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 _____	**07/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTA CARE HOME, INC.	**2007 ALTA DRIVE, LAS VEGAS, NEVADA ,89106**

(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 a annual State Licensure survey and a complaint investigation completed at your facility on 07/02/25, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated: Substantiated without deficiencies. Complaint #NV00074273 is substantiated without deficient practice. The investigation of the complaints included: Interviews were conducted with the facility Manager, Caregivers, the Hospice Registered Nurse (RN), and residents. Record review of three residents, including the Resident of Concern. Document review included Hospice Medical Records and Plan of Care. Document review of facility incident reports and employee trainings. 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 relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0830 SS= F	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 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	0830	**a) Corrective Action for Affected Residents** After survey, Resident #7 was referred to his physician and a bedfast waiver application was submitted to the Bureau as required. Resident #4 is deceased; therefore, no waiver is needed.	08/24/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: PETERSON DURIAS Title: Administrator Date: 08/21/2025

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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	449.2734, inclusive. Inspector Comments: Based on record review, document 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 2 of 7 sampled residents (Resident #4 and #7). Findings include: On 07/02/25 in the morning, a Caregiver and a hospice Nurse verbalized R4 and R7 were bedfast. Resident #4 (R4) R4 was admitted on 3/15/25 with a diagnosis of Type 2 diabetes and metobolic encephalopathy. R4's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Bedfast Waiver. On 07/02/25 in the morning, R4 was observed lying in bed and was able to answer questions regarding condition. R4 verbalized not being able to move at all in bed without assistance from staff. Resident #7 (R7) R7 was admitted on 6/12/25 with a diagnosis of Type 2 diabetes. R7's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Bedfast Waiver. On 07/02/25 in the morning, R7 was observed lying in bed and was able to answer questions regarding condition. R7 verbalized not being able to move at all in bed without assistance from staff. Review of the Bureau's medical exemptions applications database, revealed the facility had not submitted an application for a medical exemption to retain R4 and R7 at the facility. On 07/02/25 in the afternoon, the Administrator acknowledged R1 and R7 required a medical exemption. The Administrator acknowledged being unable to verify whether or not the facility had submitted an application and/or received an approved medical exemption from the Bureau to retain R4 and R7 at the facility. Severity: 2 Scope: 3		**b) Identification of Others Potentially Affected** The Administrator will review the status of all residents with caregivers and management during the next staff meeting. Any residents whose health conditions indicate possible need for re-evaluation will be referred to their physician or nurse, as appropriate. **c) Measures to Prevent Recurrence** The Administrator will ensure residents' health status is reviewed on an ongoing basis and any resident meeting criteria for a waiver will be referred to a physician and the Bureau notified as required. **d) Monitoring Plan** The Administrator will review caregiver reports and resident records to identify changes in condition that may require a waiver. **e) Person Responsible** Administrator **f) Date of Completion**	

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			August 24, 2025 **Attachment(s):** Tag 0830 - R7 Bedfast Waiver Application	
0951 SS= F	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and (b) Report any deviation from the established plan of care to the resident ' s physician within 24 hours after the deviation occurs. Inspector Comments: Based on document review, record review and interview, the facility failed to maintain a hospice record for 2 of 7 residents. (Resident #2 and #3) Findings include: Resident #2 (R2) R2 was admitted on 11/07/24 with primary diagnoses including heart disease, heart failure, chronic kidney disease. R3 was admitted on 03/30/24 with primary diagnoses including muscle weakness and peripheal vascular disease. On 07/03/25 in the morning, R2's and R3's records lacked documented evidence of a hospice record for R2 and R3 including no documentation of orders for services provided. On 07/02/25 in the morning, the Caregiver and House Manager confirmed there was no completed hospice records for R2 and R3. Severity: 2 Scope: 3	0951	**(a) Corrective Action for Affected Residents** After survey, the Administrator obtained hospice care documentation for Residents #2 and #3, including physician orders, and attached them to each resident's file to show proof of current care. A supporting letter from the hospice physician was also requested. **(b) Identification of Others Potentially Affected** The Administrator reviewed other resident files to confirm hospice documentation is present where applicable. **(c) Measures to Prevent Recurrence** The Administrator will reinforce with staff the importance of maintaining hospice documentation in resident records, especially for residents requiring special care.	08/23/2025

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			(d) Monitoring Plan The Administrator will follow up to ensure copies of hospice records are obtained and placed in resident files as they are provided. **(e) Person Responsible** Administrator **(f) Date of Completion** August 23, 2025 **Attachment(s):** Tag 0951 - R2 Hospice Care Records, Tag 0951 - R3 Hospice Care Records	