

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4063AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/26/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANGELS HOUSE ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5496 TAMARUS STREET LAS VEGAS, NV 89119</b>		
(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 5/26/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed.  The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 620 SS=E	449.2702(4)(a) Admission Policy  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.  This Regulation is not met as evidenced by:	Y 620		

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 620	Continued From page 1  NAC 449.2702 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.  Based on record review, observation and interview on 5/26/11, the facility admitted two residents who were bedfast (Residents #1 and #2).  Severity: 2 Scope: 2	Y 620		
Y 740 SS=D	449.272(1)(a)-(c) Indwelling Catheter  NAC 449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care. (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.	Y 740		

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Y 740	Continued From page 2  This Regulation is not met as evidenced by: Based on interview and record review on 5/26/11, the facility admitted and retained 1 of 8 residents who were not mentally capable of caring for all aspects of an indwelling catheter (Resident #2).  Severity: 2 Scope: 1	Y 740		
Y 830 SS=E	<p>WAIVERS</p> <p>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.</p> <p>This Regulation is not met as evidenced by: Based on record review, observation and interviews with facility staff on 5/26/11, the facility failed to obtain a waiver for 2 of 3 bedfast residents who were receiving hospice care (Residents #1 and #2).</p> <p>This is a repeat deficiency from the 9/2/10 State Licensure Survey.</p>	Y 830		

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Y 830	Continued From page 3  Severity: 2 Scope: 2	Y 830		

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