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
	12216	A. BUILDING _____ B. WING _____	08/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORTEX CARE, LLC	7375 MOUNTAIN ASH DRIVE, LAS VEGAS, NEVADA ,89147

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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 08/10/26. The facility is licensed for eight Residential Facility for Groups beds for elderly and disabled persons and/or persons with mental illnesses, four Category I and four Category II. The census at the time of the survey was eight. Eight resident files and eight employee files were reviewed. The facility received a grade of A.			
Y 0874 SS= F	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. <u>The report must be reviewed and initialed by the administrator.</u>	Y 0874	1.The administrator and/or designee will complete an medication audit for all residents to identify any pharmacy reviews that have not been signed by the administrator. 2.The administrator and/or designee will conduct a quarterly pharmacy review audit to ensure that all reviews have been signed by the administrator. (see attached audit tool) 3.The administrator and/or designee will conduct a quarterly pharmacy review audit to ensure that all reviews have been signed by the administrator. 4.Administrator 5.August 17th,2026	08/17/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure six-month medication regimen reviews were completed every six months for 2 of 8 residents (Resident #1 and Resident #2) and failed to ensure the Administrator reviewed and initialed six-month medication regimen reviews for 8 of 8 residents, per the requirement. (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7 and Resident #8) Findings include: Resident #1 (R1) R1 was admitted on 10/21/25 with diagnoses including hemiplegia, hemiparesis and hypertension. R1's file revealed a medication regimen review dated 07/31/26. R1's file lacked documented evidence a medication regimen review was conducted every six months. R1's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #2 (R2) R2 was admitted on 08/11/25 with diagnoses including viral hepatitis C and schizophrenia. R2's file revealed a medication regimen review dated 07/31/26. R2's file lacked documented evidence a medication regimen review was conducted every six months. R2's 07/31/26			

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	Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #3 (R3) R3 was admitted on 01/16/26 with diagnoses including personal history of transient ischemic attack and epilepsy. R3's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #4 (R4) R4 was admitted on 02/25/26 with diagnoses including chronic obstructive pulmonary disease and hypertension. R4's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #5 (R5) R5 was admitted on 01/16/26 with a diagnosis of cerebral infarction and hypertension. R5's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #6 (R6) R6 was admitted on 06/11/26 with a diagnosis of epilepsy and intracranial injury. R6's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #7			

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	R7 was admitted on 05/12/26 with a diagnosis of acute kidney failure and nicotine dependence. R7's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. Resident #8 R8 was admitted on 12/10/25 with a diagnosis of toxic encephalopathy. R8's 07/31/26 Medication Regimen Review lacked documented evidence of the Administrator's review and initials. On 08/10/26 in the afternoon, the House Manager acknowledged the medication regimen reviews for R1 and R2 were not conducted every six months and acknowledged the missing Administrator review and initials on the 07/31/26 Medication Regimen Reviews for R1, R2, R3, R4, R5, R6, R7 and R8. Severity: 2 Scope: 3			
Y 0878 SS= E	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be	Y 0878	1.The administrator and/or designee will complete an medication audit for all residents to identify any missing medications. 2.The administrator and/or designee will re educate all med techs on the proper procedure of reordering medications and what to do if/when the med is on back order from the pharmacy. 3.The administrator and/or designee will conduct BIWEEKLY med cart audits to ensure all meds are current and available. (See attached audit form). 4.Administrator 5.August 17th,2026	08/17/2026

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	administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments:			

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	Based on observation, record review, document review and interview, the facility failed to ensure medications were on-site and available for medication administration for 3 of 8 residents. (Resident #6, Resident #7 and Resident #8) Resident #6 (R6) R6 was admitted on 06/11/26 with a diagnosis of epilepsy and intracranial injury. R6's August 2026 Medication Administration Record (MAR) documented Oxcarbazepin 300 Milligrams (mg) tab, take one tablet by mouth two times daily for seizure disorder related to epilepsy. On 08/10/26 in the morning, during medication review, R6's Oxcarbazepin 300 mg tab, take one tablet by mouth two times daily for seizure disorder related to epilepsy medication was observed as not on-site. A physician's order dated 06/11/26, documented Oxcarbazepin 300 mg tab, take one tablet by mouth two times daily for seizure disorder related to epilepsy. A Medication Verification Review Form dated 07/31/26, documented Oxcarbazepin 300 mg tab, take one tablet by mouth two times daily for seizure disorder related to epilepsy. An Ultimate User Agreement dated 05/28/26, documented R6 required medication administration. Resident #7 R7 was admitted on 05/12/26 with a diagnosis of acute kidney failure and			

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	nicotine dependence. R7's August 2026 Medication Administration Record (MAR) documented Quetiapine 100 Milligrams (mg) tab, take one tablet by mouth daily at bedtime. On 08/10/26 in the morning, during medication review, R7's Quetiapine 100 mg tab, take one tablet by mouth daily at bedtime was observed as not on-site. A physician's order dated 05/16/26, documented Quetiapine 100 Milligrams (mg) tab, take one tablet by mouth daily at bedtime. A Medication Verification Review Form dated 07/31/26, documented Quetiapine 100 Milligrams (mg) tab, take one tablet by mouth daily at bedtime. An Ultimate User Agreement dated 05/12/26, documented R7 required medication administration. Resident #8 R8 was admitted on 12/10/25 with a diagnosis of toxic encephalopathy. R8's August 2026 Medication Administration Record (MAR) documented Daily Vitamin tab, take one by mouth daily. On 08/10/26 in the morning, during medication review, R8's Daily Vitamin tab, take one by mouth daily, was observed as not on-site. A physician's order dated 04/16/26, documented Daily Vitamin tab, take one by mouth daily. A Medication Verification Review Form			

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	dated 07/31/26, documented Daily Vitamin tab, take one by mouth daily. An Ultimate User Agreement dated 01/16/26, documented R8 required medication administration. On 08/10/26 in the morning, E3 confirmed the medications for R6, R7 and R8 had run out, were not on-site and not available for medication administration. Severity: 2 Scope: 2			