DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 2	**3225 BRAZOS STREET, LAS VEGAS, NEVADA ,89169**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 10/28/25, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was ten. The sample size was 5. There was one complaint investigated. The facility received a grade of A. Unsubstantiated: 1. Complaint #NV00074855 was unsubstantiated due to lack of evidence. The investigation of the Complaint included: Observation of grooming and physical appearance for residents, interactions between staff and residents, residents in their beds, the medication bins of the residents, and the physical environment. Interviews were conducted with residents, a Clark County Public Guardian, Caregivers, and the Administrator. Clinical Record Review of five resident files, which included the resident of concern. There were four documents reviewed including the facility's admission policy, medication management policy, the ROC's hospital discharge summary and the facility's Resident Missed or Refused Medication Notification Form. The findings and conclusions of any investigation by the Division of Purchasing and Compliance shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS C. TAN Title: ADMINISTRATOR Date: 11/12/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0890 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. . Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) (ROC) R1 was admitted on 08/06/25 with diagnoses including traumatic brain injury and hypertension. The August 2025 MAR that was faxed to the hospital on 08/21/25 at 3:09 PM documented R1's Clopidogrel 75 milligrams (MG) was not initialed on 08/20/25 as administered. R1's file contained the completed MAR for August 2025 which documented R1's Clopidogrel 75 mg. was not initialed on 08/20/25 as administered. On 10/27/25 in the afternoon, E2 confirmed R1 received all medications and the MAR was not initialed for the Clopidogrel. Severity: 2 Scope: 1	0890	1. Medication Tech. to review MAR for initials to verify medication has been given. 2. Main caregiver/med. tech. has to review MAR to ensure medications are initialed after medication is given to verify its timely administration. 3. Main caregiver/med. tech will monitor that medications in the MAR are initialed after every administration. 4. Main caregiver/med. tech. 5. 10/27/2025 6. MAR attached	11/12/2025