

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2025	
NAME OF PROVIDER OR SUPPLIER ALTERNATIVE HOME CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 4504 LA ROCA CIRCLE, LAS VEGAS, NEVADA ,89121			
(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		
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and complaint survey, completed at your facility on 07/01/25, in accordance with Nevada Administrative Code (NAC) 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly or disabled persons and/or chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Substantiated without deficient Practice: Complaint #NV00074593 was substantiated with no deficient practice. The investigation of the complaint included: Observations of appropriate resident hygiene, meal service and availability of food and snacks. Interviews were conducted with the Owner, a Caregiver, a Certified Nursing Assistant and residents. Clinical record review of five residents, which included the resident of concern. Document Review included facility grievance and incident reports and menu. The findings and conclusions of any investigation by the Division of public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: JANNYVILL RUIZ Title: Owner
REPRESENTATIVE'S SIGNATURE

Date: 07/23/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0515 SS= E	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to ensure a Person Centered Care plan was reviewed annually for 3 of 8 residents (Resident #5, Resident #6 and Resident #8) Findings include: Resident #5 (R5) R5 was admitted on 06/13/19 with diagnosis including cerebral vascular accident and hypertension. Review of R5's medical record revealed a Person Centered Care plan was last completed on 03/01/24. There was no documentation an annual Care plan was completed for R5. Resident #6 (R6) R6 was admitted on 06/13/24 with diagnosis including senile degeneration of the brain. Review of R6's medical record revealed a Person Centered Care plan was last completed on 06/13/24. There was no documentation an annual Care plan was completed for R6. Resident #8 (R8) Resident #8 (R8) was admitted on 01/04/23 with diagnosis including type 2 diabetes mellitus and hypertension. Review of R8's medical record revealed a Person Centered Care plan was last completed on 01/02/25 but was unsigned by the facility or R8. On 07/01/25, in the morning, the Owner was unable to provide documentation of an annual care plan for R5, R6 or R8. Severity: 2 Scope: 2	0515	A. The Administrator immediately had a Person Centered Care Plan done for the Residents mentioned. (Please see Attachments) B. The Administrator and Staff shall ensure that a Person Centered Care Plan is done upon admission and annually thereafter. C. Accomplished July 2, 2025	07/02/2025

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used to keep a resident in bed, for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 06/13/24 with diagnosis including senile degeneration of the brain. On 07/01/25 in the morning, R6 was found in bed against the wall on one side, with a half bed rail up on the other side. On 07/01/25 in the morning, R6 was unable to have a conversation with the surveyor or provide details on any use of how to use the half bed rail. On 07/01/25 in the morning, a Caregiver confirmed they used the half beds rails to keep R6 in bed, because R6 was a fall risk. Severity: 2 Scope: 1	0557	A. The Administrator immediately asked the Staff to lower down the half bedside rail in question during the day of the inspection. B. The Administrator reiterated to the Staff to refrain from using the half bedside rail hereafter. C. Accomplished July1, 2025		07/01/2025		
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the	0870	A. The Administrator immediately requested for a Medication Review on all Residents mentioned. Review for all Residents were done on July 16, 2025. (Please See Attachments) B. The Administrator and Staff shall regularly check on Resident's Medications to ensure that a 6 month Medication Review is done as required by regulations. C. Accomplished July16, 2025		07/16/2025		

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	administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure six month medication reviews were signed off and reviewed, by the Administrator, for 5 of 10 residents (Resident #1, Resident #3, Resident #4, Resident #6 and Resident #8) Findings include: Resident #1 (R1) R1 was admitted on 01/10/25 with diagnosis including chronic obstructive pulmonary disorder. Medication review for R1 dated 04/15/25 was not reviewed or signed off by the Administrator. Resident #3 (R3) R3 was admitted on 12/23/24 with diagnosis including dementia and hypertension. Medication review for R3 dated 04/15/25 was not reviewed or signed off by the Administrator. Resident #4 (R4) R4 was admitted on 09/16/24 with diagnosis including cerebral infarction and dementia. Medication reviews for R4 dated 04/22/25 and 06/11/25 were not reviewed or signed off by the Administrator. Resident #6 (R6) R6 was admitted on 06/13/24 with diagnosis including senile degeneration of the brain. Medication review for R6 dated 04/15/25 was not reviewed or signed off by the Administrator. Resident #8 (R8) R8 was admitted on 01/04/23 with diagnosis including diabetes mellitus type 2. Medication reviews for R8 dated 12/21/24 and 04/15/25 were not reviewed or signed off by the Administrator. On 07/01/25 in the morning, the Owner confirmed the Administrator had not reviewed or signed off on six month medication reviews for R1, R3, R4, R6 and R8. Severity: 2 Scope: 3						
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication:	0878	A. The Administrator immediately requested for the Medications mentioned. Medications were delivered on July 16,		07/02/2025		

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	Responsibilities of administrator, caregiver and employees of facility. 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; (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		2025. (Please See Attachments) B. The Administrator and Staff shall regularly check on Resident's Medications to ensure that all medications are present on site. Any changes such as discontinued orders are present in the Resident's file. C. Accomplished July2, 2025				

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	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, interview and record review, the facility failed to ensure medications onsite and available and were given in accordance with physicians orders for 2 of 8 residents (Resident #5 and #7). Findings include: Resident #5 (R5) R5 was admitted on 06/13/19 with diagnosis including cerebral vascular accident and hypertension. Physican orders dated 05/31/24 revealed the following medications: -Aspirin, 81 milligrams (mg) tablet (tab), take one tab by mouth daily. The June 2025 Medication Administration Record (MAR) revealed R5 last received aspirin on 06/14/25. -Atorvastatin, 20 mg tab, take one tab by mouth at bedtime. The June 2025 Medication Administration Record (MAR) revealed R5 last received Atorvastatin on 06/14/25. -Hydroxyzine, 50 mg tab, take one tab by mouth at bedtime. The May 2025 Medication Administration Record (MAR) revealed R5 last received Hydroxyzine on 05/30/25. -Metformin, 1000 mg tab, take one tab by mouth twice a day with meals. The June 2025 Medication Administration Record (MAR) revealed R5 last received Metformin on 06/14/25. - Metoprolol Tartrate, 25 mg tab, take one tab by mouth twice a day with food. The June 2025 Medication Administration Record (MAR) revealed R5 last received Metoprolol on 06/14/25. -Mirtazapine, 7.5 mg tab, take one tab by mouth daily at bedtime. The May 2025 Medication Administration Record (MAR) revealed R5 last received Mirtazapine on 05/30/25. -Pantoprazole, 20 mg tab, take one tab by mouth daily. The May 2025 Medication Administration Record (MAR) revealed R5 last received Pantoprazole on 05/30/25. -Sertraline, 100						

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	mg tab, take one and a half tabs by mouth daily. The June 2025 Medication Administration Record (MAR) revealed R5 last received Sertraline on 06/14/25. On 07/01/25, in the morning, a medication cart check revealed there was no Aspirin, Atorvastatin, Hydroxyzine, Metformin, Metoprolol, Mirtazapine, Pantoprazole or Sertraline onsite and available for R5. On 07/01/25, in the morning, the Owner confirmed R5 had not received Hydroxyzine, Pantoprazole or Mirtazapine since May 2025 and Aspirin, Atorvastatin, Metformin, Metoprolol or Sertraline since 06/14/25 due to the facility's failure to refill them. Resident #7 (R7) R7 was admitted on 06/03/25 with diagnosis including type 2 diabetes mellitus. MAR for June 2025 documented medication Metoprolol Tartrate, 25 mg, take one tab twice a day. Review of physicians orders for R7, dated 05/07/25 did not document Metoprolol as an active medication. On 07/01/25, in the morning, a medication cart check revealed a bottle of Metoprolol in R7's medication bin. On 07/01/25, in the morning, a Caregiver revealed they gave Metoprolol to R7 twice a day. On 07/01/25, in the morning, the Owner confirmed the facility had given R7 Metoprolol since admission and there was no active physician's order to administer it. Severity: 2 Scope: 1						
0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident 's ability to perform the activities of daily	0938	A. The Administrator immediately had a Person Centered Care Plan/ADLs done for the Residents mentioned. (Please see Attachments) B. The Administrator and Staff shall ensure that a Person Centered Care Plan is done upon admission and annually thereafter. C. Accomplished July 2, 2025		07/02/2025		

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	living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure Activities of Daily Living (ADLs) were assessed annually for 3 of 8 residents. (Resident #5, Resident #6 and Resident #8). Findings include: Findings include: Resident #5 (R5) R5 was admitted on 06/13/19 with diagnosis including cerebral vascular accident and hypertension. Review of R5's medical record revealed an ADL assessment was last completed on 06/13/24. There was no documentation an annual ADL assessment was completed for R5. Resident #6 (R6) R6 was admitted on 06/13/24 with diagnosis including senile degeneration of the brain. Review of R6's medical record revealed an ADL assessment was last completed on 06/13/24. There was no documentation an annual ADL assessment was completed for R6. Resident #8 (R8) Resident #8 (R8) was admitted on 01/04/23 with diagnosis including type 2 diabetes mellitus and hypertension. Review of R8's medical record revealed an ADL assessment was last completed on 04/13/23. There was no documentation an annual ADL assessment was completed for R8. On 07/01/25, in the morning, the Owner was unable to provide documentation of an annual ADL assessment for R5, R6 or R8. Severity: 2 Scope: 2						

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1800 SS= D	30 Day PPE Required - NAC 449.01065 Requirements relating to personal protective equipment; exception for nursing pool. (NRS 439.200, 439.0302) 1. A medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall ensure that each person on the premises of the facility uses personal protective equipment in accordance with the publications adopted by reference in NAC 449.0106. The facility shall maintain: (a) Not less than a 30-day supply of personal protective equipment at all times; or (b) If the facility is unable to comply with the requirements of paragraph (a) due to a shortage in personal protective equipment, documentation of attempts by and the inability of the facility to obtain personal protective equipment. Inspector Comments: Based on observation and interview, the facility failed to maintain a 30 day supply of personal protective equipment (PPE) onsite and available for use. Findings include: On 07/01/25 in the morning, a check of the facilities PPE supplies, revealed there was a package of 15 facemask's available for staff, residents or visitors to utilize. On 07/01/25 in the morning, the Administrator was unable to locate a 30 day supply of facemask's within the facility. On 07/01/25 in the morning, the Administrator confirmed they could not find more than one pack of facemask's and did not have a 30 days supply worth of facemask's on site. Severity: 2 Scope: 1	1800	A. The Administrator immediately ordered for a 30 day PPE supply within the same day day of the inspection. (Please See Attachment) B. The Administrator shall from hereon that a 30 day PPE Supply is available onsite in compliance with regulations . C. Accomplished July1, 2025		07/01/2025		