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
	10355	A. BUILDING _____ B. WING _____	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT GREEN VALLEY RANCH	1935 PASEO VERDE PARKWAY, HENDERSON, NEVADA ,89012

(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 State Licensure Survey completed at your facility on 11/18/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 108 Assisted Living beds for elderly and disabled Category II residents. The census at the time of the survey was forty five. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A. The following regulatory deficiency was identified:			
Y 0255 SS= E	NAC 449.217 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities.	Y 0255	Tag-Y0255- Kitchen Staff was In-Serviced on 11/20/2025 On FIFO (First in and First Out) in regards to the Expired cartons of Almond Milk. The Executive Chef and Administrator will oversee that staff is in compliance. See attachment #1 Tag- Y0255- The dish machine is in range for the rinse cycle between 120-140. The Executive Chef and the Administrator will oversee that staff is in compliance. See Attachment # 2 Tag- Y0255- Cleaning took place the afternoon of 11/18/2025 regarding the build up on the underside of the shelf on the cooking range. And will be cleaned each evening going forward. The Executive Chef and the Administrator will oversee that the staff is in compliance. See Attachment # 3	11/21/2025

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	Inspector Comments: Based on observation on 11/18/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. An open carton of almond milk in the serving area reach-in refrigerator was expired 10/28/25; and four cartons of almond milk in the walk-in cooler were expired 10/28/25. 2. Major Violations: a. The low temperature dish machine reached 175 degrees Fahrenheit (F) for the final rinse cycle, which was too high for a low temperature machine; and there was no ventilation hood above the machine to ventilate the amount of steam produced for high temperature ware washing. b. There was a heavy amount of grease build up on the underside of the shelf on the cooking range. Severity: 2 Scope: 2			