| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 9545 | A. BUILDING _____ B. WING _____ | 02/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **ALOHA PARADISE CARE, LLC** | **1809 WESTWIND ROAD, LAS VEGAS, NEVADA ,89146** |

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| 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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments:<br>This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 02/05/26.<br><br>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and Alzheimer's, Category II residents.<br><br>The census at the time of the survey was nine.<br><br>Nine resident files and three employee files were reviewed.<br><br>The facility received a grade of A. | | | |
| Y 0172 SS= F | NAC 449.209<br><br>2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility.<br><br>3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and | Y 0172 | 1. Owner immediately requested removal of said items that impede free movement of residents outside the facilitythat impede free movement of residents outside the facility.<br>2. Owner had her yard personnel visit every week to maintain landscape and remove any clutter outside the facility.<br>3. Administrator will regularly check premises to ensure cleanliness.<br>4. The administrator will make sure POC is implemented.<br>5 Completed on Feb. 06, 2026. | 02/06/2026 |

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| | prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.<br><br>4. To the extentpracticable, the premises of the facility must be kept free from:<br><br>(a) Offensive odors;<br><br>(b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility;<br><br>(c) Insects and rodents; and<br><br>(d) Accumulations of dirt, garbage and other refuse.<br><br>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.<br><br>Inspector Comments:<br>Based on observation and interview, the facility failed to ensure the premises were clean and well maintained.<br><br>Findings include:<br><br>On 02/05/26 in the morning, inspector observed items that impede free movement of residents outside the facility which is a safety hazard: | | | |

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| | - one extra-large tree stump with roots protruding adjacent to walk way<br>- 6 foot steel door leaned on the outside storage shed<br>- 5 foot outdoor patio heater/lantern stored on the ground behind a storage shed<br>- discarded medical metal bed frame with bedrail on exterior of facility wall<br>- multiple tree stumps 2ft x 3ft randomly discarded near storage shed<br>- flooring tiles, ceramic roofing tiles, and larger wood pile in middle of yard/walking area<br>- discarded mattress found between the air conditioning unit and exit gate from backyard<br><br>On 02/05/26 in the morning, the Administrator acknowledged the facility failed to ensure the premises were cleaned and well maintained.<br><br>Severity: 2 Scope: 3 | | | |
| Y 0830 SS= D | **NAC 449.2736**<br><br>**Request to exempt certain resident from restrictions; contents of request.**<br><br>1. The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive.<br><br>2. A written request submitted pursuant to this section must include, without limitation:<br><br>(a) Records concerning the resident's current medical condition, including | Y 0830 | 1. Administrator requested Plan of Care from providers of said residents. But even before the waiver was applied, the resident passed away.<br>2. Administrator discussed with owner what medical conditions that require a waiver.<br>3. The Administrator and owner will routinely monitor and assess the condition of each resident to ensure that any changes in health status are promptly identified and that appropriate waiver applications are submitted for conditions requiring such approval.<br>4. Administrator will make sure POC is implemented.<br>5. Completed on Feb. 10, 2026 | 02/10/2026 |

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| | updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition;<br><br>(b) A plan for ensuring that the resident's medical need scan be met by the facility;<br><br>(c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and<br><br>(d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility.<br><br>3. A written request submitted to the division pursuant to this section must be received:<br><br>(a) Before the administrator admits a resident; or<br><br>(b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive.<br><br>4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive.<br><br>5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the | | | |

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| | written request pursuant to subsection 1.<br><br>Inspector Comments:<br>Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain a resident who had a Foley Catheter, and wounds. (Resident #4)<br><br>Findings include:<br><br>Resident #4 (R4)<br><br>R4 was admitted on 01/31/26, with diagnoses including morbid obesity, insomnia, prediabetes, coronary disease, hyperlipidemia, peripheral arterial disease, and stage IV coccyx pressure ulcer.<br><br>On 02/05/26 in the morning, R4 was observed to be immobile. This was evident because the resident was not able to get out of bed unassisted.<br><br>Record review revealed R4 had a wound on the right upper buttock with a depth of approximately .9 centimeters (cm) with tunneling and depth of approximately 4.5 cm. The record indicated a new pressure ulcer had developed on 02/03/26 and was located on left buttock. The record also revealed R4 had a Foley catheter and was under the care of a home health nurse.<br><br>R4's file lacked documented evidence of an application for submission and/or an approved medical exemption for a Foley Catheter and Wounds.<br><br>On 02/05/26 in the afternoon, the Owner reported the resident could not care for the catheter without assistance of a caregiver. The owner confirmed R4’s wounds were treated 3 times per week by wound care | | | |

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| | nurse.<br><br>On 02/05/26 in the afternoon, the Owner confirmed R4 had wounds on R4's buttocks, the Foley catheter, and had not applied for a medical exemption to retain R4 for wounds and a Foley catheter.<br><br>Severity: 2 Scope: 1 | | | |
| Y 0994 SS= F | **NAC 449.2756**<br><br>**Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;**<br><br>(e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.<br><br>(g) All toxic substances are not accessible to the residents of the facility.<br><br>Inspector Comments:<br>Based on observation and interview, the facility failed to ensure dangerous items (knives, matches, tools) and toxic items were secure.<br><br>Findings include:<br><br>On 02/05/26, in the morning, a disposable razor and beard trimming shears were unsecured in the hallway bathroom between bedrooms 3, and 5.<br><br>On 02/05/26, in the morning, an exterior storage cabinet containing toxic liquid fuel bottles were found unsecured and accessible to residents in common patio | Y 0994 | 1. Owner and administrator immediately instructed staff to remove said items.<br>2. Administrator held a meeting after the survey and reminded staff to properly secure sharps and toxic substances and make sure residents have no access to them.<br>3. Administrator and owner will regularly check all areas in the facility to make sure no sharps or toxic substances are accessible to residents.<br>4. Administrator will make sure POC is implemented.<br>5. Completed on Feb. 05, 2026. | 02/05/2026 |

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| | area.<br><br>On 02/05/26, in the morning, a unsecured propane tank was left unsecured and accessible to resident patio area.<br><br>On 02/05/26 in the morning, the Owner acknowledged the unsecured disposable razor and beard shears in the hallway bathroom, and the unsecured storage cabinet on the rear patio should have been locked up.<br><br>Severity: 2 Scope: 3 | | | |