STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8548	A. BUILDING _____ B. WING _____	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL BREEZES CARE HOME, LLC	237 PALMETTO POINTE DRIVE, HENDERSON, NEVADA ,89012

(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 03/10/2026. The facility is licensed for ten Residential Facility for Group beds, five Category I and five Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of B.			
Y 0025 SS= D	NAC 449.190 License: Contents; validity; transferability; issuance of more than one type: 2. The license becomes invalid if the facility is moved to a location other than the location stated on the license. The license may not be transferred to another owner. 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and	Y 0025	1. The **Administrator** and **Owner** is currently in talks with the **Legal Guardian** of R3 for for possible options. **Legal Guardian** expressed that they really wanted to remain in the facility and are happy with the care provided. Application for change of Categories were initiated by the **Owner** on April 15, 2026. 2. The **Administrator**, **Owner**, and **Staff** from hereon shall upon admission ensure that the appropriate level of care is in consonance with the license and that any significant changes in the condition of a Resident affect compliance with the license, shall immediately be relayed by **Staff** to the **Administrator** and by the **Administrator** to the **Legal Guardian** to discuss options. 3. Accomplished 3-10-2026	03/10/2026

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	services. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure there were only five Category two residents admitted to the facility for 1 of 6 residents (Resident #3). Findings include: On 03/10/2026, the facility was currently licensed for five Category 1 residents and five Category 2 residents. Prior to 03/27/2025, the facility had five Category 2 residents and one Category 1 resident admitted to the facility. After 03/27/2025, the facility admitted three more Category 2 residents, however since the survey the facility had two residents reassessed by a physician who determined R7 and R8 were Category 1 residents. Resident #3 (R3) R3 was admitted on 10/25/2025, with diagnoses of chronic obstructive pulmonary disease (COPD) and hypertensive heart disease with heart failure. R3's file documented a physician placement determination dated 11/19/2025, confirming R3 as a Category II. On 03/10/2026 in the afternoon, the Facility Manager verbalized R3 could not walk on their own. On 03/10/2026 in the afternoon, the Facility Manager and Administrator acknowledged the facility had a care category endorsement of five Category I and five Category II, and verbalized they had one more Category 2 resident then what their license allowed. Severity: 2 Scope: 1			
Y 0172 SS= D	NAC 449.209	Y 0172	1. The **Administrato**r immediately informed the **Owner** about the broken wood frame the same day of the inspection. The **Owne**r immediately initiated to fix the next	03/11/2026

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	2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.		day, March 11. 2026. (Please see attachment) 2. The **Staff** will routinely check on a **daily** basis, similar structural issue that can or may be deemed as a hazard to the Resident of the facility. This will be immediately reported to the **Administrator** and **Owner** to be addressed accordingly. 3. Accomplished 3-11-2026	

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	Inspector Comments: Based on observation and interview, the facility failed to repair a broken wood frame of a resident bathroom. Findings include: The following observations were made on 03/10/2026 in the morning: The wall frame in the restroom adjacent to Resident #4's room was peeling outwards, exposing the bare wood underneath. On 03/10/2026 in the morning, the Facility Manager acknowledged the damaged wall frame in the restroom and should be fixed. Severity: 2 Scope: 1			
Y 0220 SS= F	NAC 449.213 **Laundry and linen services.** 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All	Y 0220	1. The **Administrator** immediately instructed the **Staff** to clean the lint trap the same day of the inspection. The **Staff** immediately cleaned the said lint trap within the day. 2. The **Administrator** instructed the **Staff** that from hereon, to immediately inspect the lint trap and removed any lint accumulations **every after** use of the dryer. 3. Accomplished 3-10-2026	03/10/2026

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	dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. 4. Clothes, bedding, linens and any other materials laundered pursuant to subsection 1 must be made clean by the laundering process. If a residential facility provides its own laundry and linen services, the residential facility shall: (a) Make appropriate use of detergents, soaps, heat or chemicals; and (b) Take precautions to ensure that no resident, member of the staff of the facility or other person in the facility is harmed by exposure to the detergents, soaps, heat or chemicals used in the laundering process. Inspector Comments: Based on observation and interview, the facility failed to ensure the lint trap of the dryer was cleaned, creating a potential fire hazard. Findings include: On 03/10/2026 in the morning, the lint trap of the dryer in the laundry room was layered with a thick layer of gray and white lint. On 03/10/2026 in the morning, the facility was not doing laundry at the time of the survey. The caregiver explained the process was to clean the lint trap after every cycle, but they got busy and forgot to do it. The caregiver reported the lint trap had build up from two cycles of laundry. On 03/10/2026 in the morning, the Facility Manager acknowledged the lint trap should have been cleaned regularly, and the accumulated lint was a fire hazard.			

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	Severity: 2 Scope: 3			
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and	Y 0905	1. The **Administrator** immediately spoke with the **Home Health APRN** to address the issue with prescription and reiterated that under statute the condition of a **Resident** shall follow a predictable course, therefore it is not allowed for a none medical facility to make assessments and medication should be written written without range order. (Please see attachment) 2. The **Administrator** and **Staff** from hereon, during admission and medication changes shall ensure that all medication prescribed to a **Resident** shall have no parameters set and assessment to be made by the the **Staff**. Any prescription made contrary to what was mentioned, shall be immediately brought to the attention of the prescribing **Primary Care Physician** for appropriate correction. 3. Accomplished 3-10-2026	03/10/2026

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	(f) 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. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure medications did not have a range order for 1 of 9 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 03/10/2026 with diagnosis of memory difficulties. On 03/10/2026 in the afternoon, R4's medication bin contained Potassium Chloride Extended Release (ER) 10 milliequivalent (mEq), take 1 tab with Furosemide as needed (PRN) (Hold if BP less than 100), and Furosemide 20 milligram (mg), take 1 tablet with Pot. Cl. For edema PRN (Hold if BP less than 100). R4's March 2026 MAR documented Potassium Chloride Extended Release (Pot. Cl. ER) 10mEq, take 1 tab with Furosemide PRN (Hold if BP less than 100), and Furosemide 20mg, take 1 tab with Pot. Cl. For edema PRN (Hold if BP less than 100). In a phone interview on 03/10/2026, R4's APRN explained R4's Home Health team had been expected to administer the medication in case of edema and acknowledged the medication order should have been written without the range order for the group home. On 03/10/2026 in the afternoon, the Facility Manager explained R4 has not been administered the PRNs since admittance. The Facility Manager confirmed the facility was nonmedical and the Facility Manager and Caregivers could not assess residents			

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	for medication efficacy. The Facility confirmed the physician's order for Pot. Cl. ER 10mEq and Furosemide 20mg required assessment by the facility, and the facility did not reach out to the prescribing physician for clarification. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;	Y 0878	1. The **Administrator** immediately spoke with the **Home Health APRN** to address the issue with prescription to match the strength of the medication present in the facility on 3-11-2026 from 2.3mg to 2.6mg. (please see attachment) 2. The **Administrator and Staff** from hereon, shall ensure that upon receipt of medication during admission and delivery by the **Pharmacy**, the strength of the medication in the prescription and the actual medication given to the residents are the same. Any discrepancies shall be immediately reported by the **Administrator** and **Staff** to the **Primary Care Physician**. 3. Accomplished 3-11-2026	03/11/2026

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	(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the correct medication prescribed by a physician was on site and administration instructions matched physician orders for 1 of 9 residents (Residents #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 03/10/2026, with diagnosis of memory difficulties. On 03/10/2026 in the afternoon, R4's medication bin contained Cepacol Sore Throat & Cough, take 2 lozenges (one immediately after the other 1) and allow each lozenge to dissolve slowly in the mouth, may repeat every 4hrs PRN (Do not exceed 12 lozenges a day or as directed by doctor). A physician order dated 07/07/2024 documented Cepacol 15-2.3mg lozenge/ 1 lozenge PO PRN – may repeat every 2 hrs. The physician order lacked documented			

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	evidence of the cough suppressant additive in the lozenge and did not match the dosage of the lozenge in R4's medication bin. An Advanced Practice Registered Nurse (APRN) from R4's home health confirmed the sore throat lozenge in the medication bin did not require the cough suppressant portion because R4 was already prescribed a separate cough suppressant. R4's March 2026 Medication Administration Record (MAR) documented Cepacol Sore Throat, take 2 lozenges (one immediately after the other 1) and allow each lozenge to dissolve slowly in the mouth, may repeat every 4hrs PRN (Do not exceed 12 lozenges a day or as directed by doctor). The March 2026 MAR, the medication in the bin, and the physician order did not match. On 03/10/2026 in the afternoon, the Facility Manager acknowledged that the Cepacol Sore Throat & Cough on site for R4 was not the correct medication and explained R4's family provided the facility with the over-the-counter lozenges. Severity: 2 Scope: 1			