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
	8700	A. BUILDING _____ B. WING _____	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHORN JONES MEMORY CARE LLC	6017 ELKHORN ROAD, LAS VEGAS, NEVADA ,89131

(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 State Licensure survey completed at your facility on 12/30/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 36 Residential Facilities 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 32. Ten resident files and ten employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance 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 deficiency was identified.			
Y 0883 SS= D	NAC 449.2742 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed.	Y 0883	1) The findings will be addressed by creating a more streamlined policy of documenting and communicating missed medication to physicians. 2) The measures put into place will be a form that is attached, to be completed by MedTechs on duty and faxed to physicians along with contacting the HCC 3) The corrective actions will be monitored	01/16/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure a resident's record had documented evidence a physician was notified after a resident had missed medications for 1 of 9 residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 11/14/25 with diagnoses including arthritis, anemia, diabetes type 2, neuropathy, hyperlipidemia, and chronic urinary tract infection. On 12/30/25 in the morning, review of the December 2025 Medication Administration Record (MAR) revealed Metformin 1000 milligrams (mg) 1 tablet twice daily, had not been administered to R2 for the 12/21/25 8:00 AM dose. The medication was used to treat diabetes. Acetaminophen 500 mg take 2 tablets by mouth twice daily, had not been administered to R2 on 12/06/25, and 12/22/25 for the 08:00AM dose and 8:00 PM dose. The medication was used to treat pain. Gabapentin 3500 mg take 2 tablets by mouth twice daily, had not been administered to R2 for the 12/22/25 8:00 AM dose. The medication was used to treat neuropathy. On 12/30/25 at 12:24 PM, a Medication Technician (MT) acknowledged the medications Acetaminophen, Gabapentin, and Metformin had not been administered to R2 during the morning medication pass on 12/6/25, 12/21/25, 12/22/25, and 12/23/25. The MT explained R2 refused the medications. The MT indicated the facility's		by the HCC in place by reviewing the administration of Medication record and verify that if any meds were missed that the proper forms were completed and faxed with a received fax form attached. 4) The person responsible will be the Healthcare Coordinator 5) The corrective action will take place immediately following the survey, January 1, 2026 6) Attached is the form created that will be completed by MedTech 7) The Administrator will identify and correct areas having potential affected deficiency practices by reviewing the MAR and verifying all medications are documented and followed up with correctly. 8) Sanctions will not be imposed	

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	protocol was to document the event, to continue to offer the medication three times to the resident and contact the physician if the medication has been missed or refused. The MT acknowledged the physician was not notified for the medications missed on 12/6/25, 12/21/25, 12/22/25, and 12/23/25. On 12/30/25, in the afternoon the Administrator acknowledged R2's medication administration record documentation of "physically unable to take" on 12/6/25, 12/21/25, 12/22/25, and 12/23/25. The administrator confirmed the physician should have been notified of R2's refused and missed medications. Severity: 2 Scope: 1			