESIDENT # 3 RETURNED 12/15/08 STOPPED USE OF TYLENOL (GIVEN TO FAMILY) PENDING NEXT MD APPOINTMENT & GET MD APPROVAL FOR TYLENOL IF DESIRED.</p> <p>CAREGIVER # 1 & 2 WILL NOT ADMINISTER TYLENOL 12/15/08 TO RESIDENT # 3 IF NO MD AUTHORIZATION</p> <p>RECEIVED JAN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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Y 877	Continued From page 7 When asked about the Tylenol, Resident #3 explained, "I keep it on the desk in my room and take it whenever I have pain." Severity: 2 Scope: 1	Y 877		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on observation, record review and interview, the facility failed to administer medications according to a physician's order for 2 of 3 residents (#1, #2). Abbreviations: BID = twice a day cap = capsule hs = hour of sleep MAR = Medication Administration Record mg = milligrams PRN = as needed	Y 878		

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Y 878	<p>Continued From page 8</p> <p>PO = by mouth Q = every tab = tablet TID = three times a day</p> <p>Findings include:</p> <p>Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension, coronary artery disease and renal failure.</p> <p>Resident #1's medication bin contained a bottle of Morphine Sulfate 20 mg/ml with a label that read, "Give 0.25 ml Q 2 hours PO for mild pain or shortness of breath; 0.5 ml for moderate pain and 1 ml for severe pain. There was no Morphine Sulfate listed on the MAR.</p> <p>Employee #2 explained she gave Resident #1 her medication bin whenever it was time for any medications and Resident #2 (who was a retired registered nurse) self-administered her medications.</p> <p>Resident #2 was a 74 year-old female, admitted on 6/15/05, with diagnoses including hypertension, anxiety, hypothyroidism and hypercholesteremia.</p> <p>Resident #2's medication bin contained a prescription bottle with a label that read, "Trazodone 50 mg 1 - 3 tabs at bedtime."</p> <p>The medication administration record (MAR) lacked documented evidence of the exact number of tablets Resident #2 was receiving each time the medication was administered.</p> <p>Employee #2 reported she gave Resident #2</p>	Y 878	<p>RESIDENT # 1, MORPHINE SULFATE 20 MG WAS DISCONTINUED BY MD, 12/14/08</p> <p>IT IS NOTED ON MAR NEW ORDER FOR MORPHINE SULFATE 15 MG REFLECTED ON MAR 12/14/08</p> <p>RESIDENT # 1 INDEPENDENT & CAPABLE OF SELF ADMINISTERING MEDICATION.</p> <p>(see attachment 9) RECEIVED</p> <p>JAN 05 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p> <p>CAREGIVER # 2 WILL DOCUMENT NUMBER OF TABLETS OF TRAZADONE GIVEN TO RESIDENT #2 EACH TIME</p> <p>(see attachment 10) 1/11/09</p>	

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Y 878	Continued From page 9 three of the Trazodone 50 mg tablets every night at bedtime. Severity: 2 Scope: 2	Y 878		
Y 898 SS=E	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to maintain instructions for administering medication for 2 of 3 residents (#2, #3). Abbreviations: BID = twice a day cap = capsule hs = hour of sleep MAR = Medication Administration Record mg = milligrams PRN = as needed PO = by mouth Q = every QD = every day	Y 898		

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Y 920	Continued From page 11	Y 920		
Y 920 SS=D	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure medication was kept in a locked container in the room of 1 of 3 residents (#3).</p> <p>Findings include:</p> <p>Resident #3 was a 61 year-old female, admitted on 2/13/08, with diagnoses including congestive heart failure, mitral valve regurgitation, hypertension, non-insulin dependent diabetes mellitus and osteoarthritis.</p>	Y 920		

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Y 920	Continued From page 12 There was no physician's order for Tylenol in Resident #3's record. The MAR had an entry which read, "Tylenol 500 mg as needed." There was no Tylenol in Resident #3's medication bin. When asked about the Tylenol, Employee #2 explained, " She keeps it in her room and takes it whenever she needs it (for pain). " Severity: 2 Scope: 1	Y 920	RESIDENT # 3 GAVE UP TYLENOL PAIN TO HER FAMILY PENDING NEXT MID VISIT TO GET AUTHORIZATION FOR TYLENOL USE.	12/15/08
Y 950 SS=C	449.275(1) Hospice Care NAC 449.275 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain a copy of the hospice plan of care for 1 of 3 residents (#1). Findings include: Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension, coronary artery disease and renal failure. On 10/29/08, Resident #1 was admitted to a home hospice agency. There was no hospice care plan in the home. The pocket in the front of the three-ring binder contained several forms	Y 950	RESIDENT # 1 FILE NOW CONTAINS HER HOSPICE PLAN OF CARE FROM SERVICING AGENCY. THE FORMS ARE RECEIVED OUT AND COPY ON RESIDENT FILE, JAN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA ORIGINAL PLAN OF CARE WILL BE SUBMITTED TO BLC w/ REQUEST FOR HOSPICE WAIVER	1/2/09

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Y 950	Continued From page 13 required by the Bureau of Licensure and Certification to be submitted regarding hospice patients. The forms had not been completed. Employee #2 indicated she was unsure what she was supposed to do with the forms. Severity: 1 Scope: 3	Y 950		
YA831 SS=D	WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive. 2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident ' s current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition; (b) A plan for ensuring that the resident ' s medical needs can be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. 3. A written request submitted to the Division pursuant to this section must be received: (a) Before the administrator admits a	YA831	<i>ANGEL'S CARE GROUP HOME WAS MISLED TO BELIEVE THAT THE HOSPICE CARE AGENCY WILL OBTAIN A WAIVER FROM BLC. FOR THE HOME. NOW THAT EMPLOYEE #1 IS INFORMED, APPROPRIATE HA HOSPICE WAIVER APPLICATION WILL BE SUBMITTED TO BLC BY 1/5/09 (WEEK OF) RECEIVED 1/5/09</i> JAN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

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(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) COMPLETE DATE
YA831	Continued From page 14 resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734 , inclusive. 4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734 , inclusive. 5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive, for 10 days after the facility submits to the Division the written request required pursuant to subsection 1. This Regulation is not met as evidenced by: Based on record review, the facility failed to submit a hospice waiver request for 1 of 3 residents (#1). Findings include: Resident #1 was a 69 year-old female, admitted on 10/25/08, with diagnoses including insulin dependent diabetes mellitus, hypertension, coronary artery disease and renal failure. Resident #1 was admitted to hospice within a week after admission to the facility. The Bureau for Licensure and Certification had not received a hospice waiver request for Resident #1 as of the survey date. Severity: 2 Scope: 1	YA831	SEE PREVIOUS PAGE ADMINISTRATOR EMPLOYEE #1 WILL SEE TO IT COMPLIANCE FOR HOSPICE WAIVER	1/5/09 ONGOING

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YA850 YA850 SS=E	Continued From page 15 449.274(1)(a,b) Med. Care of resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to notify the family or physician after an injury for 1 of 3 residents (#2). Findings include: Resident #2 was a 74 year-old female, admitted on 6/15/05, with diagnoses including hypertension, anxiety, hypothyroidism and hypercholesteremia. Resident #2's record contained an Incident Report, dated 4/6/08. The entry revealed that at 6:00 AM, Resident #2 "... came to my room said that she fell and complaint her left side of her breast was sore. I told her to take her in the Emergency but she refused." The areas on the form for documentation of	YA850 YA850	ANGEL'S CARE GROUP HAVE CAREGIVERS WILL DOCUMENT ON INCIDENT REPORT FORM INSTANCES OF FALL OR OTHER INCIDENT AS IT HAPPENS, NOTIFY PHYSICIAN OR FAMILY OF RESIDENT OR OFFER/CALL EMERGENCY HELP AS NEEDED. CAREGIVER PRESENT WILL COMPLETE INCIDENT REPORT WITH SIGNATURE. THE ADMINISTRATOR WILL MONITOR THIS COMPLIANCE RECEIVED ONGOING. JAN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	1/2/09

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NAME OF PROVIDER OR SUPPLIER ANGELS CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 S 17TH STREET LAS VEGAS, NV 89104		
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YA850	Continued From page 16 family and physician notification were blank. The area for employee signature was blank. Employee #2 stated she didn't know she needed to call the physician. A resident who requested anonymity explained Employee #2 is hesitant to call anyone (paramedics) and the resident has made calls for her in the past. Severity: 2 Scope: 1	YA850	<i>EMPLOYEE #2 SIGNED 1/2/09 INCIDENT REPORT FORM THAT SHE FILLED OUT SHE WILL NOTIFY MD & FAMILY OF RESIDENT FOR MEDICAL INCIDENTS.</i>	
YA908 SS=E	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to properly document the administration of as needed (PRN) medications for 2 of 3	YA908		

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YA908	Continued From page 18 Documentation on Resident #3 's MAR indicated the Piroxicam was being given on a regular basis at the same time every morning. The MAR lacked documented evidence of the results of the medication. Severity: 3 Scope: 2	YA908	RESIDENT # 3 TAKES PIRUXICAM DAILY ^{PRN} FOR ARTHRITIS PAIN CONTROL & MAINTENANCE. ANGEL'S CARE GROUP HOME CAREGIVERS WILL DOCUMENT RESULT OF PRN MEDICATIONS ON MAR ADMINISTRATOR WILL MONITOR ONGOING COMPLIANCE WITH DOCUMENTATION.	1/2/09 1/2/09

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