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
	9793	A. BUILDING _____ B. WING _____	11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BENEVOLENT HEART CARE HOME	508 PEARBERRY AVENUE, LAS VEGAS, NEVADA ,89183

(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 completed in your facility on 11/10/25. The census at the time of the survey was 9. The sample size was 5. There was one complaint investigated. The facility received a grade of A. Substantiated: 1. Complaint #NV12352 was substantiated. (See Tag Y526) The investigation of the Complaint included: Observation of grooming and physical appearance for residents, resident activities, staff interactions with residents, medication administration and a tour of the facility. Interviews were conducted with the resident of concern, residents, a Certified Nursing Assistant, Caregivers, the Lead Caregiver and the Owner. Clinical Record Review of five records, which included the resident of concern. Document Review included facility policy and procedures and the facility activity schedule.			
Y 0526 SS= F	NAC 449.260 and RO43-22 Activities for residents. 1. The caregivers employed by a residential facility shall:	Y 0526	1. The following day after the survey, all Caregivers were given in-service training on how to offer activities to the residents. They will state the activity offered and assist in any way in order for the resident to participate. If the resident chooses not to participate or is unable to, their choice will	11/11/2025

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	(a)Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents; (b)Provide group activities that provide mental and physical stimulation and develop creative skills and interests; (c) Plan recreational opportunities that are suited to the interests and capacities of the residents; (d) Provide each resident with a written program of activities; (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities; (f) Encourage each resident to participate in the activities scheduled pursuant to his or her person-centered service plan; and (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires Inspector Comments: Based on observation, interview and document review, the facility failed to ensure activities were provided in accordance with the Activity Calendar. Findings include: On 11/10/25 at 8:54 AM, Resident #2 (R2) reported not being aware of any activities at the facility. R2 verbalized it would be nice if the facility offered more for residents to do.		be respected. 2. The morning Activities time was changed from 10:00am-11:00am to 8:00am-9:00am, when the caregivers are not as busy with their duties. 3. Lead Caregiver will follow the Activities Time Schedule with the help of the other Caregivers on duty. 4. The Administrator is ultimately responsible for ensuring that the plan of correction is implemented. 5. On 11-11-25, all Caregivers were given an in-service training. 6. Please see attached document.	

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	On 11/10/25 at 8:55 AM, Resident #3 (R3) reported the facility does not really offer activities. On 11/10/25 at 9:03 AM, Resident #4 (R4) verbalized they had not observed any activities since they had arrived at the facility. R4 reported the facility will only take R4 outside now and then. On 11/10/25 at 9:03 AM, two residents were seen in the living room watching television and seven were in their bedrooms. Activity calendar dated 11/10/25 documented exercise and a ball toss would take place from 10:00 AM to 11:00 AM. On 11/10/25 at 10:05 AM, the scheduled activity was not observed taking place. On 11/10/25 at 10:40 AM, Employee #1 (E1) verbalized the staff were busy this morning and acknowledged the posted activities were not offered. Employee #2 (E2) reported they were giving showers this morning and acknowledged activities had not been offered. Severity: 2 Scope: 3 Complaint #12352			