STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9131	A. BUILDING _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVAMERE AT CHEYENNE	6031 W. CHEYENNE AVENUE, LAS VEGAS, NEVADA ,89108

(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 survey initiated at your facility on 03/03/2026. The facility is licensed for 125 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's Disease, Category I and Category II residents. The census at the time of the survey was 125. Six resident files and one employee file was reviewed. The facility received a grade of A.			
Y 0920	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication	Y 0920	Administrator and Director of Health Services will go around to each resident who self medicates and make sure all of their medications are properly stored/locked up in a safe area that is accessible to them. The Administrator and Director of Health will audit weekly to ensure this practice is being followed.	04/06/2026

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	is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 5 residents capable of administering their own medication kept their medication locked in their room. Resident #1 (R1) Findings include: On 03/05/2026 in the morning, a sample of resident rooms for residents who self-administer their own medications were visited and those who were willing were interviewed. The room for resident #1(R1), was unlocked and accessible to residents and visitors. The facility staff were not always present in the area of R1's room. R1 was interview and R1acknowledged leaving their room unlocked for unknown lengths of time and was unaware of the requirement to keep their medications secured by locking			

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	their resident room door or in a locked container for which the facility was to have a copy of the key for the container. On 03/05/2026 during the exit, the Executive Director and Health Services Director acknowledged the findings for R1 and their medications being unsecured. Complaint #12820 Severity: 2 Scope: 1			