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 |
|---|---|---|---|
| | 11421 | A. BUILDING _____ B. WING _____ | 05/05/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HENDERSON SENIOR LIVING | 2690 CELEBRATE CT, HENDERSON, NEVADA ,89074 |

| (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: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 05/05/26.<br><br>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents.<br><br>The census at the time of the survey was nine. Nine resident files and four employee files were reviewed.<br><br>The facility received a grade of A. | | | |
| Y 0620 SS= E | NAC 449.2702<br><br>**Written policy on admissions required; age and other eligibility requirements.**<br><br>4. Except as otherwise provided in NAC 449.275 AND 449.2754, a residential facility shall not admit or allow to remain in the facility any person who:<br><br>(a) Is bedfast;<br><br>(b) Requires restraint;<br><br>(c) Requires confinement in locked quarters; or<br><br>(d) Requires skilled nursing or other medical supervision on a 24-hour basis.<br><br>6. As used in this section:<br><br>(a) “Bedfast” means a condition in | Y 0620 | -Facility just submitted the request to HCQC to retain all three residents in an effort to correct the deficiency.<br>-Administrator, during her weekly visit, will start assessing residents that are not getting out of bed anymore to make sure they can re-position themselves without assistance. If administrator finds any residents that are no longer able to re-position themselves, she will submit a request to HCQC to retain the resident.<br>-Facility Director, during her weekly visits will also monitor and assess residents that are no longer getting out of bed to see if they can re-position themselves. She will report to the Administrator so that the Administrator can file a request to retain the resident with HSQC in order to ensure that this situation will not happen again.<br>-Administrator will ensure that the plan of correction is implemented.<br>-May 12, 2026, requests to retain the bedfast residents 2, 4 & 7 have been submitted to HCQC as to correct the deficiency.<br>-Submission reports attached. | 05/12/2026 |

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| | which a person is:<br><br>(1) Incapable of changing his position in bed without the assistance of another person; or<br><br>(2) Immobile.<br><br>(b) “Restraint” means:<br><br>(1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms;<br><br>(2) A manual method for restricting a resident’s freedom of movement or his normal access to his body; or<br><br>(3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or his normal access to his or her body.<br><br>5. A person may not reside in a residential facility if the person’s physician or the Bureau determines that the person does not comply with the requirements for eligibility.<br><br>Inspector Comments: Based on interview and record review, the facility failed to obtain a medical exemption to maintain three residents who were bedfast (Resident #2, #4 and #7).<br><br>Findings include:<br><br>Resident #2 (R2)<br><br>R2 was admitted to the facility on 12/15/25 with diagnoses including chronic respiratory failure and heart failure. | | | |

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| | On 05/05/26 in the morning, R2 was unable to demonstrate the ability to turn from side to side in bed without assistance.<br><br>On 05/05/26 in the morning, R2 verbalized they were unable to turn over independently.<br><br>R2's file lacked documented evidence of an approved bedfast medical exemption from the Bureau.<br><br>Resident #4 (R4)<br><br>R4 was admitted to the facility on 07/01/24 with a diagnosis of dementia.<br><br>On 05/05/26 in the morning, R4 was unable to demonstrate the ability to turn from side to side in bed without assistance.<br><br>On 05/05/26 in the morning, R4 verbalized they were unable to turn over independently.<br><br>R4's file lacked documented evidence of an approved bedfast medical exemption from the Bureau.<br><br>Resident #7 (R7)<br><br>R7 was admitted to the facility on 07/01/24 with diagnoses including chronic pulmonary disease and dementia.<br><br>On 05/05/26 in the morning, R7 was unable to demonstrate the ability to turn from side to side in bed without assistance.<br><br>On 05/05/26 in the morning, R7 verbalized they were unable to turn over independently.<br><br>R7's file lacked documented evidence of an approved bedfast medical exemption from the Bureau.<br><br>On 05/05/26 in the morning, the House Manager confirmed R2, R4 and R7 were unable to turn from side to side in bed without assistance. | | | |

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| | On 10/21/25 in the morning, the House Manager acknowledged R2, R4 and R7 did not currently have an approved bedfast medical exemption on file.<br><br>Severity: 2 Scope: 2 | | | |