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
	6027	A. BUILDING _____ B. WING _____	04/08/2026

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
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 at your facility on 04/08/26. The census at the time of the survey was ten. The sample size was five. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00013273 was substantiated. See Tag Y0750. The investigation of the complaint included: Observations of staff assisting residents, odors, and residents groomed. Interviews were conducted with residents and Caregivers. Record Review of resident files, which included the resident of concern. Document Review included facility policy and procedures.			
Y 0050 SS= D	NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility	Y 0050	Y 0050 1. The caregivers were informed of the required frequency for checking residents every 2-4 hours for incontinence including evening and bedtime. The facility will correct the deficiencies on the incontinence care for all residents by following the schedule for incontinence care. (See Attached) 2. On 4/28/26 the caregivers had	04/28/2026

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	as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review, and interviews, staff failed to provide incontinent care in a timely manner for 1 of 3 incontinent residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 06/17/25, with a diagnosis including atrial fibrillation and hypertension. An Activities of Daily Living (ADL) assessment dated 01/06/26, documented R1 was to beassisted with bowel and bladder care. On 04/08/26 at 8:45 AM, R1 reported to the surveyor, R1 wanted R1's incontinent brief changed prior to continuing the interview. R1 reported the incontinent brief was wet and had not been changed since approximately 5:00 PM the previous evening. R1 explained R1 had already had breakfast and had also recently had a bowel movement in R1's brief. R1 indicated the Caregiver changed R1 after breakfast most days. On 04/08/26 at 9:15 AM, a roll of paper towels was observed on R1’s bed. R1 reported placing paper towels inside the incontinent brief when staff were busy, in order to stop the urine leaking out of the brief. R1 explained R1 did this until staff assistance was provided. On 04/08/26 in the morning, Caregiver #1		Incontinence Care Training. See attached training, sign in sheet, and certificates. The incontinence care training will be done annually for caregivers. The administrator will provide oversight and direction for members of the staff as necessary to ensure that residents receive services and protective supervision and the facility is in compliance. 3. The administrator on visits to the group home will speak to residents & staff to ensure the incontinent care is completed in a timely manner. This will ensure the deficient practice does not recur. 4. The administrator will be responsible for ensuring the plan of correction is implemented. 5. Date of compliance: 4/28/2026	

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	(C1) reported R1 was last changed the previous evening and acknowledged R1 had not been changed as of 8:45 AM. C1 changed R1's incontinent brief at 8:50 AM, after the surveyor prompted C1 to do so. C1 reported breakfast was from 7:30 AM - 8:30 AM that morning, and incontinent care was typically provided after breakfast most mornings. C1 acknowledged R1 had urine and a bowel movement in the incontinent brief and indicated incontinent care was typically not provided until after breakfast. C1 reported residents wore double incontinent briefs to prevent leakage and C1 explained C1 poked a hole in the first brief for urine to soak into the second layer to keep the first incontinent brief dry. C1 acknowledged R1 used paper towels in R1's brief. Severity: 2 Scope: 1			