STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9789	A. BUILDING _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
D' CAESARS CARE HOME	3856 JEWEL AVENUE, 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 state licensure survey completed at your facility on 11/04/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, with endorsements for mental illness, Category II residents. The census at the time of the survey was six. Six resident files and three employee files were reviewed. The facility received a grade of B. 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.			
Y 0270 SS= F	NAC 449.2175 **Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.** 1. A residential facility shall have adequate facilities and equipment for the preparation, service and storage of food. 2. Tables and chairs must be of proper height and of sufficient number to provide seating for the number of residents authorized for the facility. They must be	Y 0270	1)After the surveyor left the facility, we immediately pull all expired or past "use by date food items from the kitchen cabinet, refrigerator, freezers and display areas" to identify any other potential issues. 2)To make sure the deficiency will not be occur, the administrator Develop and implement a written plan to prevent recurrences. "Staff Training Retrain all employees on identifying and removing, and properly disposing of expired products, Schedule for regularly. 3) The corrective action will be monitored by lead caregiver and owner regularly.	11/04/2025

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	sturdy and have easily washable surfaces. Chairs must be constructed so that they do not overturn easily. 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. 6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board of the Institute of Medicine of the National Academies. 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available in between meals for the residents who are not prohibited by their physicians from eating between meals. 8. A resident must be served meals in his or her bedroom for not more than 14 consecutive days if the resident is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other residents in their rooms upon request. If a meal is served to a resident in his or her room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his or her room.		4) The responsible person to make sure that the plan of correction is implemented are the owner and administrator, 5) Corrective action was done November 4, 2025	

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	Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired, properly labeled and suitable for residents. Findings include: On 11/04/25 in the morning, the following was observed in the refrigerator: - A container of cream cheese with an expiration date of 09/04/25. - A carton of chocolate milk with an expiration date of 10/22/25. - A carton of orange juice with an expiration date of 10/15/25. - A container of potato salad with an expiration date of 10/18/25. - Multiple containers with unidentified food inside, no package date, and no throw away dates. There were no updated handwritten dates on the containers other than the manufacturer's expiration dates. On 11/04/25 in the morning, a Caregiver confirmed there were expired items in the refrigerator and there were miscellaneous food stored in old containers which did not indicate what the item was, when it was stored, and when it needs to be removed or used by. Severity: 2 Scope: 3			
Y 0920 SS= F		Y 0920	1)The specific deficiency was corrected as soon as surveyor left the facility by	11/04/2025

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	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 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		Removing the medication cups in an unsecured kitchen cabinet. The medication that was found in an unlocked small refrigerator by the dining table was removed. The medications that need refrigeration now back inside the main kitchen refrigerator in a small, locked box. (2 attachment) 2)To make sure that this deficiency will not be occur, the owner and caregiver will check that the kitchen cabinets are no longer in use. All medications will be kept in one place main cabinet. 3) The corrective action will be monitored by Lead caregiver and the owner, by checking every day. 4)The responsible persons to make sure that the plan of correction is implemented are owners and lead caregiver. 5)Corrective action was don November 4, 2025.	

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	medications were properly stored and secured. Findings include: On 11/04/25, in the morning, multiple medications were found in medication cups in an unsecured cabinet in the kitchen. On 11/04/25, in the morning, multiple medications were found in an unlocked refrigerator in the kitchen. On 11/04/25, in the morning, a caregiver confirmed there were multiple medications improperly stored in the kitchen cabinet. On 11/04/25, in the morning, the Owner confirmed there were multiple medications improperly stored in a refrigerator, in the kitchen, that could not be locked. Severity: 2 Scope: 3			
Y 0874 SS= F	**NAC 449.2742** **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure the Administrator reviewed and initialed six-month medication	Y 0874	1)The new medication review for R#1 R#2 R#3 R#6 For now has the same date 11-7-25 six-month medication review dates. (attachments Y o874 4 pages). 2) To make sure that this deficiency will not be occur, the lead caregiver and the owner will remind the nurse of any changes of resident's medications and let physician sign so the administrator can verify the 6-month medications review. 3)The corrective action will be monitored by lead caregiver and owner at least every quarter unless there are changes of medication of residents. 4)The responsible persons to make sure that the plan of correction is implemented are owner and administrator.) Corrective actions was done on November 11, 2025.	11/07/2025

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	reviews for 4 of 6 sampled residents (Residents #1, #2, #3 and #6). Finding include: Resident #1 (R1) R1 was admitted on 06/30/20 with diagnoses including cerebral vascular accident and hypertension. R1's file documented medication review forms dated 05/21/25 and 07/08/25. R1's medication reviews lacked evidence of the Administrators review and initials. Resident #2 (R2) R2 was admitted on 04/25/25 with diagnoses including schizophrenia and seizure disorder. R2's file documented a medication review form dated 07/08/25. R2's medication review lacked evidence of the Administrators review and initials. Resident #3 (R3) R3 was admitted on 04/11/25 with diagnoses which included chronic obstructive pulmonary disorder. R3's file documented a medication review form dated 10/06/25. R3's medication review lacked evidence of the Administrators review and initials. Resident # (R6) R6 was admitted on 03/04/23 with			

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	diagnoses including chronic obstructive pulmonary disorder and hypertension. R6's file documented medication review forms dated 06/25/25 and 09/01/25. R6's medication review lacked evidence of the Administrators review and initials. On 11/04/25 in the morning, the Owner acknowledged the Administrator did not review and initial medication reviews for R1, R2, R3, and R6. Severity: 2 Scope: 3			
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and	Y 1825	1) The infection Control of E#3 was 6 months past due. The E-#3 took infection to CDC website the 15 hours. (Attachment 15 pages) on November 4, 2025 2) The make sure that this deficiency will not occur, the owner and lead caregiver will check employee's file at least every 6 months. 3) The corrective action will be monitored by lead caregiver and owner by checking the employees file every 6 months. 4) The responsible persons to make sure the plan of correction is implemented are the owner and administrator. 5) The corrective action was done November 4, 2025	11/04/2025

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	Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control staff member completed 15 hours of infection control training annually (Employee #3). Findings include: Employee #3 (E3) was hired on 06/05/20 as the Owner and a Caregiver. E3 was identified as the secondary infection control manager for the facility. E3's file revealed 15 hours of infection control training was last completed on 05/10/24. On 11/04/25 in the morning, the Administrator confirmed 15 hours of infection control training had not been completed by the secondary infection control manager since 05/10/24. Severity: 2 Scope: 2			