STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11509	A. BUILDING _____ B. WING _____	10/27/2025

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TENDER LOVING CARE SENIOR LIVING LLC	1401 CASA DEL REY CT, LAS VEGAS, NEVADA ,89117

(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 an annual State Licensure survey conducted at your facility on 10/27/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's			

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	disease, Category II residents. The census at the time of the survey was ten. Ten resident files and ten employee files were reviewed. The facility received a grade of A.			
Y 0102 SS= F	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on document review, record review	Y 0102	This plan of correctionis not to be construed as anadmission of or agreement with thefindings and conclusions in theStatement of Deficiencies, or theproposed administrative penalty(with right to correct) on thecommunity. Rather, it is submitted asconfirmation of our ongoing efforts tocomply with all	11/21/2025

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	and interview, the facility failed to ensure 3 of 10 employees had initial Tuberculin (TB)tests (Employee #3, #5 and #8), and/or 6 of 10 employees had pre-employment physical examinations (Employee #3, #4, #5, #6, #7 and #8), prior to start date. Findings include: Employee #3 (E3) E3 had a 09/15/25 start date as a Caregiver. E3's record documented a pre-employment		statutory and regulatoryrequirements. Inthis document, we have outlined specific actions in response to each allegationor finding. We have not presented allcontrary factual or legal arguments, nor have we identified all mitigatingfactors. The facilitydesires that this plan of correction be considered the facility's allegation ofcompliance. **Y0102 Health Certificates required forthe employee – NAC 449.200 and R043-22** **I. HOW TO IDENTIFYOTHER HR ISSUES** A100% audit of all HR files has been performed. **II. SYSTEMIC CHANGES** Priorto hiring a new employee, and adding them to the schedule, the facility managerwill ensure that all pre-employment health screenings have been completed,including the TB screening and physical. **III. MONITORING PROCESS** Thisprocess will be monitored by the Facility Manager as well as the Administratorduring weekly audits **IV. DATE COMPLETION**	

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	physical examination dated 10/17/25, four weeks after the start date, and an initial QuantiFERON test dated 10/09/25 with a negative result, three weeks after the start date. The facility Staffing Schedule documented E3 was on the schedule since 09/15/25. Employee #4 (E4) E4 had a 06/12/25 start date as a Caregiver. E4's record documented a physical examination		Thisplan of correction has been completed by 11/21/2025 **Employee #6 was terminated from her employment at this facility on 11/17/2025 (prior to receiving the original SOD)	

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	with no date on it. The facility Staffing Schedule documented E4 was on the schedule since 06/12/25. Employee #5 (E5) E5 had a 08/30/25 start date as a Caregiver. E5's record documented a physical examination with no date on it and an initial QuantiFERON test dated 10/13/25 with a negative result, six weeks after the start date.			

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	The facility Staffing Schedule documented E5 was on the scheduled since 09/18/25. Employee #6 (E6) E6 had a hire date of 08/14/25 as a Caregiver. E6's record documented a physical examination with no date on it. The facility Staffing Schedule documented E6 was consistently on the schedule since 09/19/25.			

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	Employee #7 (E7) E7 had a start date of 06/12/25 as a Caregiver. E7's record documented a physical examination dated 08/05/25, seven weeks after the start date. The facility Staffing Schedule documented E7 was on the schedule since 06/12/25. Employee #8 (E8) E8 had a start date of			

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	05/11/25 as a Caregiver. E8's record documented a physical examination with no date on it, and a QuantiFERON test dated 05/20/25 with a negative result, ten days after the start date. The facility Staffing Schedule documented E8 was on the schedule since 05/15/25. On 10/27/25 in the afternoon, the Administrator acknowledged the late QuantiFERON tests for E3, E5 and E8. The Administrator			

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	confirmed late physical examinations for E3 and E7, and could not confirm if the physicals for E4, E5, E6 and E8 were acquired prior to their start date. Severity: 2 Scope: 3			
Y 0450 SS= D	NAC 449.231 **First aid and cardiopulmonary resuscitation.** 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments:	Y 0450	**Y0450 FIRST AID AND CARDIOPULMONARYRESUSCITATION - NAC 449.231** **I. HOW TO IDENTIFYOTHER HR ISSUES** A100% HR audit has been performed. **II. SYSTEMIC CHANGES** FacilityManager will ensure that prior to an employee's 30th day ofemployment, they have received approved CPR and First Aid Training.	11/21/2025

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	Based on record review and interview, the facility failed to ensure 2 of 10 employees completed first aid and cardiopulmonary resuscitation (CPR) within 30 days of hire. (Employee#4 and #8) Findings include: Employee #4 (E4) E4 had a 06/12/25 start date as a Caregiver. E4's record documented first aid and CPR training dated 07/22/25, beyond 30		**III. MONITORING PROCESS** Thisprocess will be monitored by the Facility Manager and Administrator bycompleting weekly audits. **IV. DATE COMPLETION** Thisplan of correction has been completed by 11/21/2025.	

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	days from hire. Employee #8 (E8) E8 had a start date of 05/11/25 as a Caregiver. E8's record documented first aid and CPR training dated 07/22/25, beyond 30 days from hire. On 10/27/25 in the afternoon, the Administrator acknowledged the late first aid and CPR training for E4 and E8. Severity: 2			

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	Scope: 1			
Y 0885 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications for discharged residents and/or	Y 0885	**Y0885 Administration of Medication –NAC 449.2742** **I. HOW TO IDENTIFYOTHER MEDICATION ISSUES** A100% medication audit has been performed. **II. SYSTEMIC CHANGES** FacilityManager will ensure that all expired medications, and those of all dischargedresidents, are destroyed upon their expiration/move out date. **III. MONITORING PROCESS** This process will be monitored by the Facility Manager and Administrator by completing weekly audits. **IV. DATE COMPLETION** This plan of correction has been completed by 11/21/2025. **The Menthol-Zinc ointment was not for Resident #8, it was for a discharged resident who had passed away. Original destruction log is for the correct resident. Also uploaded is the original order for this medication showing the name of the	11/21/2025

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	expired medications were not destroyed, per the requirement. Findings include: On 10/27/25 at 11:55 AM, Acetaminophen 650 milligrams (mg), take 2 tablets every 8 hours as needed for 7 days, was dispensed on 09/04/25 for Resident #8. On 10/27/25, the medication was not destroyed. On 10/27/25 in the afternoon during a medication review, observed a tube of Menthol-Zinc		resident who was discharged.	

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	Ointment dispensed on 04/21/25, for a discharged resident, in a medication bin. On 10/27/25 at 12:50 PM, the Administrator confirmed the observations. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and	Y 1840	**Y1840 Infection Control Training - R063-21Sec. 4** **I. HOW TO IDENTIFYOTHER HR ISSUES** A100% HR audit has been performed. **II. SYSTEMIC CHANGES** FacilityManager will ensure that all employees receive Infection Control training	11/21/2025

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	(f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 employees completed unlicensed caregiver infection control and prevention training from a nationally organized organization. (Employee #9 and #10) Findings include: Employee #9 (E9)		froman approved, nationally recognized organization upon hire and annually,thereafter. **III. MONITORING PROCESS** This process will be monitored by the Facility Manager and Administrator by completing weekly audits. IV. DATE COMPLETION This plan of correction has been completed by 11/21/2025. **Employee #9 was terminated from her employment at this facility on 11/14/2025 (prior to receiving the original SOD)	

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	E9 had a 10/22/21 hire date. E9's record documented infection control training dated 04/20/25. The training was not from a nationally recognized organization. Employee #10 (E10) E10 had a 10/25/21 hire date. E10's record documented infection control training that was not from a nationally recognized organization.			

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	On10/27/25 in the afternoon, the Administrator acknowledged the trainings were not from a nationally recognized organization. Severity: 2 Scope: 1			