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 _____ | 04/06/2026 |

| 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 |
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| 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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments:<br><br>This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 04/06/26.<br><br>The census at the time of the survey was 102.<br><br>The sample size was five.<br><br>There was one complaint investigated.<br><br>Unsubstantiated:<br><br>Complaint #NV00013369 could not be substantiated.<br><br>The investigation of Complaints included:<br><br>Observation of grooming and physical appearance for residents, and a tour of the facility.<br><br>Interviews were conducted with residents, a Housekeeper, Caregivers, and the General Manager.<br><br>Clinical Record Review of five records which included the | | | |

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| | resident of concern.<br><br>Document Review included facility policy and procedures, and grievance log. | | | |
| Y 0590 SS= D | NAC 449.268<br><br>**Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.**<br><br>1. The administrator of a residential facility shall ensure that:<br><br>(a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility;<br><br>(b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility;<br><br>(c) The residents are treated with respect and dignity;<br><br>(d) The facility is a safe and comfortable environment;<br><br>(e) Residents are not prohibited from interacting socially;<br><br>(f) Residents are allowed to make their own decisions whenever possible;<br><br>(g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner;<br><br>(h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and | Y 0590 | The Administrator and the Resident Care Director will ensure that any reports of stolen or lost items are documented in an incident report immediately upon notification. We will assist resident in searching for missing items in their apartment, and offer to assist the resident in filing a police report. We will adhere to the Theft and Loss Policy 20.1 of Merrill Gardens policies and procedure | 04/14/2026 |

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| | (i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document.<br><br>2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken.<br><br>3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2.<br><br>Inspector Comments:<br><br>Based on interview, record review and document review the facility failed to create an incident report regarding lost property of a resident (Resident #5).<br><br>Findings include:<br><br>Resident#5 (R5)<br><br>R5 was admitted to the facility on 04/21/25 with a fracture of the right femur and was discharged on 02/11/26. | | | |

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| | On 04/06/26 in the morning, the General Manager verbalized before R5 was discharged, R5 had filed a grievance/complaint alleging a staff member allegedly stole money from R5's apartment.<br><br>The facility's policy titles Theft and Loss revised August 2001 documented if resident property is reported as stolen or lost shall be immediately documented on an incident report, regardless of the value.<br><br>R5's record lacked documented evidence an incident report was created regarding R5's grievance of stolen property.<br><br>On 04/06/26 in the morning, the General Manager acknowledged R5's grievance was not documented on an incident report, and an incident report should have been documented, per the policy.<br><br>Severity: 2 Scope: 1 | | | |