STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11959	A. BUILDING _____ B. WING _____	10/21/2025

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INFINITE CARE, LLC	**3821 TOPAZ ST, LAS VEGAS, NEVADA ,89121**

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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 initial survey initiated at your facility on 10/21/25. The facility applied for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. It should be noted, this facility was identified as operating as an unlicensed facility on 01/09/25 and was operating with 8 residents at the time of the survey. Reference CPT #10879.			
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an	Y 0172	1. New garbage containers with lid. 2. Dining room wall painted. 3. Room 4 ceiling gray spot painted. 4. Room 4 hole on the wall patched and painted. 5. Weeds were removed and cleaned. 6. Room 5 hole on the wall patched and painted. 7. Unused couch disposed. 8. Unused couch, coffee table, side table disposed. 9. Unused mattress disposed.	11/02/2025

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	enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure containers used to store garbage inside the facility were covered and failed to ensure the interior and exterior of the facility was well maintained. Findings include: On 10/21/25 in the morning, observed the following inside and outside of the facility: Two garbage containers filled with trash		10. Room6 bathroom door hole patched and painted. 11. Room6 bathroom tiles fixed. 12. Room6 bathroom faucet repaired.	

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	were observed in the kitchen. The trash containers did not have an appropriate cover. The kitchen and dining room walls were observed with worn and missing paint spots and black marks caused by furniture adjacent to the walls. A broken couch, coffee table, and side table were observed in the backyard, adjacent to a storage shed. There were several cardboard boxes, a mattress leaned against a wall, and a broken wooden work bench observed adjacent to a storage shed. Resident rooms #4, and #5 were observed as having holes in the wall. Resident room #6's door to the bathroom was observed with a hole above the door handle. In the front yard, excessive weeds were observed in the rocks. The shower faucet in bathroom #3 was observed as leaking into a bucket and the tiles adjacent to the faucet were broken/missing and in disrepair. On 10/21/25 in the afternoon, the Owner acknowledged the garbage cans should have been covered, the worn spots in the kitchen and dining room should have been painted, the furniture and boxes in the backyard should have been disposed, the holes in the resident areas should have been repaired, the overgrown weeds should have been cut, and the shower faucet and tiles should have been repaired. Severity: 2 Scope: 3			
Y 0270 SS= E	NAC 449.2175 **Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.** 1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food.	Y 0270	Sufficient number of chairs provided on the dining area.	11/02/2025

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	2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. 6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board of the Institute of Medicine of the National Academies. 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available in between meals for the residents who are not prohibited by their physicians from eating between meals. 8. A resident must be served meals in his or her bedroom for not more than 14 consecutive days if the resident is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his or her room because the resident is unable to eat in the dining room, the facility shall maintain a record of the			

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	times and reasons for serving meals to the resident in his or her room. Inspector Comments: Based on observation and interview, the facility failed to ensure sufficient number of chairs to provide seating for the number of residents authorized for the facility. Findings include: On 10/21/25 in the morning, during a tour of the facility, there were six chairs observed in the dining area for a total of ten residents. On 10/21/25 in the afternoon, the Owner acknowledged six chairs present in the dining area and there should have been ten chairs provided for each resident in the facility. Severity:2 Scope: 2			

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Y 0179 SS= E	NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure bedroom #1, and bedroom #2 windows had screens to prevent the entry of insects. Findings include: On 10/21/25 in the morning, during a tour of the facility, there were no screens observed on bedroom #1, and bedroom #2 windows. On 10/21/25 in the afternoon, the Owner acknowledged the absence of window screens on bedrooms #1, and Bedroom #2 should be present to prevent entry of insects. Severity:2 Scope: 2	Y 0179	Room 1 and 2 window screen installed.	11/02/2025
Y 0350 SS= D	NAC 449.222 Bathrooms and toilet facilities; toilet articles. 1. Each residential facility with less than seven residents that was issued an initial license before January 14, 1997, must have bathroom facilities in sufficient number to accommodate the residents, the members of the staff of the facility and other persons at the facility. 2. Each residential facility that is issued an initial license on or after January 14, 1997, must have:	Y 0350	Bathroom door knob changed.	11/02/2025

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	(a) A flush toilet and lavatory for each four residents; and (b) A tub or shower for each six residents. 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. 4. All bathrooms and toilet facilities must be located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. 5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use by more than one person. 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. 7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. 8. All bathrooms and toilet facilities must be sufficiently lighted, and night lights must be provided in hallways that lead from the bedrooms to the bathrooms and toilet facilities. Inspector Comments: Based on observation and interview the			

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	facility failed to ensure a resident's bathroom door was equipped with a single motion lock. Findings include: On 10/21/25 in the morning, it was observed that the resident bathroom door adjacent to bedroom #1 had a lock which required more than one motion to unlock the door leading to the interior of the facility from the bathroom. On 10/21/25 in the morning, the owner acknowledged the double motion lock on the door and acknowledged they should be single motion. Severity: 2 Scope: 1			
Y 0557 SS= D	**NAC 449.262 and R043-22** **Provisions of dental, optical and hearing care and social services; report of suspected abuse, neglect or exploitation; restriction on use of restraints, confinement or sedatives.** 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or (c) Provide sedatives to a resident unless that sedative has been prescribed for that resident by a physician, physician assistant or advanced practice registered nurse to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative.	Y 0557	Half bed rails were removed on both sides. Placed the bed on the lowest level and mat was provided.	11/02/2025

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	Inspector Comments: Based on observation and interview, the facility failed to ensure half bed rails were not used as a restraint for 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 07/31/25 with diagnoses including fracture of the tibia and dementia. On 10/21/25 in the afternoon, R2 was observed lying in bed, with half bed rails up on both sides of the bed. R2 was unable to indicate if they knew how to lower the bed rails or understood what the bed rails were for. On 10/21/25 in the afternoon, the Owner acknowledged half bed rails should not be utilized as a restraint in the facility and verbalized the half bedrails kept R2 from falling out of bed. Severity: 2 Scope: 1			
Y 0620 SS= D	**NAC 449.2702** **Written policy on admissions required; age and other eligibility requirements.** 4. Except as otherwise provided in NAC 449.275 AND 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other	Y 0620	Approval of Provisional Exemption, approved by Monique Peden.	11/02/2025

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	medical supervision on a 24-hour basis. 6. As used in this section: (a) “Bedfast” means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. (b) “Restraint” means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident’s freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or his normal access to his or her body. 5. A person may not reside in a residential facility if the person’s physician or the Bureau determines that the person does not comply with the requirements for eligibility. Inspector Comments: Based on interview and record review, the facility failed to obtain a medical exemption to maintain one resident who was bedfast (Resident #2). Findings include: Resident #2 (R2)			

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	R2 was admitted to the facility on 07/31/25 with diagnoses including fracture of the tibia and dementia. On 10/21/25 in the afternoon, R2 was unable to demonstrate the ability to turn from side to side in bed without assistance. On 10/21/25 in the afternoon, the Owner confirmed R2 was unable to turn from side to side in bed without assistance. R2's file lacked documented evidence of an approved bedfast medical exemption from the Bureau. On 10/21/25 in the afternoon, the Owner acknowledged R2 did not currently have an approved bedfast medical exemption on file. Severity: 2 Scope: 1			
Y 0690 SS= F	**NAC 449.2712** **Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:	Y 0690	Empty Oxygen tanks were picked up by the provider. Oxygen tank secured in room 1.	11/02/2025

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	(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks			

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	were secured. Findings include: On 10/21/25 in the morning, during a tour of the facility, there was an unsecured oxygen tank in room #1, and several unsecured oxygen tanks being stored in the rear unlocked storage shed. On 10/21/25 in the afternoon, the Owner acknowledged the oxygen tank in room #1 should have been secured, and the oxygen tanks in the storage shed were improperly stored and should be recycled. Severity:2 Scope: 3			