DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY FRIENDLY CARE HOME	**3784 EDISON AVENUE, LAS VEGAS, NEVADA ,89121**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure Complaint Investigation survey conducted at your facility on 12/20/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Groups beds for elderly and disabled persons and/or persons with Chronic Illness, Category II residents. The census at the time of the survey was four. Five resident records were reviewed. The facility received a grade of A. One complaint was investigated: Complaint #NV00067267 with two allegations was unsubstantiated: Allegation #1: The food is terrible and not nutritious was unsubstantiated based on observation of the lunch meal service of chicken, vegetables, and rice, and interview with three residents who reported the meals were very tasteful and had plenty of protein and vegetables. Review of the facility menu revealed meals which provided food items containing appropriate nutrition in accordance with the American Dietetic Association. Allegation #2: A resident has missed the last two doctor's appointments was unsubstantiated based on record reviewed revealed a lack of evidence residents missed doctor's appointments. Interviews with the Administrator and a Caregiver revealed they had no knowledge of missed doctor's appointments, and three residents reported not missing any appointments. The investigation into the allegations included: Observation of the lunch meal service, interviews with three residents, a Caregiver, and the Administrator, and document review of the facility menu for December 2022. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain this Statement for your records.			