Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10017	A. BUILDING _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPPING STONE APARTMENTS	**1405 SOUTH MOJAVE ROAD, LAS VEGAS, NEVADA ,89104**

(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
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. 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	RFG 0001-Deficiencies		

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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 an annual survey initiated at your facility on 07/21/25. The facility is licensed for ten Residential Facility for Groups beds for elderly and disabled persons and/or individuals with intellectual disabilities and/or individuals with mental illness, five Category I and five Category II total 10 residents. The census at the time of the survey was ten. Ten resident files and eight employee files were reviewed. The facility received a grade of A.			
Y 0104 SS= F	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 8 sampled employees had Nevada Automated Background Check System (NABS) clearance letters for the facility (Employees #2, #3, #4, #5, and #7.) Findings include:	Y 0104	1) On August 01, 2025, all individuals with NABS Clearances outside of Stepping Stone were re-entered into NABS and the appropriate clearance letter was obtained and placed into their files. 2) Site Supervisor was retrained on Employee File required documents to include insuring that NABS Documentation from all staff who work in multiple sites have clearances for each specific building. 3) Program Administrator will complete unannounced file reviews to assure documentation meets compliance. 4) Site Supervisor; Program Administrator 5) 8/01/2025 6) New NABS Clearances provided	08/01/2025

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	Employee #2 (E2) E2 was hired on 11/7/22 as a Behavior Technician. E2's file contained a NABS clearance letter dated 01/04/23 for a different facility. E2's file lacked documented evidence of a NABS clearance letter for the current facility. Employee #3 (E3) E3 was hired on 09/24/19 as a Behavior Technician. E3's file contained a NABS clearance letter dated 04/18/25 for a different facility. E3's file lacked documented evidence of a NABS clearance letter for the current facility. Employee #4 (E4) E4 was hired on 09/18/14 as a Program Service Specialist. E4's file contained a NABS clearance letter dated 01/17/24 for a different facility. E4's file lacked documented evidence of a NABS clearance letter for current facility. Employee #5 (E5) E5 was hired on 08/29/22 as a Behavior Technician. E5's file contained a NABS clearance letter dated 10/01/22 for a different facility. E5's file lacked documented evidence of a NABS clearance letter for the current facility.			

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	Employee #7 (E7) E7 was hired on 01/25/21 as a Direct Support Professional. E7's file contained a NABS clearance letter dated 03/24/21 for a different facility. E7's file lacked documented evidence of a NABS clearance letter for the current facility. On 07/21/25 in the afternoon, the Program Service Specialist acknowledged E2, E3, E4, E5 and E7 did not have NABS clearance letters in their files for the facility. Severity: 2 Scope:3			