STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11153	A. BUILDING _____ B. WING _____	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC SUMMERLIN	80 ALERION ST, LAS VEGAS, NEVADA ,89138

(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 voluntary regrading resurvey and complaint investigation survey completed at your facility on 04/08/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was seven. Five resident files and three employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated without deficient practice: Complaint #13339 was substantiated with no deficient practice. The investigation of the complaint included: Observations of resident-to-resident interactions, resident mini cognitive impairment tests and no residents attempting to leave facility. Interviews were conducted with residents, Caregivers and the Manager. Clinical Record review of five resident records, including the resident of concern. Document review of facility policies and procedures and facility incident reports.			
Y 0840 SS= D		Y 0840	1. The resident has been transferred to our	04/29/2026

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	NAC 449.2738 **Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions.** 1. If, after conducting an inspection or investigation of a residential facility, the bureau determines that it is necessary to review the medical condition of a resident, the bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the bureau, provide to the bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. 2. If the Bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC 449.271 to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the Bureau, submit a plan to the Bureau for the safe and appropriate relocation of the resident pursuant to NRS 449A.100 to a place where the proper care will be provided. 3. If an inspection or investigation reveals that the conditions at a residential facility may immediately jeopardize the health and safety of a resident, the administrator of the facility shall, as soon as practicable, ensure that the resident is transferred to a facility which is capable of properly providing for his care.		memory care facility. 2. The Administrator will ensure all residents are assessed thoroughly to confirmappropriate placement. 3. The General Manager will oversee the completion of these assessments to ensureproper placement moving forward. 4.Administrator. 5. 4/29/26. 6. I have attached the standard placement photo and all other necessary supportingdocuments to this email.	

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	Inspector Comments: Based on observations, interview and record review, the facility failed to ensure a resident was reassessed by a qualified provider of health care for placement in a proper facility, following a change in condition per NRS 449.1845, for 1 of 5 residents (Resident #4). Findings include: Resident #4 (R4) was admitted on 03/02/26 with diagnoses including grand mal seizures and hypertension. Standard placement for R4, dated 02/25/26 documented resident was appropriate for placement in a facility which provided assisted living services and did not require protective supervision. Incident report for R4, dated 03/09/26 documented R4 attempted to leave facility to go home and needed to be redirected back into the home. Incident report for R4, dated 03/11/26 documented R4 was heading towards the front door and indicated they were going home to family. Text message from facility to provider, dated 03/16/26, indicated R4 was extremely paranoid and exit seeking and required a psych exam. No psych exam was found in the record of R4. Incident report dated 04/01/26 documented R4 indicated they were leaving the facility to go home to family and had to be redirected by staff. On 04/08/26 in the morning, a caregiver indicated R4 had attempted to leave the facility on multiple occasions, telling staff they were going home. On 04/08/26 in the morning, a mini-cognitive exam was completed on R4. R4 was alert and oriented to self only and was not able to answer what year it was, what day, what month or who the president of the			

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	United States was. Physical exam for R4 dated 04/04/26 documented caregivers noticed worsening sundowning exhibited by wandering at night and insistence on leaving the facility. Resident diagnosed with unspecific dementia with other behavioral disturbances and resident may transfer to another facility recommended for memory impaired patients. A new standard placement assessment completed by the physician for R4 was not found. On 04/15/26 in the afternoon, a manager indicated R4's condition was worsening, was getting more forgetful and will be moved into a facility which provided care for Alzheimer's residents. The facility was unable to provide a current standard placement for R4 at the time of the survey. Severity: 2 Scope: 1			