

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER LIVINGSTON HOME II, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5820 W DESERT INN RD, LAS VEGAS, NEVADA ,89146		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed in your facility on 08/12/2025, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, five Category I residents and five Category II. The census at the time of the survey was four. Four resident files and six employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			
0105 SS= F	Undetermined Background Check-Lack Follow up - NAC 449.0113 Duties of administrator or licensee if Central Repository unable to complete investigation of employee or independent contractor; grounds for termination; actions to ensure patient safety. (NRS 449.0302) 1. If the Central Repository notifies the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home that it is unable to complete an investigation pursuant to NRS 449.123 because: (a) Additional information is required, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall, within 10 working days after receiving the notice from the Central Repository, send a notice to the employee, employee of a temporary employment service or independent contractor directing the employee, employee of a temporary employment service or independent contractor to provide the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home and the Central Repository with the information or proof that the information cannot be obtained within 30	0105	Employee #2 employment was immediately put on hold while awaiting a final notification of clearance for the undetermined background check. This facility will review all the employee's record check list together with the actual employee's file. By this way, we will be able to track undetermined	08/12/2025

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHERRY DAELTO Title: Administrator Date: 08/24/2025

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	days after the date on which the notice was sent by the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home. (b) Criminal charges against the employee, employee of a temporary employment service or independent contractor are pending, the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall notify the employee, employee of a temporary employment service or independent contractor that he or she is required to: (1) Notify the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home of the date of each court proceeding relating to the charges; and (2) Provide the Central Repository with any information relating to the final disposition of the charges as soon as the information is available. 2. The administrator of, or the person licensed to operate, the facility, hospital, agency, program or home shall terminate the employment of an employee or the contract with an independent contractor or notify the temporary employment service that its employee is prohibited from providing services for the facility, hospital, agency, program or home upon determining that the employee, employee of a temporary employment service or independent contractor has willfully failed to comply with the provisions of this section. 3. Pending the completion of an investigation of an employee, employee of a temporary employment service or independent contractor of a facility, hospital, agency, program or home for which the Central Repository has provided notice pursuant to subsection 1 that it is unable to complete the investigation for a reason stated in subsection 1, and during any period in which an employee, employee of a temporary employment service or independent contractor has to correct information provided by the Central Repository pursuant to NRS 449.125, the administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall take actions to ensure the safety of its patients, residents or clients, including: (a) Prohibiting the employee, employee of a temporary		background check documents that need to be followed and to provide direct supervision for an employee with an undetermined background check. 3. This facility will ensure direct supervision for an employee with an undetermined background check and or put employment on hold while waiting for the final notification of clearance before accepting or letting employee work at the facility. 4. The facility administrator will monitor.	

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	employment service or independent contractor from working at the facility, hospital, agency, program or home by placing the employee, employee of a temporary employment service or independent contractor on leave; (b) Requiring the employee, employee of a temporary employment service or independent contractor to be under the direct supervision and observation of an employee of the facility, hospital, agency, program or home while caring for any patient, client or resident of the facility, hospital, agency, program or home; (c) Conducting an investigation into the circumstances of the record of criminal history to determine and carry out any measures that the facility, hospital, agency, program or home identifies as necessary to ensure the safety of its patients, residents or clients if the employee, employee of a temporary employment service or independent contractor cares for patients, residents or clients; or (d) Taking any combination of the actions set forth in paragraph (a), (b) or (c). 4. As used in this section, "facility, hospital, agency, program or home" has the meaning ascribed to it in NRS 449.119 and includes an intermediary service organization for the purpose of carrying out this section and NAC 449.01125. Inspector Comments: Based on record review and interview, the facility failed to provide direct supervision for an employee with an undetermined background check for 1 of 5 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 07/15/25 as a Caregiver. On 08/12/25 in the morning, E2's file lacked documented evidence of a final clearance letter from the Nevada Automated Background Check System (NABS). Review of the Nevada Automated Background Check System (NABS) revealed E2's background check dated 07/13/25, was listed as undetermined. The Manager provided the staffing schedule for August 2025 which documented E2 was the only caregiver on the schedule working the Saturday and Sunday night shift. On 08/14/25 in the morning, the Manager verbalized they			

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	submitted a letter dated 07/15/25 challenging the undetermined finding by NABS and were waiting for further information. Challenge letter dated 07/15/25 and fax confirmation of the challenge letter was sent on 07/28/25 and was reviewed. On 8/14/25 in the morning, the Manager verbalized that there was a live-in Caregiver at the facility, and acknowledged the Caregiver did not provide direct supervision during E2's shift. Severity: 2 Scope: 3			
0392 SS= F	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 3. If a residential facility with a resident who is mentally or physically disabled has a fishpond, pool, hot tub, jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. Inspector Comments: Based on observation and interview, the facility failed to ensure a pool was secured. Findings include: On 8/12/25 in the morning, a pool in the rear yard was observed surrounded by fencing. A padlock on the gate to the pool was unlocked. On 8/12/25 in the morning, Employee #4 acknowledged the padlock was not locked. On 8/12/25 in the morning, the Manager acknowledged the pool should have been secured at all times. Severity: 2 Scope: 3	0392	1. Instantly locked the pool gate in the rear yard and conducted an employee's meeting immediately ensuring the pool gate padlock is locked. 2. A note in our daily task was placed to be reminded to always check the pool padlocked was locked after weekly and/or every pool maintenance is done at the pool rear yard. 3. This facility will make sure that the pool padlocked will be kept locked at all times. 4. The facility manager will monitor.	08/12/202 5
1700	Annual Assessment of History of Each	1700		08/14/202

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	Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to		1. The facility conducted a meeting immediately to make sure all employees understand the importance of initial placement assessment before residents' admission in the facility. 2. This facility will review all residents' record check lists together with the actual residents' file. By this way, we will be able to track missing documents that need to be done & filed. 3. This facility will ensure that a copy of the file is placed on residents file to avoid missing documents. 4. The facility administrator will monitor.	

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	NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure an initial placement assessment was obtained for 1 of 4 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 07/19/25 with a diagnosis of congestive heart failure and hypertension. R1's resident file lacked documented evidence of an initial physician placement assessment. On 08/12/25 in the morning, the Manager acknowledged R1's resident file lacked documented evidence of an initial physician placement assessment. Severity: 2 Scope: 1			