

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER A AND J CARE HOME LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5217 W. GOWAN RD., LAS VEGAS, NEVADA ,89130	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation survey completed at your facility on 04/28/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was four. The sample size was three. The facility received a grade of A. There were two complaints investigated: Substantiated without deficient practice: 1. Complaint #NV00073729 was substantiated with no deficient practice. Unsubstantiated. 2. Complaint #NV00073642 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observations of staff attending to residents and residents behaviors. Interviews were conducted with Caregivers, a Manger and residents. Clinical Record Review of three records, which included the residents of concern. Document review of facility Admission and Discharge policy, facility endorsements and incident reports. 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 deficiency, unrelated to the complaints, was identified:			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: CHRIS MIRANDO Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 05/16/2025

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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0853 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. Inspector Comments: Based on interview and record review, the facility failed to ensure an incident report was completed after 1 of 3 residents (Resident #1) was sent to the hospital. Findings include: Resident #1 (R1) was admitted on 07/03/23 with diagnosis including hypertension and type 2 diabetes mellitus. R1 was discharged on 03/19/25. On 04/28/25, at 9:20 AM, a Caregiver revealed R1 was transferred to the hospital on 03/19/25 following a medical episode. Review of R1's medical record did not document completion of an incident report following R1 being transported to the hospital on 03/19/25. On 04/28/25, in the morning, a Caregiver confirmed they did not complete an incident report on 03/19/25, after R1 was transported to the hospital. Severity: 2 Scope: 1	0853	Reminder of incident reporting/documentation was completed by Administrator on 5/1/2025 with all staff. Administrator and/or Designee will continue to monitor going forward for timely incident reports and ensure they are placed in the appropriate file. Incident Report was completed and sent in on 3/4/2025.	05/01/2025			