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
	10231	A. BUILDING _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO RED ROCK	7540 SMOKE RANCH ROAD, LAS VEGAS, NEVADA ,89128

(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 a Facility Reported Incident investigation completed in your facility on 12/17/25. The census at the time of the survey was 65. The sample size was five. The facility received a grade of A. There was one Facility Reported Incident (FRI) investigated. Unsubstantiated: 1. FRI #12561 could not be substantiated. The investigation of the FRI included: Observation of caregivers providing care to residents and a tour of the facility. Interviews were conducted with the Resident of Concern, residents, Caregivers, and the Administrator. Clinical Record Review of five records, which included the resident of concern. Document Review included a police report and facility policy and procedures.			
Y 0556 SS= D	NAC 449.262 and R043-22 2. If an employee of the facility suspects that a resident is being abused, neglected, isolated or exploited, the employee shall report that fact in the manner prescribed in	Y 0556	Administrator was responsible for this and has reviewed the mandatory reporting regulations. Administrator took the Nevada Care Connection Adult Protective Services Training on reporting suspected abuse on 12-19-25, and will ensure that any suspected abuse in the future/moving forward will reported reported within 24 hours.	12/19/2025

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	NRS 200.5093. Inspector Comments: Based on record review and interview, the facility failed to ensure an allegation of sexual assault was reported to the Aging and Disability Services Division (ADSD) as described in Nevada Revised Statute (NRS) 200.5093. Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/30/25, with diagnoses including dementia and hyperlipidemia. A Facility Incident Report dated 11/07/25 at 6:15 PM documented R1 phoned R1's family member and alleged R1 was raped by two men in R1's room. R1's family member arrived at the facility and transported R1 to the hospital. A Progress Note dated 11/07/25 at 6:31 PM documented R1's family member walked into the community reporting R1 had texted them that R1 had been raped. R1's family member requested R1 go to the emergency room for an evaluation. On 12/17/25 in the morning, the Administrator confirmed hearing about the alleged incident on 11/07/25 and verbalized being unsure if the facility had contacted ADSD as described in Nevada Revised Statute (NRS) 200.5093. On 12/17/25 in the afternoon, Employee #3 (E3) acknowledged hearing about the alleged sexual assault but verbalized being off on 11/07/25. In an email dated 12/18/25 at 12:07 PM, the Administrator reported they were confident they submitted the alleged sexual abuse to ADSD on 11/13/25 which was more than 24 hours after learning of the alleged abuse. The Facility's Resident Abuse Policy dated 01/23/21 documented (g) The Administrator or designee will follow state regulation for			

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	reporting the suspected or witnessed abuse. There was no documented evidence that the facility contacted ADSD regarding the alleged incident as described in Nevada Revised Statute (NRS) 200.5093. Severity: 2 Scope: 1 FRI# 12561			