STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	129	A. BUILDING _____ B. WING _____	12/16/2025

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LAS VEGAS ALZHEIMER & 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
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 survey completed at your facility on 12/16/25. The facility is licensed for ten Residential Facility for Group beds or elderly and disabled persons and/or Alzheimer's Disease, Category II residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of B.			

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees had a Nevada Automated Background Check System (NABS) clearance letter for the facility (Resident #4). Findings include: Employee #4 (E4) E4 was hired on 01/10/09. E4's file contained a NABS clearance letter dated 11/03/23 for a different facility. E4's file lacked documented evidence of a NABS background check conducted for employment at the facility. A review of the NABS online system verified E4 had not received a NABS clearance letter to work in this facility. On 12/16/25 in the afternoon, E1 acknowledged E4 did not have a NABS clearance letter to work in this facility. Severity: 2 Scope:1	Y 0104	1. The NABS clearance on file was from a previous sister company/facility. That facility was sold in October 2024 and she was transferred to LV Alzheimers and Memory Care. She retired and had her last day of work on December 16, 2025. No new fingerprints/background check were obtained. 2. Administrator must ensure that the NABS clearance letter must match the facility where an employee is working. 3. Administrator will monitor to ensure that the deficiency will not recur. 4. The administrator. 5. 1/12/2025 6. NABS report of employment status - Separated	01/12/2025
Y 0930 SS= E	**NAC 449.2749**	Y 0930	1. The PCP for residents #1 and #5 ordered Quantiferon Gold TB Test and results were faxed to the facility on 12/23/25.	12/16/2025

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	Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any		2. Lead caregiver must check if resident's annual TB test/Quantiferon Gold TB Test were up-to-date. 3. Lead caregiver must monitor and ensure annual requirements are met by residents for compliance. 4. Lead caregiver. 5. 12/23/25 6. Results attached for R#1 and R#5.	

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	medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year.			

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	(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the			

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	bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 9 residents received an annual tuberculin (TB) test (Resident #1 and Resident #5). Findings include: Resident #1 (R1) R1 was admitted on 06/03/24 with diagnoses including Dementia, Diabetes Mellitus Type 2, and chronic kidney disease. R1's file contained QuantiFERON Gold TB test results from 03/2/4/24 and 07/23/24, both negative. R1's file lacked documented evidence of an annual QuantiFERON Gold or 1-Step TB skin test for 2025. Resident #5 (R5) R5 was admitted on 01/26/21 with diagnoses including Dementia and chronic kidney disease. R5's file contains documentation of R5's most recent TB test, a QuantiFERON Gold TB test on 08/22/24 with a negative result. R5's file lacked documented evidence of an annual QuantiFERON or 1-Step TB test for 2025. On 12/16/25 in the afternoon, Employee #1 (E1) acknowledged R1 and R5 did not have documentation of annual TB tests conducted in 2025 in their files, as required. Severity: 2 Scope:2			
Y 0878 SS= E		Y 0878	1. VA won't release doctor's change order via phone request on 1/16/26. Facility	01/15/2026

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	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 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		manager informed his public Guardian. Resident #2 had a doctor's appointment on 1/13/26. According to the Public Guardian that went with him, office won't release the change of order but gave her the current medication list, attached. 2/4/26 - Attached Current Med List and Doctor's order for Morphine. Resident #4: A discontinue order was obtained from hospice company. Copy attached. Resident #7: Acetaminophen 500Mg Tab was ordered and received by facility on 12/22/2025. Photo of medication and delivery receipt attached. Resident #7: The medication Morphine on site matches the order/current med list and recorded in MAR. 2. Medication tech must ensure that the medication received matches the doctor's order/current medication list and also matches what is written on the MAR. Any changes in the medication order must be noted in the bottle and enter new instructions in the MAR. Obtain discontinue order on medication that is no longer needed or not on the list. Keep record of any medication-change orders in resident's file. 3. The medication technician will monitor and ensure medication order matches the bottle instructions and the MAR to prevent deficiency to recur. 4. The medication technician. 5. 12/16/2025 - 1/15/2026 6. Photos of correction attached.	

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	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: Based on observation, record review and interview, the facility failed to ensure medications prescribed by a physician were on site and administration instructions matched physician orders for 2 of 9 residents (Residents #2 and #7), and a medication was on site without a physician order for 1 of 9 residents (Resident #4). Findings include: Resident #2 (R2) R2 was admitted on 07/03/25 with diagnoses including hypertension, neurocognitive disorder with psychotic feature, and acute encephalopathy. On 12/16/25 at 1:15 PM, R2's medication bin contained Losartan 100 milligram (mg) tablet, take one tablet by mouth every day for blood pressure or heart or kidneys. A physician order dated 07/03/25 documented Losartan 25 mg tablet, take one tablet by mouth every day for blood pressure, for blood pressure or heart or kidneys. A Medication Worksheet printed by the VA Medical Center on 07/03/25 documented Losartan 25 mg tablet, take one tablet by mouth every day for blood pressure; for blood pressure or heart or kidneys. R2's December 2025 Medication Administration Record (MAR) documented Losartan, 25 mg tablet, generic for Cozaar: take one tablet by mouth once daily. Initials on the MAR documented Losartan had			

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	been administered to R2 by E1 from 12/01/25 through 12/16/25. On 12/16/25 in the afternoon, E1 acknowledged that the Losartan on site for R2 was not of the prescribed dosage. Resident #7 (R7) R7 was admitted on 06/10/22 with diagnoses including Alzheimer's Disease and depression. On 12/16/25 at 2:00 PM, the following medication was on site for R7: Morphine IR 20 mg/ml solution, take 0.5 ml (10 mg) by mouth every four hours as needed for pain or shortness of breath (prefill). A physician order dated 09/01/25 documented Morphine 10 mg/5 milliliters (ml); take 0.25 ml orally every four hours as needed for pain/shortness of breath (SOB). R7's December 2025 MAR documented Morphine Sulfate 10 mg/5 ml solution; take 0.25 ml under the tongue every four hours for pain. On 12/16/25 in the afternoon, Employee #1 (E1) acknowledged the concentration and the instructions for the morphine prescribed for R7 were different than the medication available on site. A physician order dated 09/01/25 documented Acetaminophen 500 mg oral tablet; take two tablets orally every 12 hours as needed for mild pain. R7's December 2025 MAR documented Acetaminophen 500 mg tablet; take two tablets by mouth every 12 hours as needed for pain. On 12/16/25 in the afternoon, no Acetaminophen was located on site for R7. On 12/16/25 in the afternoon, E1 acknowledged Acetaminophen was not on site as prescribed for R7.			

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	Resident #4 (R4) R4 was admitted on 10/10/19 with diagnoses including major cognitive disorder and Dementia. On 12/16/25 in the afternoon, a medication bottle containing suppositories was found in R4's medication bin. The bottle was labeled Acetaminophen Suppository 650 mg, Hospice Skilled Nurse unwrap and insert one suppository rectally every four hours as needed for pain or fever. There was no physician order for Acetaminophen suppositories, and Acetaminophen suppositories were not documented on R4's December 2025 MAR. On 12/16/25 in the afternoon, E1 acknowledged medication without a prescription should not be on site. Severity: 2 Scope:2			

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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: Based on observation and interview, the facility failed to ensure potentially dangerous items were kept secured from resident access. Findings include: On 12/16/25 in the morning, the following items were observed unsecured in the home: Knives in the lockable kitchen drawer were not secured. Powdered bleach cleanser and insect repellant in an unlocked cabinet in a resident-accessible bathroom attached to a resident room. On 12/16/25 in the morning, E1 acknowledged the toxic substances and sharp objects were accessible to residents, and shouldn't have been. Severity: 2 Scope:3	Y 0994	1. Another caregiver locked the drawers where the knives were kept. The toxic substances in the bathroom were put and locked in the caregiver's closet. Before the inspector left, she rechecked both locations and they were locked and secured. 2. Caregivers were reminded to secure knives and other sharp objects and toxic substances in a locked drawer, cabinet or closet. 3. Lead caregiver will monitor for compliance so deficiency does not recur. 4. Lead caregiver. 5. 12/16/2025 6. Photos attached.	12/16/2025
Y 1840		Y 1840	1. E#1 and E#3 completed the Infection	12/22/202

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SS= F	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 4 employees received mandatory annual Infection Control training (Employee #1, #3 and #4). Findings include: Employee #1 (E1) E1 was hired as a Caregiver on 03/28/21. E1's file documented completion of infection control training provided by Comfort Care. E1's file lacked documented evidence of infection control training covering the required specific topics from a nationally recognized organization or the Bureau of Healthcare Quality and Compliance (HCQC) within the last year.		Prevention and Control Training for Unlicensed Caregivers, 12/22/25 certificate attached. E#4 has quit/retired, last day was 12/16/25. 2. Administrator must check annual requirements for caregivers are met and completed. 3. Administrator will monitor annual requirements are complete for compliance. 4. Administrator. 5. 12/22/2025. 6. Training certificates attached.	5

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	Employee #3 (E3) E3 was hired as a Caregiver on 02/25/20. E3's file documented completion of infection control training provided by Comfort Care. E3's file lacked documented evidence of infection control training covering the required specific topics from a nationally recognized organization or HCQC within the last year. Employee #4 (E4) E4 was hired as a Caregiver on 01/10/09. E4's file documented completion of infection control training provided by the Centers for Disease Control and Prevention (CDC)'s Train website, dated 01/28/24. E4's file lacked documented evidence of infection control training covering the required specific topics from a nationally recognized organization or HCQC within the last year. On 12/16/25 in the afternoon, E1 and the office manager acknowledged E1, E3, and E4 had not completed annual infection control training, as required. Severity: 2 Scope:3			