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
	10745	A. BUILDING _____ B. WING _____	10/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA CARE HOME	5700 EXOTIC ROSETTE AVE, LAS VEGAS, NEVADA ,89139

(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 an annual State Licensure survey completed at your facility on 10/19/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A.			
Y 0994 SS= F	NAC 449.2756 **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments:	Y 0994	**1. How will the facility correct the deficiency?** The Administrator met with the resident on 10/19/26 who owns the scissors explained the facility's safety requirements regarding the storage of sharp objects. Although the resident does not have Alzheimer's disease or dementia, the Administrator explained that the facility must maintain a safe environment for all residents due to its Alzheimer's endorsement.	10/20/2026

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	Based on observation and interview, the facility failed to ensure sharp objects were not accessible to residents. Findings include: On 10/19/26 in the morning, there was a pair of scissors observed unsecured in a drawer in bathroom #1. On 10/19/26 in the morning, the Administrator acknowledged the sharp object was unsecured and should have been locked. Severity: 2 Scope:3		The resident's scissors will be secured in a designated locked storage area. The resident may request the scissors from a caregiver whenever needed for personal grooming. After use, the scissors will be returned to the caregiver and immediately secured in the locked storage area. This procedure will allow the resident to maintain his personal grooming routine while ensuring that the scissors are not left unsecured or accessible to other residents. The resident verbalized understanding and agreement. **2. What measures or systematic changes will be implemented to prevent recurrence?** The Administrator will conduct an inspection of all resident bedrooms, bathrooms, and common areas to identify any unsecured scissors, knives, tools, or other potentially hazardous sharp objects or liquids. All identified hazardous items will be secured in designated locked storage areas. The Administrator will provide	

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			staff education regarding NAC 449.2756(e), emphasizing the importance of ensuring that potentially dangerous objects are not accessible to residents. Caregivers will be instructed to assist residents in obtaining personal grooming items when needed and to ensure that these items are returned to locked storage immediately after use. Environmental safety checks will be incorporated into the facility's routine safety procedures to prevent recurrence. **3. How will the Administrator monitor compliance?** The Administrator or designated staff member will conduct weekly environmental safety inspections for four consecutive weeks, followed by monthly inspections for three months. Inspections will include resident bedrooms, bathrooms, and common areas to ensure that scissors and other potentially hazardous objects are not left unsecured or accessible to residents. Inspection findings will be documented on an Environmental Safety Inspection Log. Any identified deficiencies	

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			will be corrected immediately, and additional staff education will be provided as necessary. The Administrator will review inspection results to ensure continued compliance with NAC 449.2756(e). **4. Person Responsible** Facility Administrator **5. Completion Date** October 19-20, 2026	