STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2016	A. BUILDING _____ B. WING _____	10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS CARE HOME LLC	64 NORTH PEARL STREET, LAS VEGAS, NEVADA ,89110

(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
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 survey completed at your facility on 10/27/25. The facility is licensed for ten Residential Facility for Group beds for individuals with intellectual disabilities, and mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files and three employee files were reviewed. The facility received a grade of A.			
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	Y 0557	Y0557 1) Immediate cessation of using bed rails as restraint for Resident #8. Replaced with approved alternatives for fall prevention measures (low height bed with fall mat, alarm system and every hour staff rounding) Resident #8's bed was assessed to ensure no rails were in restraints configuration; if any port or rail was used for positioning, it was removed and replaced with non restraint safety measure. This corrective action was done on 10/27/2025 after the survey. 2) Conducted a facility-wide inspection of bed configurations to confirm that no beds are configured with rails used as restraints. Performed one to one staff interviews to verify adherence to non-restraint bed practices. These were orchestrated and completed by the administrator on 10/28/2025. 3) Policy and Procedure revisions:	11/16/2025

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	shall make a record of the behavior of a resident who has been prescribed a sedative. Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 1 of 8 residents (Resident#8). Findings include: Resident 8 (R8) R8 was admitted on 01/31/2023 with diagnosis of dementia. On 10/27/25 in the morning, R8 was observed lying in bed, with bed rails up on both sides of the bed. R8 was physically unable to lower or raise the bedrails without assistance from staff. On 10/27/25 in the morning, R8 was nonverbal and unable to communicate the reason they had bed rails. On 10/27/25 in the afternoon, the Owner/Caregiver verbalized R8's bed rails helped keep them in the bed when staff were turning and providing care to R8. The Owner/Caregiver acknowledged the bed rails should not be used as a restraint and should be removed. Severity: 2 Scope: 1		-Revised restraint management policy to explicitly prohibit bed rails used as restraints. -Updated the Facility's Fall Prevention Protocol to emphasize non-restraint approaches and environment safety. Staff education and training. -Implemented quarterly refresher education and training for staff on restraint alternatives, bed safety, the prohibition of rails as restraints and the danger of using bed rails as restraints. 4) Monitoring for sustained compliance will be checked daily both by the administrator and assistant administrator or appointed staff. 5) Overall targeted completion and full implementation November 1, 2025 and ongoing.	
Y 0830 SS= D	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	Y 0830	Y0830 1) Submitted written requests to the Division for both Resident #6 and #8 seeking approval to retain them with a statement of medical necessity and plan of care for each. 2) One of the fixed topic in the facility's monthly staff meeting is the identification of residents who require division permission	11/17/2025

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	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 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		and medical exemption for retention. For residents identified, the facility's standard operating procedure to request retention shall be utilized or followed. (Standard Operating Procedure) -Prepare written request with medical justification and supporting documentation. -Submit to Division within 5 business days of identification. -Maintain approved exemption documentation in the resident's chart. -Quarterly audit of resident files to verify documentation is complete and current. 3) Following the facility's standard operating procedure to secure permission to retain or admit a resident is the responsibility of the administrator and acting administrator. 4) The administrator and acting administrator are responsible for the completion, evaluation and documentation of this task. 5) November 17, 2025	

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	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. Inspector Comments: Based on observation, interview, record review, and document review the facility failed to obtain a medical exemption to maintain a resident with a urinary catheter (Resident #6), and a resident who was bedfast (Resident #8). Findings include: Resident #6 (R6) R6 was admitted to the facility on 01/03/22 with diagnoses of schizophrenia. On 10/27/25 in the morning, R6 was observed resting in their bed. A urinary catheter tubing was visible from under R6's blankets and going into a urinary catheter bag next to the bed. On 10/27/25 in the afternoon, R6 walked to the couch in the living room area. R6 verbalized they empty their bag and take care of it themselves. R6 verbalized a nurse comes into the facility about once a month and changes their urinary catheter bag and checks the tubing. On 10/27/25 in the afternoon, the owner verbalized R1 was admitted from the hospital with the catheter. The owner verbalized hospice comes once a month to change out R6's urinary catheter bag, and R6 is able to empty his own receptacle			

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	himself as needed and is particular about the care of their urinary catheter and won't let the staff do anything with their urinary catheter. R6's file lacked documentation from the hospice provider for the care of R6's urinary catheter and lacked evidence of an approved medical exemption from the Bureau for R6's urinary catheter. Resident #8 (R8) R8 was admitted to the facility on 01/31/2023 with a diagnosis of dementia. On 10/27/25 in the morning, R8 was physically unable to demonstrate the ability to turn from side to side in bed without assistance. R8's file lacked documented evidence of an approved bedfast medical exemption from the Bureau. On 10/27/25 in the morning, the Owner/Caregiver verbalized R8was unable to turn from side to side in bed without assistance and verbalized a bedfast medical exemption was completed in 2023 but did not have a current record of being approved. The Owner/Caregiver verbalized they did not know the medical exemption application and Bureau approval were required annually. The medical exemption log for the Bureau revealed the facility applied for a bedfast medical exemption 10/09/23 for R8 but was not approved related to required medical documents not being submitted by the facility. No other medical exemption requests for R8 were identified in the medical exemption log.			

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	On 10/27/25 in the afternoon, the Owner/Caregiver acknowledged R6's file lacked documentation of a medical exemption application and approval from the Bureau for a catheter, and R6's file lacked documentation of an approved medical exemption from the Bureau for R8's bedfast condition. Severity: 2 Scope: 1			
Y 0870 SS= F	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and	Y 0870	Y0870 1) Resident #1,#2,#3,#4,#5,#6 and #8 medication reviews includes a space for the facility administrator signature and had been signed. 2) Utilizing a standardized form for medication reviews with designed space for the administrator's signature and date. Maintain an attached log/calendar noting completion and signing dates for each resident's 6 month review to demonstrate compliance during next audit. Add a requirement that reviews are completed within a specified window, 1 month before the due date to prevent last minute completion. 3) Implement a quarterly audit to verify that all residents have a current 6 month medication review and that all reviews are properly signed by the physician, physician assistant and advance nurse practitioner and facility administrator. 4) The administrator and acting administrator will be responsible in maintaining and monitoring these forms and calendar to effectively serve its purpose. 5) November 16, 2025.	11/17/2025

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	(2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure medication reviews were conducted every six months and initialed by the Administrator for 7 of 8 residents (Resident #1, # 2, # 3, # 4, # 5, # 6, and # 8). Findings include: Resident #1 (R1) R1 was admitted to the facility on 05/25/06, with diagnoses including paraplegia, and type two diabetes. R1's file documented medication reviews dated 08/26/24 and 05/12/25. R1's medication reviews were not conducted every six months and lacked the initials of the Administrator.			

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	Resident #2 (R2) R2 was admitted to the facility on 03/31/23, with diagnoses including hypertension, and cerebrovascular accident. R2's file documented medication reviews dated 04/27/23 and 05/05/25. R2's medication reviews were not conducted every six months and lacked the initials of the Administrator. Resident #3 (R3) R3 was admitted to the facility on 12/12/13, with diagnoses including dementia, major depression, and hypertension. R3's file documented medication reviews dated 10/29/24 and 06/18/25. R3's medication reviews were not conducted every six months and lacked the initials of the Administrator. Resident #4 (R4) R4 was admitted to the facility on 08/25/22, with diagnoses including cerebrovascular accident, and aphasia. R4's file documented medication reviews dated 08/26/24 and 05/12/25. R1's medication reviews were not conducted every six months and lacked the initials of the Administrator. Resident #5 (R5) R5 was admitted to the facility on 02/15/17, with hypertension, and chronic obstructive pulmonary disease. R5's file documented medication reviews dated 04/07/25 and 06/28/25. R5's medication reviews lacked the initials of the Administrator.			

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	Resident #6 (R6) R6 was admitted to the facility on 01/03/22, with diagnoses including schizophrenia. R6's file documented medication reviews dated 10/07/24 and 05/29/25. R6's medication reviews were not conducted every six months and lacked the initials of the Administrator. Resident #7 (R7) R7 was admitted to the facility on 08/02/25, with diagnoses including dementia. R7's file lacked documentation of a medication review and lacked the initials of the Administrator. Resident #8 (R8) R8 was admitted to the facility on 01/31/23, with diagnoses including dementia. R8's file documented medication reviews dated 09/26/23 and 07/10/25. R8's medication reviews were not conducted every six months and lacked the initials of the Administrator. On 10/27/25 in the morning, the Owner/Caregiver acknowledged six-month medication reviews were not conducted every six months and lacked the Administrators initials for Resident #1, # 2, # 3, # 4, # 5, # 6, and # 8. The Owner/Caregiver verbalized they did not know resident six-month medication reviews needed to be initialed by the Administrator.			

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	Severity: 2 Scope:3			
Y 1700 SS= D	**NRS 449.1845** **Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.** 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and	Y 1700	Y1700 1) Resident #5 Physician Assessment is completed 10/29/2025. 2) Utilized standardize placement assessment form that captures resident needs, current functioning, required supports and recommended placement level and services, should also includes signatures and dates from the responsible clinician and administrator or designee. Establish or reinforce a policy requiring a placement assessment to be completed for all new admissions and if applicable for current residents when placement needs are identified. Define role and timelines for completing placement assessments and documenting outcomes. 3) Implement a monthly review to verify all residents have current placement assessment on file. 4) Facility administrator and designee oversees the placement assessment process, ensures documentation is complete and filed, and signs off as required. 5) November 16, 2025.	11/17/2025

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	(2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may			

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	be placed in any residential facility for groups. 3. As used in this section, “provider of health care” has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on observation, interview, record review, and document review the facility failed to obtain a placement assessment for 1 of 8 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 02/15/17, with a diagnosis including hypertension, and chronic obstructive pulmonary disease. R5's file lacked evidence of a placement assessment. On 10/27/25 in the morning, the Owner/Caregiver acknowledged R5's file lacked evidence of a completed placement assessment. Severity: 2 Scope:1			