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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME	**5905 CONCERT DR, LAS VEGAS, NEVADA ,89107**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 07/10/25, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons and/or persons with Alzheimer's disease or related dementia, Category II. The census at the time of the survey was ten. The sample size was six. The facility received a grade of A. There were two complaints investigated: Substantiated: 1. Complaint #NV00073691 was substantiated. (See Tag Y0895). Substantiated without deficient Practice: 2. Complaint #NV00074568 was substantiated with no deficient practice. The investigation in to the complaints included: Observations of Caregivers providing care, assistance and medications to residents and residents hygiene. Interviews were conducted with Caregivers and residents, including the resident of concern. Clinical record review of six residents, including the Residents of Concern. Document review included facility incident reports and admission documents. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOANNE MISURACA Title: Administrator Date: 07/14/2025

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.

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) accurately documented medications given for 1 of 6 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 02/04/25 and discharged on 05/05/25 with diagnosis including impaired memory ad end stage renal disease. The MAR for March 2025, lacked initials to indicate if the medication Carvedilol, 25 milligrams was administered on 03/07/25 at 5 PM. On 07/10/25 at 10:00 AM, a Caregiver indicated Carvedilol was given on 03/07/25 but was not initialed as administered. Severity: 2 Scope: 1 Complaint #NV00073691	0895	Tag 0895- Administration of Medication Maintenance 1. A review was done with staff on the medication administration record. The administration record must be complete including the staff that administered the medication with his or her initials. The error on resident #6 in the March MAR was missing initials and addressed. 2. The staff will check daily to ensure the MAR is complete for each resident including initials on the document. 3. The Administrator on visits will review the MAR to ensure the deficient practice does not recur. 4. Joanne Misuraca, the administrator will ensure the plan of correction is implemented. 5. Date of compliance: 7/14/2025	07/14/2025