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
	11151	A. BUILDING _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS HOME	4300 DEL MONTE AVE, LAS VEGAS, NEVADA ,89102

(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 0000- No 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. The RFG was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation at your facility on 07/28/2026. The facility is licensed for ten Residential Facility for Group beds for elderly or 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. There was one complaint investigated. Complaint #NV00013785 was substantiated with no deficient practice. The investigation of the complaint included: Observations of residents in the facility, staff providing care to the residents, residents eating meals, and residents exercising. Interviews were conducted with residents, resident's family, Caregivers, House Manager, Hospice Director of Nursing, and Home Health Director of Patient Care	RFG 0000- No Deficiencies		

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	Services. Record review included signed residents' admission agreements, signed release forms, and hospice election statements. Document review included facility policies, monthly menus, and activity schedules.			