

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER A AND J CARE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5217 W. GOWAN RD., LAS VEGAS, NEVADA ,89130		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: CHRIS MIRANDO Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 02/28/2026

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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 a complaint investigation, and mandatory re-grading survey initiated at your facility on 02/02/26. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was seven. Seven resident files and two employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint#12768 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaint included: Observation of grooming and physical appearance for			

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	residents, and a tour of the facility. Interviews were conducted with residents, Caregivers, and the Administrator. Clinical Record Review of eight records, which included the resident of concern. Document Review of facility incident reports.			
Y 0890 SS= F	NAC 449.2744 Administration of medication: Maintenance of logs and records; contents. 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the	Y 0890	All Resident MARS were reviewed by Administrator & Designee on 2/26/2026 and are in compliance. Administrator and/or Designee will review MARS weekly for one month to ensure accuracy and compliance as well as medication storage and documentation. A medication re-training was also conducted on 2/26/2026 for all Medication Technicians.	02/26/2026

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	medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on observation, interview, and record review the facility failed to ensure the Medication Administration Record (MAR) documented when medications were given for 2 of 7 residents (Resident #1 and Resident #2). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/02/2025 with a diagnosis of renal disease. A physician's order dated 01/12/2026			

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	documented lorazepam one milligram (mg) take one tablet by mouth every four hours as needed for anxiety/agitation. R1's medication bottle labeled lorazepam one mg documented quantity of 30 tablets was dispensed on 01/12/26 and there were only 7 tablets observed in the bottle. R1's January 2026 MAR documented lorazepam 1 mg was administered only on the following dates: - 01/13/26 1 mg administered at 8pm for anxiety - 01/15/26 1 mg administered at 8pm for anxiety - 01/16/26 1 mg administered at 8pm for anxiety - 01/19/26 1 mg administered at 8pm for anxiety - 01/23/26 1 mg administered at 8pm for anxiety - 01/26/26 1 mg administered at 8pm for anxiety On 02/02/26 in the morning, the Caregiver verified the facility received 30 tablets in the medication bottle on 01/12/26 and the MAR documented only 6 tablets were administered to R1. The Caregiver could not account for where the other 17 tablets were. The Caregiver indicated each time a medication is administered to a resident it needed to be documented correctly on the MAR. Resident #2 (R2) R2 was admitted to the facility on 12/22/2025 with a diagnosis of debility. A physician's order dated 01/06/2026 documented lorazepam 0.5 milligrams (mg) take one tablet by mouth every four hours as needed for anxiety/restlessness/agitation.			

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	R2's medication bottle labeled lorazepam 0.5 mg documented a quantity of 60 tablets was dispensed on 01/06/26 and there was only 1 tablet observed in the bottle. R2's January 2026, MAR documented lorazepam 0.5 mg was administered only on the following dates: - 01/16/26 0.5mg administered at 7pm for anxiety - 01/17/26 0.5mg administered at 7pm for anxiety - 01/18/26 0.5mg administered at 7pm for anxiety - 01/20/26 0.5mg administered at 7pm for anxiety On 02/02/26 in the morning, the Caregiver verified the facility received 60 tablets in the medication bottle on 01/06/26 and the MAR documented only 4 tablets were administered to R2. The Caregiver could not account for where the other 55 tablets were. The Caregiver indicated each time a medication is administered to a resident it needed to be documented correctly on the MAR. On 02/02/26 in the morning, the Administrator confirmed the MARs were inaccurate for R1 and R2 based on the observations of how many tablets were in the medication bottles compared to what was documented on the MAR. Scope: 2 Severity: 3			