

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/01/2022
NAME OF PROVIDER OR SUPPLIER RAINBOW CONNECTIONS GROUP CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145	
(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 an offsite complaint investigation completed regarding your facility on 01/31/22 through 02/01/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups and the Infection Prevention and Control Plan for Residential Facilities Coronavirus Disease 2019 (COVID-19) Response Best Practices, dated 09/20/21. The census at the time of the investigation was five. One complaint was investigated. Complaint #NV00065583, with one allegation, was substantiated without regulatory deficiencies. The allegation the facility was restricting in person visitation with residents due to a surge in the COVID-19 pandemic was substantiated without regulatory deficiencies based on interview with the facility co-owner who indicated visitation with residents was currently taking place via alternative virtual meetings such as Skype and FaceTime. The facility co-owner also indicated all essential healthcare personnel were being allowed entrance to the facility with full Personal Protective Equipment (PPE). A review of the facility's COVID-19 visitation policy indicated resident visitation was currently being restricted for the health and safety of the facility residents and staff with the exception of essential healthcare personnel. Alternative methods of visitation (such as Skype and FaceTime) were being introduced in order to continue communication with residents' family and friends. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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.