STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1932	A. BUILDING _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CNC ALZHEIMERS HOME CARE	**7765 CLEARWOOD AVE, LAS VEGAS, NEVADA ,89123**

(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 and complaint investigation completed in your facility on 06/24/26. The census at the time of the survey was nine. The sample size was four. The facility received a grade of A. There was 1 complaint investigated. Substantiated: 1. Complaint #NV13082 was substantiated. (See Tag 0620) The investigation of the Complaint included: Observation of residents requiring a gastronomy tube, bedfast residents, and the facility's oxygen storage. Interviews were conducted with residents and caregivers. Clinical Record Review of four records, which included the resident of concern. Document Review included facility policy and procedures.			
Y 0620 SS= D	NAC 449.2702 and R089-24 4. Except as otherwise provided in this section and NAC 449.2736 and	Y 0620	1 - Facility found an appropriate facility and R10 was discharged on 02/25/2026 after finding out that waivers are no longer being approved for residents with gastrostomy tube feeding in a residential facility.	02/25/2026

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	449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services; (h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the		2 - Facility will no longer admit any residents with a gastrostomy tube feeding or any other conditions not permitted in a residential group home facility as listed in NAC 449.2702 and R089 -24. 3 - Administrator and owners will refer to NAC 449.2702 and R089-24 when admitting residents to ensure they do not have any of the conditions listed that are not permitted in a residential facility. 4 - Administrator and owners will ensure residents will not be admitted to the facility if they have any conditions that are not permitted in a residential facility setting. 5 - Corrective action was completed on 02/25/2026.	

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	existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body. **Reference - R089-24 Sec. 9.** "Bedfast" means: 1. Incapable of changing his or her position in bed without the assistance of another person; or 2. Immobile.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure a resident who required the use of a gastrostomy tube was admitted and retained at the facility. (Resident #10) Findings include: Resident #10 (R10) R10 was admitted on 01/23/26 with diagnoses including encounter for attention to gastrostomy, acute respiratory failure and chronic obstructive pulmonary disease. R10 was discharged from the facility on 02/25/26. R10's file revealed a face sheet dated 01/23/26 which specified R10 was on a special diet for tube feeding and was NPO. R10's file revealed a hospice physician order dated 01/23/26 stating R10 was to be given Jevity 1.2 tube feed formula and the PEG tube was to be flushed with 30mL. of water before and after feeding and medication administration. On 06/24/26 in the morning, E2 confirmed R10 was admitted to the facility requiring gastrostomy tube feeding, the staff were performing the gastrostomy tube feeding and water flushing, R10's hospice company had given the staff an in-service regarding gastrostomy tube feeding and flushes at the end of January 2026. Severity: 2 Scope:1			