

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4740AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2009
NAME OF PROVIDER OR SUPPLIER LITTLE ANGEL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1436 HEAVEN DRIVE SPARKS, NV 89436		
(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	Initial Comments 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. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/28/09 and 2/6/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
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:	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

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

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Y 103	Continued From page 1 Based on record review on 1/28/09, the facility failed to ensure that 1 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing which affected all residents (Employee #4). Severity: 2 Scope: 3	Y 103		
Y 223 SS=D	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observation and interview on 1/28/09 and 2/6/09, the administrator did not ensure the dryer was vented to outside the garage when the washer and dryer were re-located from a laundry room to the garage. Severity: 2 Scope: 1	Y 223		

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Y 430	Continued From page 2	Y 430		
Y 430 SS=D	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Based on observation and interview on 1/28/09, the facility failed to ensure a smoke detector was installed in 1 of 5 bedrooms (Bedroom #5 - the caregiver's bedroom). Severity: 2 Scope: 1	Y 430		
Y 444 SS=B	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 on 1/28/09, the facility failed to ensure smoke detectors were tested and accurately recorded by the person conducting the tests.	Y 444		

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Y 444	Continued From page 3	Y 444		
Y 620 SS=G	<p>Severity: 1 Scope: 2</p> <p>449.2702(4)(a) Admission Policy</p> <p>NAC 449.2702 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.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/28/09 and 2/6/09, 1 of 3 residents retained by the facility was bedfast (Resident #1).</p> <p>Findings include</p> <p>Resident #1 was admitted to the facility on 2/23/08 with diagnoses of Alzheimer's disease and rheumatoid arthritis. The administrator reported the resident was dependent on caregivers for all her activities of daily living (ADLs), was incontinent of both bowel and bladder, and could not turn herself in her bed. The record indicated the resident required a two-person assist for transfers and based on interviews, the facility did not always have two caregivers on duty. The administrator stated a Hoyer lift was used by the caregiver on duty to lift the resident out of bed for meals, activities</p>	Y 620		

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Y 620	<p>Continued From page 4</p> <p>and bathing. The administrator reported the resident had poor use of her hands due to her arthritis and caregivers fed the resident her meals in the dining area.</p> <p>The file for Resident #1 contained physician home visit notes, the most recent being 1/27/09, and the notes indicated the resident was oriented to herself and was receiving home health care visits for a right heel wound. The administrator reported a home health nurse still came to the facility to care for the resident. The resident was observed awake and alert in her bed in her room. She responded appropriately to questions that allowed for yes or no answers, but did not answer open-ended questions appropriately. The resident was clean and her room were clean and odor free.</p> <p>Resident #1 no longer met the requirements for eligibility to remain in the facility. The administrator had not submitted an exemption request to the Bureau for permission to retain the resident as outlined in NAC 449.2736 (1-5).</p> <p>Severity: 3 Scope: 1</p>	Y 620		

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