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
	9278	A. BUILDING _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALTERNATIVE HOME CARE	**4504 LA ROCA CIRCLE, LAS VEGAS, NEVADA ,89121**

(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 (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. The RFG 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 complaint investigation completed in your facility on 12/17/25. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There were 2 complaints investigated. Substantiated without deficient Practice: 1. Complaint #NV00012289 was substantiated with no deficient practice. Unsubstantiated: 2. Complaint #NV00012224 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of grooming and physical appearance for residents, residents in their	RFG 0000- No Deficiencies		

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	rooms, a visitor in the facility, a visitation sign outside the facility, meal service and meal preparation, a resident ambulating throughout the facility, and a tour of the facility. Interviews were conducted with residents and a caregiver. Clinical Record Review of 5 records, which included the resident(s) of concern. Document Review included facility policy and procedures, visitors log, activities schedule, meal menus, the admission agreement, the Activities of Daily Living daily logs, and the facility's complaint/incident log.			