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
	10088	A. BUILDING _____ B. WING _____	10/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABSOLUTE CIRCLE OF CARE-ACKERMAN, LLC	7385 ACKERMAN AVE, LAS VEGAS, NEVADA ,89131

(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 mandatory re-grading survey initiated at your facility on 10/01/25. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Five resident files and three employee files were reviewed. The facility received a grade of A.			
Y 0870 SS= D	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	Y 0870	1) The administrator immediately called the nurse practitioner for Resident #5 to obtain their medication review. 2) Nurse practice visited Resident #5 and hand delivered the medication review she had on file dated Sept 3, 2025. See attachment. The administrator signed it immediately. 3) The administrator will mark the calendar to make sure this regulation is met. Resident #5 was discharged on Oct 9, 2025. 4) Corrected on 10/22/25.	10/22/2025

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	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 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 a medication review was completed every six months for 1 of 5 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 03/09/25, with a diagnosis of type 2 diabetes mellitus. On 10/01/25 in the morning, R5's file lacked documented evidence of a six-month medication review. On 10/01/25 in the morning, the Caregiver acknowledged the missing medication review and was unable to provide the documentation.			

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	Severity: 2 Scope: 1			
Y 0874 SS= D	**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 interview and record review, the facility failed to ensure six-month medication reviews were initialed as reviewed by the Administrator for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 06/01/24 with diagnoses including cellulitis and acid reflux. R3's most recent medication review was performed on 06/30/25. There was no documentation of the Administrator's initials on R3's medication review. On 10/01/25 in the morning, the Caregiver acknowledged the Administrator's initials were not on R3's 06/30/25 medication review and should have been. Severity: 2 Scope: 1	Y 0874	1) The administrator immediately signed Resident #3 medication review. See attachment. 2) The administrator shall ensure that medication review documents are signed within 72 hours upon being reviewed by the residents physician. 3) Corrected on 10/22/25	10/22/2025