STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10448	A. BUILDING _____ B. WING _____	10/22/2025

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OAKMONT OF THE LAKES	3250 S. FORT APACHE ROAD, LAS VEGAS, NEVADA ,89117

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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. 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 10/22/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 140 total Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services and 30 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 108. Twenty-five resident files and ten employee files were reviewed. The facility received a grade of D.			
Y 0072 SS= D	NAC 449.196 & R043-22 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical	Y 0072	1. Employee #1 is no longer employed at the community. 2. Business Office Director will ensure that all positions requiring a Medication Training Course will have proper documentation at time of hire. Business Office Director will ensure that expiration dates are entered into the ADP database / tickler system for tracking and updated as certifications are renewed. Executive Director and Business Office Director will monitor for compliance on a monthly audit of ADP database / tickler system. 3. Business Office Director will ensure that all positions requiring a Medication Training Course will have proper documentation at time of hire. Business Office Director will	11/13/2025

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	training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; (d)Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure 16 hours of Medication Management training was completed for 1 of 10 employees (Employee #1). Findings include: Employee #1 was hired on 05/05/25 as the Administrator. Review of Employee #1's record revealed Employee #1 had not completed 16 hours of Medication Management training. On 10/22/25 in the morning, the Business Office Director confirmed Employee #1 had not completed16 hours of Medication Management training. Severity:2 Scope: 1		ensure that expiration dates are entered into the ADP database / tickler system for tracking. Executive Director and Business Office Director will monitor for compliance on a monthly audit of ADP database / tickler system. 4. Executive Director & Business Office Director 5. 11.13.2025	
Y 0102 SS= E	NAC 449.200 and R043-22 (d) The health certificates required	Y 0102	Employee #8 is no longer employed at the community.	11/17/2025

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	pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on interview and record review, the facility failed to ensure a tuberculosis (TB) screening was completed annually for 4 of 10 employees (Employee #3, Employee #5, Employee #8 and Employee #9). Findings include: Employee #3 (E3) E3 was hired on 11/03/23 as a Care provider. Review of E3's employee record revealed E3 last completed a two-step TB screening on 11/11/23. There was no documentation E3 completed an annual TB screening in the past 12 months. Employee #5 (E5) E5 was hired on 07/05/24 as a Medication Technician. Review of E5's employee record revealed E5 last completed a two-step TB screening on 04/10/24. There was no documentation E5 completed an annual TB screening in the past 12 months. Employee #8 (E8) E8 was hired on 10/28/22 as a Medication Technician. Review of E8's employee record revealed E8 last completed a two-step TB screening on 11/02/22. There was no documentation E8 completed an annual TB screening in the past 24 months. Employee #9 (E9) E9 was hired on 01/31/24 as a Medication Technician. Review of E9's employee record revealed E9 last completed a two-step TB screening on 02/12/24. There was no documentation E9 completed an annual TB screening in the past 12 months. On 10/22/25 in the morning, the Business Office Director confirmed E3, E5, E8 and E9		Employee #5 was sent for T-spot blood draw on 11.17.2025. Pending results. Employee # 9 QuantiFERON-TB Gold Plus results attached. Employee # 3 TB results attached. Employee files have been audited to ensure annual TB screenings have been completed by Business Office Director on 11/17/2025 BOM received education on date and by whom to ensure annual TB screenings are completed Annuals screenings will be audited monthly to ensure compliance Executive Director and Business Office Director will monitor for compliance.	

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	had not completed TB screenings in the past 12 months. Severity: 2 Scope: 2			
Y 0255 SS= F	**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. Inspector Comments: Based on observation on 10/22/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the memory care refrigerator, a carton of raw shell eggs was stored on the top shelf above ready-to-eat products. 2. Major Violations: a. The following food contact surfaces were not maintained in a clean condition: food debris was accumulated around the blade of the deli slicer and there was grime build-up on the interior of the ice machine in the bar.	Y 0255	Raw eggs were discarded from memory care fridge 10.22.25 Food debris was removed and cleaned around the blade of the deli slicer and grime build-up was removed from the on interior of the ice machine in the bar. 10.24.2025 non-food contact surfaces were cleaned to remove food debris, dust and/or grease build-up: the top interior portion of the microwave, the top of the double ovens, the sides and underneath of the cook's line equipment, and crevices along the doors of reach-in units. 10.24.25 The floor in the janitor closet was repaired on and the large crack in the concrete near the floor drain was repaired 10.25.2025 by the Maintenance Director. Maintenance Director removed any loose cement, applied cement bond and put new cement to fill the crack. Please see attached photos. the dust build-up pm the ceiling in front of the cook's line ventilation hood was removed by Platinum Kitchen Cleaning Soluti8ons on November 1, 2025. The walls around the dishwash area were cleaned on 10.24.2025 Dietary staff were educated on storage of food, and sanitation of the kitchen 10.24.2025-10.29.2025 The kitchen will be audited for raw eggs, condition of deli slicer interior of ice machine, food debris, dust grease build-up, and sanitation of walls around dish area monthly by the Executive Director and the Executive Chef	10/29/2025

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	b. The following non-food contact surfaces were soiled with food debris, dust and/or grease build-up: the top interior portion of the microwave, the top of the double ovens, the sides and underneath of the cook's line equipment, and crevices along the doors of reach-in units. c. The floor in the janitor closet was worn and there was a large crack in the concrete near the floor drain. d. There was dust build-up pm the ceiling in front of the cook's line ventilation hood. e. The walls around the dish wash area were soiled and stained. Severity: 2 Scope: 3			
Y 0890 SS= D	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident	Y 0890	Resident#8 MAR was updated to reflect 75mcg of levothyroxine Residents receiving levothyroxine MARS were audited to reflect correct dosage is being documented according to provider order All medication technicians were educated on date 11/7/2025 by Health Service Director to ensure medication administration practices are followed to include MAR matches correct dosages of medications according to provider order Audits of MARS will be completed by the Health Service Director and/or Resident Care Coordinator monthly to ensure compliance	11/21/2025

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	refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on interview, and record review the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 25 sampled residents. (Resident #8) Findings include: Resident #8 (R8) R8 was admitted to the facility on			

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	01/12/22, with diagnoses including dementia and hypertension. R8's physician's order, provided by the Wellness Director, dated 10/22/25 documented levothyroxine 75 microgram tablet, take one tablet by mouth every day. R8's medication bin contained a medication container labeled levothyroxine 75 microgram tablet, take one tablet by mouth every day. R8's October 2025 MAR documented levothyroxine 50 microgram tablet, take one tablet by mouth every day. On 10/22/25 in the afternoon, the Resident Care Coordinator acknowledged R8's October 2025 MAR was inaccurate. Severity: 2 Scope: 1			
Y 0874 SS= E	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed	Y 0874	1. Residents # 17,18, and 19 6-month medication reviews initialized by the Administrator on 11.14.2025 2. When Pharmacy Audit Report is received Administrator will review the Audit and initial that it has been reviewed by the Administrator. 3. Administrator and Health Services Director will review the Pharmacy Audit/Review when it is received and will ensure that the Administrator initials that it has been reviewed. 4. Administrator and Health Services	11/21/2025

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	and initialed by the administrator. Inspector Comments: Based on interview and record review, the facility failed to ensure six-month medication reviews were initialed as reviewed by the Administrator for 3 of 25 sampled residents (Residents #17, #18 and #19). Findings include: Resident #17 (R17) R17 was admitted on 10/16/23 with diagnoses including depression and dementia. R17's most recent medication review was performed on 08/31/25. There was no documentation of the Administrator's initials on R17's medication reviews. Resident #18 (R18) R18 was admitted on 12/08/17 with diagnoses including hypertension and diabetes. R18's most recent medication review was performed on 08/31/25. There was no documentation of the Administrator's initials on R18's medication reviews. Resident #19 (R19) R19 was admitted on 04/08/25 with a diagnosis of metabolic encephalopathy. R19's most recent medication review was performed on 08/31/25. There was no documentation of the Administrator's initials on R19's medication reviews. On 10/22/25 in the afternoon, the Health Services Director acknowledged the Administrator's initials were not on R17, R18 and R19's 08/31/25 medication reviews and should have been.		Director will monitor for compliance. 5. 11.14.2025	

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	Severity: 2 Scope: 2			
Y 0930 SS= D	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning	Y 0930	Resident # 6 had 2 step TB initiated on date Health Service Director and medication Technicians were educated on requirement that all newly admitted residents have 2 step TB on admission Resident charts were audited to ensure a 2 step TB was initiated at time of admission New admission will be discussed in morning stand up meeting to ensure review of 2 step TB All new admissions will be audited monthly to ensure 2 step was administered by licensed Provider.	11/18/2025

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	the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to			

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	perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A			

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	resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure an initial two step tuberculosis (TB) screening was completed for 1 of 25 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 10/31/24 with diagnoses of dementia and hypertension. Review of R6's medical record revealed R6 completed a one step TB screening on 11/22/24. R6's medical record lacked documented evidence a second step TB was completed. On 10/22/25, in the afternoon, the Administrator confirmed a two-step TB screening was not completed for R6. Severity: 2 Scope: 1			
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a	Y 0905	Resident # 7 had orders for quetiapine fumarate and lorazepam orders were updated to include symptoms for medication administration Residents that have orders for psychotropic medications were audited to ensure that orders included symptoms for use	11/21/2025

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	residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on interview and record review, the facility failed to ensure resident physician orders for medications administered on an as needed basis		RSD received education by Executive Director on 10/31/2025 to ensure residents that received psychotropic medications orders indicate symptoms for use. Medications Technicians were educated by Health Service Director for the same above New admission that has psychotropic orders will be discussed in morning stand up meeting all new admissions will be audited for psychotropic medications to ensure symptoms of use are indicated on orders monthly.	

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	had written instructions indicating the symptoms for which the medication was to be administered for 1 of 25 sampled residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 07/03/25 with diagnoses including dementia and hypertension. R7's record revealed a physician order documenting quetiapine fumarate 50 milligram tablet, take one tablet by mouth three times daily as needed. R7's October 2025 Medication Administration Record (MAR) documented quetiapine fumarate 50 milligram tablet, take one tablet by mouth three times daily as needed. R7's medication bin contained a medication labeled quetiapine fumarate 50 milligram tablet, take one tablet by mouth three times daily as needed. There were no written instructions indicating the symptoms for which the quetiapine fumarate was to be administered. R7's record revealed a physician order documenting lorazepam one milligram tablet, take one tablet by mouth two times daily as needed. R7's October 2025 MAR documented			

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	lorazepam one milligram tablet, take one tablet by mouth two times daily as needed. R7's medication bin contained a medication labeled lorazepam one milligram tablet, take one tablet by mouth two times daily as needed. There were no written instructions indicating the symptoms for which the lorazepam was to be administered. On 10/22/25 in the morning, a Medication Technician acknowledged R7's quetiapine fumarate and lorazepam lacked documented evidence of written instructions indicating the symptoms for which the medication was to be administered. On 10/22/25 in the morning, the Resident Care Coordinator acknowledged as needed medications must have written instructions indicating the symptoms for which the medication was to be administered and confirmed R7's quetiapine fumarate and lorazepam lacked documented evidence of written instructions indicating the symptoms for which the medication was to be administered. Severity: 2 Scope: 1			
Y 1035 SS= E	NAC 449.2768 **Residential facility which provides care**	Y 1035	Employees 1,2, and 6 completed the 2-hourAlzheimer's training completed on 10.31.2025 Employee files were audited to ensure 2-	10/31/2025

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	to persons with Alzheimer's disease: Alzheimer's/dementia Training: 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes, in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and		hourAlzheimer training was completed within first 40 hours of hire BOM received education by Executive Director on October 31, 2025, for requirement that new employees have 2-hour Alzheimer training completed within 40 hours of hire Tracking system in place as of date by BOM to ensure 2 hours of Alzheimer is completed within 40 hours of hire New hire files will be audited monthly to ensure compliance	

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	continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months. Inspector Comments: Based on interview and record review, the facility failed to ensure two hours of Alzheimer's disease training, was completed within the first 40 hours of start date, for 3 of 10 employees (Employee #1, Employee #2 and Employee #6). Findings include: Employee #1 (E1) E1 was hired on 05/05/25 as the Administrator. Review of E1's employee record revealed E1 did not receive two hours of Alzheimer's disease training within the first 40 hours of start date. Employee #2 (E2) E2 was hired on 09/22/25 as the Resident Care Coordinator. Review of E2's employee record revealed E2 did not receive two hours of Alzheimer's disease training within the first 40 hours of start date. Employee #6 (E6) E6 was hired on 09/15/25 as the Wellness Director. Review of E6's employee record revealed E6 did not receive two hours of Alzheimer's disease training within the first 40 hours of start date. On 10/22/25, in the morning, the Business Officer director confirmed E1, E2 and E6 did not complete two hours of Alzheimer's disease training within 40 hours of start			

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	date. Severity: 2 Scope: 2			
Y 1010 SS= E	NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. 3. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on interview and record review, the facility failed to ensure eight hours of mental illness training, was completed within 60 days of hire, for 3 of 10 employees (Employee #1, Employee #7 and Employee #10). Findings include:	Y 1010	Employees #1 & #7 are no longer employed at the community. BOM received education by Executive Director on October 31st2025 for requirement for employees to complete 8-hour mental illness educations completed within 60 days of hire Tracking system in place by BOM to ensure new hires have completed mental illness training within 60 days of hire New employee files will be audited monthly to ensure 8-hourmental illness education is completed within 60 days of hire	10/31/2025

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	Employee #1 (E1) E1 was hired on 05/05/25 as the Administrator. Review of E1's employee record revealed E1 had not completed eight hours of mental illness training. Employee #7 (E7) E7 was hired on 05/22/25 as a Care provider. Review of E7's employee record revealed E7 had not completed eight hours of mental illness training. Employee #10 (E10) E10 was hired on 06/04/25 as a Medication Technician. Review of E10's employee record revealed E10 had not completed eight hours of mental illness training. On 10/22/25, in the morning, the Business Officer director confirmed E1, E7 and E10 had not completed eight hours of mental illness training within 60 days of their hire date. Severity: 2 Scope: 2			
Y 1600 SS= F	**NAC 449.011943 and R004-24** **NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104)** 1. A facility shall: (a) Develop policies to ensure that a patient or resident is	Y 1600	Resident # 1,2,3,4,5,6,7,8,9,10,11,13,16 had their preferred genders expressions and sexual orientation was updated Resident charts were audited to ensure their preferred gender expression and sexual orientation was complete utilizing the Gender Identity & Expression Information Sheet. New admission will be reviewed in daily stand-up meeting to review preferred genders, and sexual orientation is completed Health Service Director was educated in ensuring residents have their preferred gender expressions and sexual orientation is completed by Executive Director on	11/21/2025

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	addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection1, include, without limitation: (a) The preferred name and pronoun ofthe patient or resident; (b) The gender identity or expressionof the patient or resident;		10/31/2025. New admission will be audited monthly to ensure compliance	

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	(c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on interview and record review, the facility failed to ensure 14 of 25 sampled resident files included documentation of preferred pronoun,			

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	gender expression and sexual orientation (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #13, #15, and #16). Findings include: Resident #1 (R1) R1 was admitted on 05/08/23, with diagnoses including Alzheimer's Disease and hypertension. R1's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #2 (R2) R2 was admitted on 03/06/20, with diagnoses including Alzheimer's Disease and hypertension. R2's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #3 (R3) R3 was admitted on 09/25/24, with diagnoses including dementia and congestive heart failure. R3's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #4 (R4)			

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	R4 was admitted on 04/01/21, with diagnoses including dementia and hypertension. R4's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #5 (R5) R5 was admitted on 09/16/25, with diagnoses including dementia and hypertension. R5's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #6 (R6) R6 was admitted on 10/31/24, with diagnosis including dementia and hypertension. R6's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #7 (R7) R7 was admitted on 07/03/25, with diagnoses including dementia and hypertension. R7's file lacked documentation of preferred pronoun, gender expression and sexual orientation.			

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	Resident #8 (R8) R8 was admitted on 01/12/22, with diagnoses including dementia and hypertension. R8's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #9 (R9) R9 was admitted on 12/22/15, with diagnoses including dementia and hypertension. R9's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #10 (R10) R10 was admitted on 11/17/24, with diagnoses including dementia and hypertension. R10's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #11 (R11) R11 was admitted on 03/31/23, with diagnoses including dementia and hypertension.			

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	R11's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #13 (R13) R13 was admitted on 02/02/25, with diagnoses including dementia and metabolic encephalopathy. R13's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #15 (R15) R15 was admitted on 10/20/20, with diagnoses including respiratory failure and anxiety. R15's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #16 (R16) R16 was admitted on 08/27/24, with diagnoses including dementia and hypertension. R16's file lacked documentation of preferred pronoun, gender expression and sexual orientation. On 06/24/25 in the afternoon, the Administrator confirmed there was no documentation of preferred pronoun, gender expression and sexual orientation for Resident #1, #2, #3, #4,			

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	#5, #6, #7, #8, #9, #10, #11, #13, #15, and #16). Severity: 2 Scope: 3			