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
	10911	A. BUILDING _____ B. WING _____	10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTA CARE HOME, INC.	2007 ALTA DRIVE, LAS VEGAS, NEVADA ,89106

(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 10/28/25. The census at the time of the survey was six. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00012266 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of grooming and physical appearance for residents, food available on-site, portion sizes of meals, security of the facility, the temperature of the facility, and a tour of the facility. Interviews were conducted with residents, Caregivers, and the Administrator. Clinical Record Review of five records, which included the resident(s)/ patient(s) of concern. Document Review included facility policy and procedures, the facility admission agreement, and menus.			
Y 0270 SS= F	NAC 449.2175	Y 0270	Tag270 a) After survey administrator ordered the	10/28/2025

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	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 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		removal of expired food items in the refrigerator and instructed the staff to replenish said items with fresh and/or newer ones . b) Administrator shall discuss the freshness and availability of food items suitable for consumption during the next caregiver's meeting ; (C) Administrator shall go over resident refrigerator and storage to ensure food items are fresh and unexpired and shall require caregivers to monitor the same and report to management for immediate action. (D) Person responsible : Administrator (E) Date of completion : October 28, 2025	

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	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. Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired and was suitable for residents. Findings include: On 10/28/25 in the morning, the following was observed: -Three containers of peach yogurt which expired on 09/02/25 in the kitchen refrigerator. -A container of strawberry yogurt which expired on 09/02/25 in the kitchen refrigerator. -A bag of moldy bagged broccoli which expired 09/17/25 in the kitchen refrigerator. -A gallon of milk which expired on 10/26/25 in the kitchen refrigerator. -A container of red pepper hummus which expired on 07/07/25 in the kitchen refrigerator. -A bag of carrots which expired on 09/18/25 in the kitchen refrigerator. -A container of peppers which stated the sell by date was 09/18/25 in the kitchen refrigerator. On 10/28/25 in the morning, the Caregiver acknowledged the expired food and indicated it was not suitable for residents. Severity: 2 Scope:3			

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Y 0830 SS= D	**NAC 449.2736** **Request to exempt certain resident from restrictions; contents of request.** 1. The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. 2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition; (b) A plan for ensuring that the resident's medical need scan be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. 3. A written request submitted to the division pursuant to this section must be received:	Y 0830	Tag 830 (A) Resident #1 was already discharged from the facility prior to the survey. Upon clarification with the Bureau following the survey, the Administrator confirmed the resident no longer resided at the facility and therefore no medical exemption was required. (B) Administrator shall discuss with residents' nurses and physicians of the need to apply for medical exemptions should the resident need one and matters of this nature should be passed tot he facility prior to admission. (C) Administrator shall go over resident's medical conditions and consult from time to time resident's case worker and nurses to be aware of the circumstances should the need for medical exemption arises. (D) Person responsibilities: Administrator Date of completion: October 30, 2025	10/30/2025

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	(a) Before the administrator admits a resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive. 4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive. 5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau and/or approved by the Bureau to retain 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 10/03/24 with diagnoses including encephalopathy, malnutrition, and cognitive communicative deficit. On 10/28/25 in the morning, a review of R1's file revealed a medication review report dated 10/03/24 stating multiple enteral feed orders. R1's file contained progress notes dated 10/01/24 revealing R1's past surgical history including a Percutaneous Endoscopic			

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	Gastrostomy(PEG) Tube for nutrition and administering medication. R1's file lacked documented evidence of an application for submission and/or an approved medical exemption for a PEG Tube. Review of the Bureau's medical exemptions applications database revealed the facility had not submitted an application for a medical exemption to retain R1 at the facility. On 10/28/25 in the morning, E2 verbalized being employed at the facility for three months prior to R1's discharge and being unfamiliar with the medical exemption process. Severity: 2 Scope:1			
Y 0905 SS= F	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given.	Y 0905	Tag 905 (A) After survey administrator directed caregivers to immediately initiate the resident's MAR after giving the residents their medication . (B) Administrator shall discuss during the next caregiver's meeting the need to initiate immediately after medication have been given to the residents. (C) Administrator shall go over the MAR during his monthly walkthrough and shall check with caregivers on the proper entry of the same. (D) Person responsible: Administrator (E) Date of completion: October 28, 2025	10/28/2025

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	2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was initialed at the time of medication administration for 6 of 6 residents. Findings include: On 10/28/25 in the morning, the facility's MAR was reviewed. Review of the MAR revealed the morning medication administrations had not yet been initialed. On 10/28/25 in the morning, resident interviews revealed the residents had been given their morning medications. On 10/28/25 in the morning, E2 confirmed the residents had been given their medications and the MAR had not been initialed as required. Severity: 2 Scope: 3			