

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY	STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031
-----------------------------------------------------	--------------------------------------------------------------------------------------------

(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
0001	<p>The findings and conclusions of any investigation by the Health Division 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.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility. This State Licensure survey was conducted by the authority of NRS 432A.180, Inspection by Health Division, State Fire Marshal and State Health Officer.</p> <p>NAC432A.195: The Division may impose an administrative fine in the amount of \$100 for the failure to correct any violation of a provision of this chapter or chapter 432A of NRS within the time frame set forth in the notice of violation, whereas the notice of violation may be issued in the form of a statement of deficiencies or a report of an inspection of the facility. A fine may be imposed for each day a facility is in noncompliance with the notice of violation.</p> <p>Failure to submit Plan of Correction by due date may result in a \$100 a day fine until the Plan has been submitted and/or further progressive action.</p> <p>The following deficiencies were identified:</p> <p>Inspector Comments:</p> <p>This Statement of Deficiencies was generated as a result of the on-site State licensure inspection conducted at your facility on XXXXX. Please respond to each deficiency and attach documents as requested for the deficiency it pertains to. Sign and submit your Plan of Correction within 10 business days of receipt. Inspection consensus, the facility is licensed for 12 children as a group care. The census at the time of survey was 7 children. 0 children's files and 0 staff files were reviewed.</p>	0001		

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 REPRESENTATIVE'S SIGNATURE Name: JACKLYN MORRISON Title: Owner Date: 04/23/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
NAC 200.4	<p>4. Fingerprints must be taken and applications for investigations must be made by:</p> <p>(a) Every employee or a resident of the facility who is 18 years of age or older, other than a resident who remains under the jurisdiction of a court pursuant to NRS 432B.594, and every volunteer of the facility who is 18 years of age and or older, other than a parent of a child who attends the facility, within 24 hours after the date of hiring or his or her presence in the facility, and every 5 years thereafter.</p> <p>(b) Every participant in an outdoor youth program who is 18 years of age or older within 24 hours after the participant begins participating in the program and every 5 years thereafter.</p> <p>(b) An applicant at the time that his or her application is submitted for licensure, and then at least once every 5 years after the license is issued.</p> <p>(d) A licensee every 5 years after the date his or her license is originally issued.</p> <p>Fingerprints were not taken and a release form was not completed by an employee of the facility or a volunteer who is at least 18 years of age within 24 hours after the date of hire or his presence in the facility. Have the employee/volunteer secure required fingerprints and submit with a release form.,</p> <p>Inspector Comments:</p> <p>432A.200.4: Staff not added to NABS w/in24 hrs.; Fingerprinting not completed w/in 24 hr. of hire</p> <p>Based on record review the facility failed to ensure that all staff were added to the facility's NABS Roster at time of inspection. All staff new/transfers need to be added to facility NABS Roster within 24 hours of hire/transfer. Please add the staff below</p> <p>Staff Titiana J. works alone with children during A.M. hours-</p>	NAC 200.4	<p>Deficiency #1 – Fingerprint / Background Verification</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification Tatiana Jackson has now been verified in the NABCS system as of April 13, 2026. Verification of compliance is documented through the NABCS clearance/verification record and maintained in the employee file for review.</p> <p>2. Date Corrective Action Completed Completed on: April 13, 2026</p> <p>3. Changes That Will Be Made to Prevent Future Occurrence Going forward, all newly hired employees, adult residents, and applicable volunteers will have fingerprints submitted and background investigations initiated within the required timeframe. Management will maintain a hiring compliance checklist and track all five-year renewal dates to ensure continuous compliance. Background clearance status will be verified prior to allowing staff to work in the facility as required.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	04/13/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
	<p>NAME ALTERNATE STAFF MEMEBER THAT WILL WORK THE AM SHIFT UNTIL TITIANA J. HAS AN ELIGIBLE MEMO.</p> <p>PLEASE COMPLETE 4 POC QUESTIONS</p>			
NAC 260	<p>1. To maintain his or her license, the licensee must ensure that his or her facility meets all standards for environmental health which are established by the Division.</p> <p>2. Reports of inspections concerning the sanitation of a facility must be maintained in a physical file at the facility and available for review at the facility by a parent of a child who attends the facility or a parent who is considering enrolling a child at the facility for at least 2 years after the date of the inspection.</p> <p>Inspector Comments:</p> <p>432A.250.4 (c) Not free of hazards, debris and trash</p> <p>Based on observation and interview, the facility was found to have hazards as listed below.</p> <p>Cords accessible to children-Corrected on Site</p> <p>Cleaning supplies accessible to children-Corrected on Site</p> <p>Soiled diaper in the reach of the children-Corrected on Site</p> <p>Adult cups accessible to children-Corrected on Site</p> <p>Adult scissors accessible to children-Corrected on Site</p> <p>Gallon of hand santizer accessible to</p>	NAC 260	<p>Deficiency #1</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification All cited items were corrected on-site at the time of inspection. Verification of correction is documented in the inspection report and confirmed during the on-site visit.</p> <p>2. Date Corrective Action Completed Completed on: April 13, 2026</p> <p>3. Changes That Will Be Made to Prevent Future Occurrence Going forward, all staff will be informed of and trained on the requirements of NAC 432A.250(4)(c). This regulation will be reviewed immediately with all new staff during orientation and reviewed annually with all current staff to ensure ongoing compliance. Management will monitor regularly to verify standards are being maintained at all times.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	04/13/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
	<p>children-Corrected on Site</p> <p>Broom and Dust Pan accessible to children-Corrected on Site</p> <p>Floor cleaner machine accessible to children-Corrected on Site</p> <p>Closet door lock not working-ANSWER 4 POC QUESTIONS</p>			
NAC 280.3	<p>"3. The licensee of a facility shall hold: (a) A fire drill at least once every month; and (b) A drill for natural disasters at least once every 3 months." The facility had no record that a fire drill was held at least once every month. Hold fire drills as required and complete a record of the drills., The facility had no record that a drill for natural disasters was held at least once every three months. Hold drills for natural disasters as required and complete a record of the drills.,</p> <p>Inspector Comments:</p> <p>432A.280.3 No Record of Fire or Disaster Drill:</p> <p>Based on observation and interview, the facility had no record that a drill for natural disasters was held at least once every three months; nor did the facility have any record that a fire drill was held at least once each month. Please conduct a fire and disaster drill and submit a copy of the current drill log for both.</p> <p>PLEASE ANSER 4 POC QUESTIONS</p>	NAC 280.3	<p>Deficiency #1 – Fire Drill Not Completed Monthly</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification A monthly fire drill has now been completed and documented in the facility drill log. A written fire drill log has been established to record the date, time, number of children/staff participating, and evacuation time. Verification will be maintained on-site for review.</p> <p>2. Date Corrective Action Completed Completed on: April 23, 2026</p> <p>3. Measures to Prevent Future Occurrence The facility has implemented a compliance calendar with recurring monthly reminders to ensure fire drills are conducted every month. Drill logs will be reviewed monthly to confirm completion and compliance.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p> <p>Deficiency #2 – Disaster Drill Not Completed Within Required</p>	04/23/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
			<p>Timeframe</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification Although the first child enrolled on February 2 and three months had not yet elapsed, the facility has proactively completed and documented a disaster drill prior to the deadline. A disaster drill log has been created and will be maintained on-site for review.</p> <p>2. Date Corrective Action Completed Completed on: April 23, 2026</p> <p>3. Measures to Prevent Future Occurrence The facility has established a quarterly compliance schedule to ensure disaster drills are completed every three months. Calendar reminders and administrative review will be used to track due dates and maintain timely completion.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
NAC 280.5	<p>5. The director of the facility shall maintain a daily sign-in sheet that includes: (a) The first and last names of staff and children; and (b) The times of arrival and departure for staff and children The facility failed to maintain a daily sign-in sheet that included the times of arrival and departure for staff and children. To ensure times are consistently recorded, please provide instruction to staff and parents and monitor the daily sign-in sheets.,</p> <p>Inspector Comments:</p> <p>432A.280.5 (b) Arrival/Departure Times Missing</p> <p>Based on interview and record review,the facility failed to maintain a daily sign-in sheet that included the timesof arrival and departure for staff and/or children. To ensure times areconsistently recorded, please provide instruction to staff and parents andmonitor the daily sign-in sheets.</p> <p>7 CHILDREN PRESENT AND 6 SIGNED IN STAFF WAS NOT AWARE OF THE DISCREPANCY</p> <p>ANSWER 4 POC QUESTIONS</p>	NAC 280.5	<p>Deficiency #1 – Daily Sign-In Sheet Accessibility</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification The required daily sign-in information for staff and children, including first and last names and arrival/departure times, is maintained electronically through the Brightwheel App. At the time of inspection, staff were unaware of how to access and display this information on their phones. Since then, staff training was conducted on April 23, 2026 regarding how to access student and staff attendance records in Brightwheel. Verification includes Brightwheel electronic attendance records and staff training documentation.</p> <p>2. Date Corrective Action Completed Completed on: April 23, 2026</p> <p>3. Changes That Will Be Made to Prevent Future Occurrence All current staff have now been trained on how to access daily attendance records through Brightwheel. Going forward, all new staff will receive Brightwheel attendance system training during orientation. Refresher training will also be conducted annually and as needed to ensure attendance records remain readily accessible during inspections and daily operations.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	04/23/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
NAC 302	<p>1. A licensee of a child care facility shall not knowingly appoint a person as director of the facility or appoint or permit the appointment of a person as an employee or volunteer at the facility if the person has been convicted of child abuse or neglect or any other crime involving physical harm to a person or if a criminal action for such a crime is pending against the person.</p> <p>2. The staff of a child care facility must be able to:</p> <p>(a) Work with children without recourse to physical punishment or psychological abuse;</p> <p>(b) Communicate with children and their parents;</p> <p>(c) Praise and encourage children and provide them with a variety of opportunities for learning and social experiences; and</p> <p>(d) Recognize and eliminate hazards to the safety of children.</p> <p>Facility failed to recognize and eliminate the following hazards for the safety of children as evidenced by the following:.</p> <p>Inspector Comments:</p> <p>432A.302.2(d) Recognizing and Eliminating Hazards</p> <p>Based on observation, the facility failed to recognize and eliminate the following hazards for the safety of children as evidenced by the following.</p> <p>Staff Tiffany S, and Titiana J. were observed gathered closely together talking, instead of being positioned throughout the area to ensure proper supervision of children.</p> <p>ANSWER 4 POC QUESTIONS</p>	NAC 302	<p>Deficiency #1 – Staff Coverage / Supervision During Inspection</p> <p>1. Specific Actions Taken to Correct the Deficiency & Verification At the time of inspection, it is my understanding that two staff members were engaged in conversation regarding the inspection and gathering requested documentation. Staff were immediately reminded of the importance of maintaining proper positioning and supervision of children at all times while ensuring adequate classroom coverage. Verification of correction was completed through on-site staff direction and review of staffing expectations.</p> <p>2. Date Corrective Action Completed Completed on: April 13, 2026</p> <p>3. Changes That Will Be Made to Prevent Future Occurrence Going forward, all staff will continue to be reminded of the importance of separation and strategic classroom positioning to ensure adequate supervision and coverage of children at all times. Staff will be instructed that during inspections, one staff member may assist with documentation while remaining staff maintain active supervision. These expectations will be reviewed during staff meetings, new hire orientation, and annual training.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	04/13/2026
NAC 414	<p>1. A carpeted floor or rug on a floor that is too large to wash in a washing machine must be vacuumed not less than one time each day or more often if necessary and</p>	NAC 414	<p>Deficiency #1 – Carpet Cleaning Schedule</p>	04/25/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026
--------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY	STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031
------------------------------------------------------------	---------------------------------------------------------------------------------------------------

(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
	<p>cleaned not less than one time every 3 months or more often if necessary. If the carpeted floor or rug is cleaned by a member of the staff of the facility using a carpet cleaning machine, the Health Division may require the carpeted floor or rug to be professionally cleaned if the carpeted floor or rug does not appear to be clean.</p> <p>2. Each floor of a facility that is not carpeted must be swept and mopped not less than one time each day or more often if necessary.</p> <p>3. When cleaning a nonporous surface in a facility, including, without limitation, cleaning toys, cribs, tables, high chairs and surfaces used to change diapers, the staff of the facility shall:</p> <p>(a) Clean the surface first with soap and water to remove any dirt or debris; and (b) Disinfect the surface with a disinfecting agent.</p> <p>4. The disinfecting agent used pursuant to subsection 3 must consist of:</p> <p>(a) One-fourth of a cup of liquid chlorine bleach added to 1 gallon of water that is prepared fresh daily and kept in a closed container; (b) One tablespoon of liquid chlorine bleach added to 1 quart of water that is prepared fresh daily; or (c) A solution that is approved by the appropriate state or local agency and is at least as effective as the solutions described in paragraphs (a) and (b).</p> <p>Carpeted floors/rugs too large for washing were not cleaned once every three months or more often if necessary. Please ensure cleaning of carpets and rugs occurs as required and document dates of cleaning.,</p> <p>Inspector Comments:</p> <p>432A.414.1 Carpet/RugNot Cleaned Every 3 Months</p> <p>Based on observation, interview and record review, verification that</p>		<p>1. Specific Actions Taken to Correct the Deficiency & Verification Children did not begin attending the facility until February 2, 2026, and I believed the initial three-month carpet cleaning deadline would extend through the end of April. Upon clarification of the requirement, corrective action was taken immediately. Professional carpet cleaning has been scheduled for April 25, 2026. Verification of completion will be maintained on-site through the paid invoice/receipt and service confirmation from the carpet cleaning company.</p> <p>2. Date Corrective Action Completed Scheduled for completion on: April 25, 2026</p> <p>3. Changes That Will Be Made to Prevent Future Occurrence Going forward, the facility will maintain a written cleaning compliance calendar that tracks required carpet cleanings every three months or sooner if needed. Management will also review all sanitation requirements to ensure deadlines are clearly understood and met timely. Cleaning schedules will be reviewed during staff meetings and annual compliance reviews.</p> <p>4. Person Responsible Dr. Jacklyn Morrison, Facility Owner/Director</p>	

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2026	
NAME OF PROVIDER OR SUPPLIER ELEVATE ACADEMY		STREET ADDRESS, CITY, STATE, ZIP CODE 4808 BOONE ST, NORTH LAS VEGAS, NEVADA ,89031		
(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
	<p>carpeted floors/rugs too large for washing were not cleaned once every three months was not available at time of inspection.</p> <p>BINDERS WERE NOT UPDATE, EMPTY</p> <p>ANSWER 4 POC QUESTIONS</p>			