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
	8548	A. BUILDING _____ B. WING _____	10/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL BREEZES CARE HOME, LLC	237 PALMETTO POINTE DRIVE, HENDERSON, NEVADA ,89012

(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, 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 facility 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 voluntary re-grading survey, endorsement addition, Category change and complaint investigation completed in your facility on 10/05/26, in accordance with Nevada Administrative Code (NAC)Chapter 449 Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Groups beds for elderly and disabled persons and/or persons, five Category I and five Category II. The facility has applied for an Alzheimer's endorsement with 10 Category II beds and was approved to provide services for elderly and disabled persons and/or persons with Alzheimer's disease, Category II beds. The voluntary Grading resurvey was completed with an A grade being issued.	RFG 0000- No Deficiencies		

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	The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The sample size was ten. There was one complaint investigated. Substantiated without deficiency: Complaint #NV00014103 was substantiated without deficiency. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of facility environment, physical appearance of residents and tour of the facility. Interviews were conducted with residents, Administrator, Owner of the facility. Clinical Record Review of nine records. Document Review included Fire Marshall certificate, training for all staff. No regulatory deficiencies were identified. No further action is necessary.			