Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10031	A. BUILDING _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILLIUM-HALEH SENIOR CARE	3460 W HALEH AVE, LAS VEGAS, NEVADA ,89141

(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) COMPLETION DATE
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 an annual State licensure survey conducted in your facility on 12/17/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease and Mental Illness, two Category II residents (Alzheimer's) and eight Category II residents. The census at the time of the survey was five. Five resident files and seven employee files were reviewed. The facility received a grade of A.			
Y 0870 SS= E	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:	Y 0870	1.Administrator and/or designee will audit all resident's charts to identify who is missing medication reviews. 2.Administrator and/or designee will audit all resident's charts upon admission and every 6 (six) months to ensure all medication reviews are complete. 3.Administrator and/or designee will audit all resident's charts upon admission and every 6 (six) months to ensure all medication reviews are complete. 4.Administrator and/or designee. 5.January 20, 2026 *****Resident #2 was admitted on 08/19/2025, therefore, next review is due 02/2026.	01/20/2026

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	(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). Inspector Comments: Based on record review and interview, the facility failed to ensure medication reviews were conducted every six months for 2 of 5 residents (Resident #3, and Resident #5). Findings include:		*****Resident #5's last med review was on 12/17/25, therefore, next review is due 06/2026.	

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	Resident #3 (R3) R3 was admitted to the facility on 10/29/2021, with a diagnosis including rheumatoid arthritis. R3's file documented medication reviews dated 10/02/2022 and 08/11/25. R3's medication reviews were not conducted every six months. Resident #5 (R5) R5 was admitted to the facility on 06/04/2021, with a diagnosis including dementia, major depressive disorder, and anxiety. R5's file documented medication reviews dated 06/04/2021 and 12/11/2025. R5's medication reviews were not conducted every six months. On 12/17/25 in the afternoon, the Administrator acknowledged the six-month medication reviews were not conducted every six months for R3, and R5. Severity: 2 Scope: 2			