STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295036	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Las Vegas Care Center	3215 E. Cheyenne Ave. North Las Vegas, NV 89030

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and document review, the facility failed to ensure a resident was kept safe from abuse for 1 of 40 sampled residents (Resident 166). The deficient practice had the potential for residents to experience emotional distress and physical harm.Findings include:Resident 166 (R166) was admitted to the facility on [DATE] with diagnoses including fusion of cervical spine, cocaine abuse with cocaine-induced psychotic disorder with hallucinations, depression, and pain.The Administrator was notified on 04/15/2025 of an allegation of abuse which occurred on 04/12/2025. R166 reported that a certified nursing assistant (CNA) was rough when changing the resident's brief. The resident reported the CNA tugged on the resident. The CNA was removed from the resident's care for the remainder of the shift due to the resident and CNA not getting along. When the facility was notified of the allegation of abuse the employee had resigned from the facility. An investigation was conducted, and the facility substantiated the allegation of abuse. The Director of Social Services met with R166 who indicated feeling safe in the facility and did not experience any negative impacts from the incident. A psychosocial well-being care plan was initiated to monitor the resident for any negative outcomes related to the incident. The CNA was reported to the nursing board. Abuse and neglect training for staff was conducted on 04/17/2025.The facility policy titled Abuse, Neglect, Exploitation, or Mistreatment, documented the facility's leadership prohibited neglect, mental, physical and/or verbal abuse, use of a physical and/or chemical restraint not required to treat a medical condition, involuntary seclusion, corporal punishment, and misappropriation of a patient's/resident's property and/or funds and ensures that alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of residence property, are reported and investigated immediately.During the onsite investigation from 08/26/2025 through 08/29/2025, the facility was found to be in compliance regarding abuse regulations as evidenced by observations of staff and resident interactions were respectful and courteous and interviews with residents revealed no concerns with how staff treated the residents. Facility Reported Incident 2287896

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE