DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/10/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME, LLC	**9900 VERMILLION CLIFFS AVE, LAS VEGAS, NEVADA ,89147**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 08/10/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The sample size was five. One complaint was investigated. Complaint #NV00060574 could not be substantiated. Allegation #1 - The facility failed to disclose the facility was unable to monitor glucose was unsubstantiated based on record review of physician orders verified the resident's order for insulin was changed to pill form prior to admission with no order to monitor glucose. Allegation #2 - The facility sent the resident to the hospital for a cough the resident did not have was unsubstantiated based on lack of evidence. Allegation #3 - The facility administered blood sugar medications which lowered the resident's blood sugar was unsubstantiated based on record review of the Medication Administrator Record and physician orders verified the facility administered the medications as prescribed. Allegation #4 - The facility failed to re-admit a resident due to behavioral issues was unsubstantiated based on lack of evidence. Allegation #5 - The facility informed the family the resident's glucose was monitored by home health when it wasn't was unsubstantiated based on lack of evidence. The investigation into the allegations included: Interviews were conducted with two residents, one caregiver, two owners who also acted as caregivers and the home health agency. Review of five resident files including the resident of concern. Document review of the Medication Administrator Record and incident reports. The findings and conclusions of any investigation by the	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies were identified. No further action is needed.			