Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3671	A. BUILDING _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALZHEIMERS LUXURY CARE	2951 VIKING ROAD, 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 a complaint investigation completed in your facility on 12/02/25. The census at the time of the survey was nine. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #12364 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaint included: Observation of facility staffing, caregivers providing care to residents, meal observation, medication administration, facility odor and a tour of the facility. Interviews were conducted with residents, Caregivers, and the House Manager. Clinical Record Review of five records, which included the resident of concern. Document Review included facility policy and procedures, employee schedules and facility menus.			

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Y 0040 SS= F	**NRS 449.186** **Supervision of residential facility for groups.** **A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS.** Inspector Comments: Based on observation and interview, the facility failed to maintain a current licensed Administrator. Findings include: On 12/02/25 in the morning, there was no Administrator's license posted on the wall in the front of the facility from the Board of Examiners for Long-Term Care Administrators (BELTCA). According to the House Manager, the facility had been without an Administrator since the end of April 2025. On 12/02/25 in the morning, the House Manager acknowledged there was no current Administrator's license on the wall and verbalized a new Administrator would soon be assuming those responsibilities of the facility. Severity: 2 Scope: 3	Y 0040	A change of administrator was filed last December 23, 2025. Owner and house manager advice new administrator give us at least 1 month notice before leaving so we have ample time to look for a replacement so this will not happen again.	12/23/2025
Y 0930 SS= E	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility.	Y 0930	Admission records of missing patients file has been created and medical records have been retrieved. Conducted a refresher training of all caregivers on how to handle patient files and informed them that the patient file should remain at the facility for 5 years. ADM to ensure files are kept onsite.	12/23/2025

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	The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing			

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	the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and			

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	medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure resident records were retained for at least 5 years after a resident was discharged from the facility (Resident #1) and failed to ensure records were complete (Resident #3) for 2 of 5			

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	sampled residents. Findings include: On 12/02/25 in the morning, the facility was unable to provide a representative from the Nevada Health Authority the complete records of Resident #1 (R1) who was a previous resident of the facility and Resident #3 (R3) who was a current resident of the facility. On 12/02/25 in the morning, the House Manager acknowledged R1's file was not onsite and R3's file lacked necessary medical records. Severity: 2 Scope: 2			
Y 0920 SS= F	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in	Y 0920	December 3, 2025 all caregivers signed a memo regarding proper handling of medication and was put on their individual files. The new administrator also will be conducting a refresher training to all caregivers not only proper handling of medications but overall retraining of policy and procedures. ADM to ensure medication is secured.	12/03/2025

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	a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secure. Findings include: On 12/02/25 in the morning, pre-poured medications were observed unsecured on the table next to Resident #4's bed. There were ten pills in the cup. On 08/07/25 in the morning, the Caregiver acknowledged the unsecured medications and confirmed medications should not be left unsecured in resident bedrooms. Severity: 2 Scope: 3 This was a repeat deficiency from the 01/21/25 annual State Licensure survey and 08/07/25 complaint investigation.			