STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9279	A. BUILDING _____ B. WING _____	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONLI CARE HOME	**3364 ROSARIO CIRCLE, LAS VEGAS, NEVADA ,89121**

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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 completed at your facility on 12/04/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was eight. The facility received a grade of A. There were five complaints investigated. <u>Substantiated:</u> 1. Complaint #12246 was substantiated. (See Tag Y0500) 2. Complaint #12455 was substantiated. (See Tag Y0500) <u>Unsubstantiated:</u> 3. Complaint #12259 could not be substantiated. No regulatory deficiencies could be identified. 4. Complaint#12403 could not be substantiated. No regulatory deficiencies could be identified. 5. Complaint #12265 could not be substantiated. No regulatory			

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	deficiencies could be identified. The investigation of the complaint included: Observation of residents and staff interactions, privacy and a tour of the facility. Interviews were conducted with residents, Caregivers, Hospice Liaison, and the Administrator. Record Review of residents, which included the residents of concern. Document Review included incident reports, hospital records and policies and procedures. 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.			
Y 0500 SS= D	NAC 449.258 **Written policies for facility required; visiting hours;mail; employees required to comply with policies.** 1. Written policiesfor a residential facility that comply with the provisions of NAC 449.156 to449.2766, inclusive, must be	Y 0500	1. Administrator has an annual updated policies and procedure manual at the facility. Staff are trained upon hire and with annual caregiver training on policies and procedures. Policy and procedure manual is at the facility and updated annually. Staff fall procedure has been and will continue to ask staff to actively call management right away, if at all possible even during the incident. This way management can come to assist with taking care of resident issue, informing proper parties, and helping to make incident reports.	12/02/2025

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	developed. 2. A policy on visiting hours must beestablished to promote contact by the residents with persons who are notresidents of the facility. The policy regarding visits must be flexibleto ensure that every resident has the opportunity to retain and strengthen tieswith family and friends. 3. Assurances must beprovided that incoming and outgoing mail for a resident will not be interferedwith in any way, unless written permission is obtained from the resident or hisrepresentative. Permission obtained fromthe resident or his representative may specifically state the type of mail thatmay be interfered with by the member of the staff of the facility. Permission granted by a resident or hisrepresentative pursuant to this subsection may be revoked by the resident atany time. 4. The employees of the facility shall comply with the policies developed pursuant to this section. . Inspector Comments: Based on interview, file review and document review, the facility failed to comply with their established policies and procedures regarding resident falls for 1 of 4 sampled residents. (Resident #1) Findings include:		2. Management will now physically ask care staff on daily visits if there are any incidents that have happened. In this way we can double check to make sure that no incidents happen that management is unaware of. Management can assist in helping with the resident situation and inform power of attorney, and help make incident reports. 3. Administrator and management will physically ask staff if any incidents have happened in addition to current requirement that staff are to call management as soon as possible if not during the incident itself. In this way management can go there right away to support staff in giving resident as much attention as possible. In addition to helping to notify responsible parties and make incident report. In this way reports and information can be most accurate and timely for resident and family. 4. Administrator will be responsible to give a copy of policy and procedure upon hire as well as review during annual caregiver training. Administrator will also ensure management physically asks about incidents during each visit to the care home. 5. Administrator reviewed with staff on 9/17/25 after they were made aware of the incident and after survey on 12/02/25. Management began systemic changes already by physically asking about any incidents at the facility during daily visits starting at this time as well. Policy and procedures are in the pink binders at the care facility. Administrator will check periodically and update annually.	

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	Resident #1 (R1) R1 was admitted to the facility on 07/31/25 with diagnoses including dementia and hypertension and discharged to the hospital on 09/17/25. R1's record revealed an incident report dated 09/17/25. R1's incident report documented on 09/16/25, R1 had slid off their bed, onto the floor and staff had helped them back to bed. The incident report documented the Caregiver called the Administrator on 09/17/25 and documented they did not follow the policy of the facility to inform Management right away. The Administrator confirmed an incident report was not completed on the day of the incident, and therefore the Manager, nor the family was notified of the incident. Additionally, record review revealed a lack of documented evidence the facility completed an incident report on the day the incident occurred, on 09/16/25, and did not notify the family as a result. On 12/02/25 in the morning, the Administrator verbalized they received a call from the facility on 09/17/25 from a Caregiver informing them the family of R1 was present, upset and wanted to talk to the Administrator. The Administrator verbalized the Caregiver then called management and informed them R1 had fallen the previous day, 09/16/25, but they did not follow the policy and called Management when it occurred. The Administrator confirmed the facility failed to call Management right away when R1 fell, as a result, the facility failed to comply with their established policies and procedures regarding resident falls, to complete an incident report the day of the incident, and to notify Management, responsible party and medical as soon as possible. The facility fall policy (not dated) documented the following:			

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	• 2nd caregiver must call management right away to ensure POA and medical are updated as soon as possible. • Management will come and assist residents and staff with getting medical attention, and with informing family as well as making incident report. On 12/02/25 in the morning, the Administrator acknowledged the facility failed to call Management right away when R1 fell, as a result, the facility failed to comply with their established policies and procedures regarding resident falls, to complete an incident report the day of the incident, and to notify Management, responsible party and medical as soon as possible. Severity: 2 Scope: 1 Complaint #12455 and 12246			