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
	10572	A. BUILDING _____ B. WING _____	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEET HOME BELMONT, LLC	2908 BELMONT DRIVE, HENDERSON, NEVADA ,89074

(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 the result of an annual survey completed at your facility on 12/09/25. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of A.			
Y 0994 SS= F	**NAC 449.2756** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances and sharp objects were inaccessible to residents. Findings include: On 12/09/25 at 9:50 AM, the door to a room marked Caregiver's Room was unlocked.	Y 0994	1. In order to correct this specific citation, a new lock was installed for the caregivers room. A memo was written for the caregivers to acknowledge. 2. To ensure that this deficiency will not reoccur, A NEW lock was installed to make sure that the caregivers room is locked at all times. 3. The corrective action will be monitored by the administrator. A routine check up during visit will be done to make sure that this practice is being observed. 4. The administrator will implement the corrective action. 5. Dec 9, 2025 6. please see photo of the Memo	12/09/2025

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	The room was adjoined to a resident room which was the room for two residents. In the caregiver room, the following items were found unsecured: A bottle of wine, over-the-counter vitamins and supplements, air freshener, bottles of household cleaning agents, the medications for a resident who was currently in the hospital (morphine sulfate and lorazepam intensol), tiny scissors, and nail clippers. On 12/09/25 at 9:51 AM, the Administrator verbalized that some residents liked to walk around the house. On 12/09/25 at 9:52 AM, the Administrator and a Caregiver observed the items and acknowledged the door should have been locked to keep the potentially dangerous items safely away from residents. Severity: 2 Scope: 3			