STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11722	A. BUILDING _____ B. WING _____	12/23/2025

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LV CARING HOME	1205 PONCE DE LEON AVE., LAS VEGAS, NEVADA ,89123

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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 completed at your facility on 12/23/25. The facility is licensed for nine Residential Facility of 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 seven. Seven resident files and five employee files were reviewed. The facility received a grade of B.			
Y 0830 SS= E	**NAC 449.2736** **Request to exempt certain resident from restrictions; contents of request.** 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 449.2734, inclusive. 2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a	Y 0830	1. The administrator must submit a waiver/written request for permission to admit or retain a bedbound, bedfast or resident with wounds to the Division/ HCQC. 2. The administrator/staff must communicate or update each other with any changes/updates on the status of R2 & R3 to ensure that deficiency does not recur. 3. Frequent checks on R2 & R3 status must ensure the deficient practice will not recur. 4. The administrator/manager are responsible for plan of correction is implemented. 5. Waiver requests for both R2 & R3 were submitted on 12/24/25. 6. R2 & R3 approval attached.	01/10/2026

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	prognosis and the expected duration of the condition; (b) A plan for ensuring that the resident's medical need scan be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. 3. A written request submitted to the division pursuant to this section must be received: (a) Before the administrator admits a resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive. 4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive. 5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1.			

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	Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption was received and approved prior to admitting a resident with wounds and/or who was bedfast for 2 of 7 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/22/24 with diagnoses including Alzheimer's disease. R2's file documented R2 had a stage four wound on their right heel which was being treated under the care of a hospice nurse twice a week. Treatment was to include cleanse with wound cleanser, pat dry, apply antiseptic gel and calcium, and secure with a foam dressing. There was no documented evidence the facility applied to the Bureau for a medical exemption for R2's wound. Resident #3 (R3) R3 was admitted to the facility on 12/14/24 with diagnoses including senile degeneration of the brain. On 12/04/25 in the morning, R3 was observed lying in bed asleep. On 12/04/25 in the morning, the Caregiver reported R3 was unable to reposition in bed by themselves and needed assistance from staff to turn. There was no documented evidence the facility applied to the Bureau for a medical exemption for R3 being bedfast. On 12/04/25 in the afternoon, the			

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	Administrator confirmed the facility had not submitted for approval to the Bureau a medical exemption for R2's wound and R3 being bedfast. Severity: 2 Scope: 2			
Y 0878 SS= E	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;	Y 0878	1. The staff, management and Administrator must be proactive in checking that all medications do not run out and to put a request for refills ahead of time. Also, to make sure that physicians orders are present. 2. Requesting medication refill at least a week before the last medication must be done to prevent the deficient practice not to recur. 3. Either monthly or quarterly check and thorough follow up must be done to ensure the deficient practice will not recur. 4. The administrator is responsible for ensuring the plan of correction is implemented and adhered. 5. R2, R4 & R6 physician's order and medications were corrected on 12/23/25. 6. R2, R4 & R6 physician med orders and medication photo are uploaded.	01/12/2026

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	(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure 1. physician orders were obtained to administer a medication for 1 of 7 residents (Resident #6)and medication was on site for 2 of 7 residents (Resident #2 and #4). Findings include: Resident #2 (R2) R2 was admitted on 11/22/24, with diagnoses including Alzheimer's disease. R2's physician order dated 11/22/24 and the Medication Administration Record (MAR) documented Amlodipine 10 milligrams (mg), take one tablet by mouth every day. The Amlodipine was not on-site. On 01/02/25 in the morning, the Caregiver reported the last tablet was given that morning and they were waiting on delivery. On 01/02/25, the Administrator was provided an opportunity to send confirmation of the delivery by the end of			

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	the day on 01/02/25, and the confirmation was not received. Resident #4 (R4) R4 was admitted on 04/03/25, with a diagnosis of hypertension and debility. R4's physician order dated 04/03/25 and the MAR documented Amlodipine 5 mg, Take one tablet by mouth every day. The Amlodipine was not on-site. On 12/23/25 in the morning, the Caregiver reported the medication ran out on 12/22/25 and was waiting for delivery. The Caregiver confirmed R4 did not receive their AM dose on 12/23/25. Resident #6 (R6) R6 was admitted on 06/11/25, with a diagnosis including osteoarthritis and chronic obstructive pulmonary disease. R6's medication bin had a medication bottle with a label that read Melatonin 3 mg, Take one tablet by mouth every night for sleep. There was no physician's order, and the Melatonin was not listed on the MAR. The Caregiver confirmed there was no physician's order for the Melatonin and should have been listed on the MAR. Severity: 2 Scope: 2			
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	Y 0994	1. Locking all cabinets with toxic and sharp items must be locked at all times. 2. Double checking or making sure the locks are locked properly will be put in place to ensure the deficient practice will not recur. 3. Daily check must be done to ensure the deficient practice will not recur. 4. The manager or administrator are responsible for ensuring the plan of correction is implemented. 5. The locks were locked immediately on same day of the survey, 12/23/25.	01/12/2026

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	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 sharps and toxic substances were not accessible to residents. Findings include: On 12/23/25 in the morning, the kitchen cabinet under the sink was unsecured containing dish detergent tablets and multipurpose cleaning spray and a separate kitchen cabinet was unsecured containing several knives. The laundry room cabinet was unsecured containing bleach, Fabuloso, laundry detergent, fabric softener, and air fresher. On 12/23/25 in the morning, the Caregiver acknowledged the toxic substances and knives were unsecured and should have been locked. Severity: 2 Scope: 3		6. Locked cabinet photos are uploaded.	
Y 0995 SS= F	**NAC 449.2756 andR043-22**	Y 0995	1. Staff must double check the gate every time to make sure it is locked.	01/12/2026

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	(f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times Inspector Comments: Based on observation and interview, the facility failed to ensure the side yard gate of the facility leading to the street was secure. Findings include: On 12/23/25 in the morning, the gate in the side yard, which led to the street giving residents access, was unlocked. On 12/23/25 in the morning, the Caregiver acknowledged the gate was unlocked and should have been locked. Severity: 2 Scope: 3		2. A frequent check is necessary to ensure the deficient practice does not recur. 3. A frequent check must be done to ensure the deficient practice does not recur. 4. The Administrator or the Manager are responsible for ensuring the plan of correction is implemented. 5. The gate was locked immediately on 12/23/25. 6. Photo of locked gate was taken and uploaded	

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Y 1825 SS= D	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.	Y 1825	1. To correct the specific findings sated on SOD- Administrator or manager must take the necessary action by taking the course within in the specified period of time required. 2. The required class must be taken immediately to ensure the deficient practice will not recur. 3. A quarterly file check must be taken to monitor the file is complete. 4. The administrator is responsible for ensuring the plan of correction is implemented. 5. The corrective action was taken on 1/07/26. 6. CDC Infection Control was uploaded on 1/12/26.Save	01/08/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control manager (Employee #1) completed 15 hours of infection control training through a nationally recognized organization. Findings include: Employee #1 (E1) E1 was hired on 10/07/24 as the Owner and Designee. E1's file lacked documented evidence of 15 hours of infection control training through a nationally recognized organization. On 12/23/25 in the morning, the Administrator confirmed the secondary infection control manager had not completed 15 hours of infection control training through a nationally recognized organization. Severity: 2 Scope: 1			