STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7543	A. BUILDING _____ B. WING _____	05/06/2026

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ANGEL CARE RESIDENTIAL HOME	5559 TROOPER STREET, LAS VEGAS, NEVADA ,89120

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation and annual survey completed at your facility on 05/06/26. The census at the time of the survey was 10. The sample size was eleven. The facility received a grade of A There was one complaint investigated. Unsubstantiated: 1.Complaint #13464 was unsubstantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of grooming and appearance of residents, staff at the facility, resident care and a tour of the facility, Interviews were conducted with Residents, the Administrator, and the Owner/Caregiver. Clinical Record Review of eleven records, which included the residents of concern.			

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	Document Review included facility policies.			
Y 0557 SS= E	**NAC 449.262 and R043-22** **Provisions of dental, optical and hearing care and social services; report of suspected abuse, neglect or exploitation; restriction on use of restraints, confinement or sedatives.** 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or (c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician, physician assistant or advanced practice registered nurse to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure residents were not restrained in bed by the use of half bed rails for 3 of 10 residents (Resident #1, #2, and #3). Findings include: Resident #1 (R1) R1 was admitted on 10/08/21 with diagnoses including dementia. On 05/06/23 in the morning, R1 was observed in bed with half bed rails in the up position. R1 was physically unable to use the half bed rails to assist in turning	Y 0557	1) We have corrected the deficiency by removing all bedrails to comply with SOD and any new regulations for waivers. 2) We have corrected our admittance policy to make sure any rails that are used will be used by those residents who can independently raise and lower the rails as needed for their safety use. 3) We will monitor all DME arrivals to make sure no rails are automatically sent with the Hospital bed, unless approved through regulations. 4) The Administrator will be responsible for verifying the POC is followed. 5) June 14, 2026	06/14/2026

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	themselves independently. R1's record revealed an ADL assessment dated 04/01/26 noting R1 was dependent on the staff for all care. Resident #2 (R2) R2 was admitted on 06/01/21 with diagnoses including Alzheimer's and hypertension. On 05/06/23 in the morning, R2 was observed in bed with half bed rails in the up position. R2 was physically unable to use the half bed rails to assist in turning themselves independently. R2's record revealed an ADL assessment dated 04/17/26 noting R2 was dependent on the staff for all care. Resident #3 (R3) R3 was admitted on 04/27/24 with diagnoses including Alzheimer's and hypertension. On 05/06/23 in the morning, R3 was observed in bed with half bed rails in the up position. R3 was physically unable to use the half bed rails to assist in turning themselves independently. R3's record revealed an ADL assessment dated 03/27/26 noting R3 was dependent on the staff for all care. On 05/06/26 in the morning, the Administrator acknowledged R1, R2 and R3 had half bed rails and could not use them for repositioning causing R1, R2, and R3 to be restrained in their bed. Severity: 2 Scope: 2			
Y 0620 SS= E	NAC 449.2702 and R089-24	Y 0620	1) We have corrected the deficiency by using a current waiver for Resident #2, and the new waiver for Resident #1. We have also applied for Resident #4 and Resident #3 under the new regulations and are	06/24/2026

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	4. Except as otherwise provided in this section and NAC 449.2736 and 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services; (h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United		awaiting the approval letter. 2) We will change our waiver policy to be in sync with the new State Waiver regulations as written. 3) We will monitor all new admissions and apply for a waiver at a time more in line with the new regulations, and at the first notice of a change in the resident who might now need a waiver. 4) The Administrator will be responsible for verifying the POC is followed. 5) June 24, 2026 6) See uploaded documents attached to this deficiency.	

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	States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body. Reference - R089-24 Sec. 9. "Bedfast" means: 1. Incapable of changing his or her position in bed without the assistance of another person; or 2. Immobile.			

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	Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau and/or approved by the Bureau to retain four of 10 residents (Resident #1, #2, #3, and #4). Findings include: Resident #1 (R1) R1 was admitted on 10/08/21 with diagnoses including dementia. On 05/06/23 in the morning, R1 was observed in bed with half bed rails in the up position. R1 was physically unable to use the half bed rails to assist in turning themselves independently and was bedfast. R1's record revealed an ADL assessment dated 04/01/26 noting R1 was dependent on the staff for all care. R1's record revealed a bedfast medical exemption request application dated 05/20/24 which was not complete and approved by the bureau. Resident #2 (R2) R2 was admitted on 06/01/21 with diagnoses including Alzheimer's and hypertension. On 05/06/23 in the morning, R2 was observed in bed with half bed rails in the up position. R2 was physically unable to use the half bed rails to assist in turning themselves independently and was bedfast. R2's record revealed an ADL assessment dated 04/17/26 noting R2 was dependent on the staff for all care. R2's record revealed an approved bedfast waiver dated 05/20/24. R2's record lacked evidence of an annual approved bedfast medical exemption request.			

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	Resident #3 (R3) R3 was admitted on 04/27/24 with diagnoses including Alzheimer's and hypertension. On 05/06/23 in the morning, R3 was observed in bed with half bed rails in the up position. R3 was physically unable to use the half bed rails to assist in turning themselves independently and was bedfast. R3's record revealed an ADL assessment dated 03/27/26 noting R3 was dependent on the staff for all care. R3's record lacked evidence of an approved bedfast medical exemption request. Resident #4 (R4) R4 was admitted on 01/13/26 with diagnoses including malignant neoplasm of the prostate. On 05/06/23 in the morning, R4 verbalized they had a wound on their sacrum, and a nurse came in twice a week to change the dressing. R4's record revealed R4 was receiving hospice services. A hospice plan of care dated 01/13/26 noted a stage two pressure ulcer on R4's sacrum and was treated twice a week by nursing. R4's record lacked evidence of an approved medical exemption request for a stage two pressure ulcer. Review of the Bureau's medical exemptions applications database revealed the facility had not applied for a medical exemption to retain R1, R2, R3, and R4 at the facility. On 05/06/26 in the morning, the Administrator acknowledged R1's, R2's and R3's record lacked evidence of an approved bedfast medical exemption request and acknowledged R4's record lacked evidence of an approved medical exemption request for a stage two pressure ulcer.			

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