STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10419	A. BUILDING _____ B. WING _____	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN VALLEY SENIOR CARE	2269 ALANHURST DRIVE, HENDERSON, NEVADA ,89052

(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 complaint investigation completed in your facility on 05/06/26. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint#13486 was substantiated. (See TAG 1225) The investigation of the complaint included: Interviews were conducted with the resident of concern, residents, Caregivers, the House Manager, the Administrator and the Owner. Clinical Record Review of five records. Document Review included an eviction notice, a facility billing summary and facility policy and procedures.			
Y 1225 SS= D	**NRS 449A.114** Certain facilities to notify patient and State Long-Term Care Ombudsman of intent to transfer patient and provide opportunity for patient or representative to meet with administrator, exceptions.	Y 1225	1. On 5/8/26,upon learning that we were not compliant in giving the resident a 30 days notice to vacate, we have rescinded our Notice to Vacate for non-payment of rent for R1. 2. Owner and Administrator is now aware to give at least 30 calendar days notice if we would like to transfer or discharge a resident to another medical facility or residential group home and provide the resident and Ombudsman with written notice. 3. Owner and Administrator will be more	05/10/2026

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	1. Except as otherwise provided in subsection 2, before a facility for intermediate care, facility for skilled nursing or residential facility for groups transfers a patient to another medical facility or facility for the dependent or discharges the patient from the facility, the facility shall: (a) At least 30 calendar days before transferring or discharging the patient, provide the patient and the Ombudsman with written notice of the intent to transfer or discharge the patient; and (b) Within 10 calendar days after providing written notice to the patient and the Ombudsman pursuant to paragraph (a), allow the patient and any person authorized by the patient the opportunity to meet in person with the administrator of the facility to discuss the proposed transfer or discharge. 2. The provisions of this section do not apply to: (a) A voluntary discharge or transfer of a patient to another medical facility or facility for the dependent at the request of the patient; or (b) The transfer of a patient to another facility because the		mindful of giving at least 30 calendar days notice if we would like to discharge or transfer a resident to another residential group home or medical facility and to give the resident and Ombudsman written notice. 4. Administrator is responsible in ensuring that the plan of correction is implemented. 5. On 5/08/26 we rescinded our "Notice to Vacate" for R1. 6. No attached supporting documents.	

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	condition of the patient necessitates an immediate transfer to a facility for a higher level of care. 3. As used in this section, "Ombudsman" means the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125. Inspector Comments: Based on interview, document review and record review, the facility failed to notify the resident's responsible party and the State Ombudsman at least 30 days before intending to discharge a resident. (Resident #1) Findings include: Resident #1(R1) R1 was admitted to the facility on 03/21/25 with diagnoses including dementia and chronic obstructive pulmonary disease. An eviction notice dated 04/10/26 documented R1 was in default of R1's rental agreement due to non-payment of R1's rent. R1 owed the facility $2810, which included unpaid rent of $2600 for the period of 03/20/26 to 04/19/26, and a late fee of $210 per agreement. R1 was required to pay the full amount due within 7 days from the date of the notice or vacate the premises. On 05/06/26 in the morning, the House Manager verbalized the Owner issued R1 an eviction for nonpayment and acknowledged the Owner likely did not realize they were required to notify the Ombudsman of the eviction notice. On 05/06/26 in the morning, the Administrator verbalized the Owner had served R1 a 7-day eviction notice due to lack of payment.			

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	On 05/06/26 in the morning, the Owner reported issuing R1 a 7-day eviction notice due to lack of payment and acknowledged not notifying the State Ombudsman regarding the eviction. According to the Owner, they were unaware of the requirement to serve a 30-day notice and to notify the State Ombudsman. Facility Eviction Policy (no date) documented the licensee/administrator of the facility may, upon (30) days written notice to the resident for one or more of the following reasons: 1) non-payment of the rate for basic and/or optional services within ten days of the due date. Severity: 2 Scope: 1 Complaint# 13486			