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
	8675	A. BUILDING _____ B. WING _____	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123

(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 voluntary regrading survey completed at your facility on 02/05/26, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Five resident files and three employee files were reviewed. The facility received a grade of A.			
Y 0874 SS= E	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. <u>The report must be reviewed and initialed by the administrator.</u> Inspector Comments: Based on interview	Y 0874	1. Administrator signed said medication reviews. 2. Administrator came up with an audit list of all the items that a resident's file should have. 3. Administrator and owner will regularly check resident files for completion and compliance. 4. Administrator will make sure that POC is implemented. 5. Completed on Feb. 06, 2026. 6. Please see attachments.	02/06/2026

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	and record review, the Administrator failed to review and sign off within 72 hours, the six-month medication reviews, for 2 of 5 residents (Resident #4 and Resident #5). Findings include: Resident #4 (R4) R4 was admitted on 07/12/25, with diagnosis including obesity and chronic pain. Review of R4's file revealed a medication review was completed on 01/28/26; however, was not reviewed and signed off on by the Administrator within 72 hours. Resident #5 (R5) R5 was admitted on 08/26/25, with diagnosis including dementia. Review of R5's file revealed a medication review was completed on 01/27/26; however, was not reviewed and signed off on by the Administrator within 72 hours. On 02/05/26 at 10:55 AM, a Caregiver confirmed the medication reviews for R4 and R5 were not signed off by the Administrator within 72 hours of completion. Severity: 2 Scope: 2			