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
	9279	A. BUILDING _____ B. WING _____	03/16/2026

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 an annual survey initiated at your facility on 03/16/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or individuals with mental illness, Category II residents. The census at the time of the survey was ten. Ten resident files and six employee files were reviewed. The facility received a grade of A.			
Y 0106 SS= E	NAC 449.0113 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 6 sampled employees received cardiopulmonary resuscitation (CPR) training from a nationally recognized organization which provided a hands-on training component (Employee #1, #2, and #6).	Y 0106	1. Employees 1, 2, and 6 have retaken CPR class with a certified instructor that gives classes to PCA, Assisting Living communities, Group homes, Home Health and Hospice agencies and brings along a dummy and AED practice device to the training class. 2. Administrator will question and ensure that all further classes continue to be in person but also bring AED practice devise and a dummy to practice on during the training. Only after asking these questions will a instructor be hired to give classes at the facility. 3. Administrator will do the checks to ensure these additional requirements are met by employees and those that train in CPR upon new hire and bi-annually afterward 4. Administrator will be responsible to ensure on going compliance 5. Corrected on 3/20/26	03/20/2026

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	Findings include: Employee #1 (E1) E1 was hired on 11/24/25, as a Caregiver. E1's file documented a training certificate from an organization named Hard Hat CPR dated 12/03/25. Employee #2 (E2) E2 was hired on 12/01/25, as a Caregiver. E2's file documented a training certificate from an organization named Hard Hat CPR dated 12/06/25. Employee #6 (E6) E6 was hired on 02/27/26, as a Caregiver. E6's file documented a training certificate from an organization named Hard Hat CPR dated 02/24/26. The employee files lacked documented evidence the CPR training was taken from a nationally recognized organization. On 03/16/26 in the morning, the Administrator reported taking online training for the purpose of training the employees of the facility. The Administrator then provided the training to E1, E2 and E6. Document review of the Hard Hat CPR training summary provided by the Administrator, revealed the training did not come with a dummy or Automated External Defibrillator (AED) simulator and that these should be purchased separately and used accordingly to observe employees properly administering CPR. On 03/16/26 in the morning, the surveyor did not observe a dummy or AED simulator in the facility. On 03/16/26 in the morning, the Administrator acknowledged the facility had not purchased a CPR dummy or AED simulator to observe employees properly administering CPR, per the guidance of the training summary.			

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	On 03/18/26 in the morning, the Administrator verbalized being unaware of whether the Hard Hat CPR training was a nationally recognized organization. Severity: 2 Scope: 2			
Y 0740 SS= D	**NAC 449.272** **Residents requiring use of indwelling catheter.** 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or	Y 0740	1. Application for Foley Catheter Waiver place on the Nevada Department of Health and Human Services waiver portal. 2. Administrator will add Foley Catheter to the Waivers that the facility applies for to retain residents that need it or for new incoming residents that will arrive with a Foley. 3. Administrator will add this as part of the regular checks and Ticklar Charting to ensure new admits have this application completed for foley waiver when admitted with a foley as well as when the health diagnosis requires medical to start a foley on current residents. 4. Administrator will be the one responsible for implementing this process to evaluate resident having a foley and applying for waiver 5. Application Completed with all requirements for Waiver on 3/31/26	03/31/2026

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	(2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d)The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain a resident who had a Foley catheter (Resident #9). Findings include: Resident #9 (R9) R9 was admitted on 01/22/26, with a diagnosis of end stage renal disease. On 03/16/26 in the morning, R9 was observed to have a Foley catheter. On 03/16/26 in the morning, R9 reported a Caregiver visited weekly to take care of R9's Foley catheter. On 03/16/26 in the morning, the Administrator reported R9 could not care for the Foley catheter without assistance. According to the Administrator, R9's Home Health visited R9 weekly to care for R9's Foley catheter. Review of R9's record revealed R9 had a Foley catheter. R9's file lacked documented evidence of an approved Foley catheter medical exemption from the Bureau. On 03/16/26 in the morning, the			

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	Administrator acknowledged R9 did not currently have an approved Foley catheter exemption on file. Severity: 2 Scope: 1			