STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11987	A. BUILDING _____ B. WING _____	03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LODGE ASSISTED LIVING AND MEMORY CARE COMMUNITY	2200 EAST LONG STREET, CARSON CITY, NEVADA ,89706

(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 mandatory re-grading survey and complaint investigation completed at your facility on 03/23/2026. The facility was licensed for 90 Residential Facility for Groups beds with 66 beds for elderly or disabled persons which provided assisted living services, Category II residents; and 24 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 74. Twelve resident files and nine employee files were reviewed. The facility received a grade of A. One complaint was investigated. Complaint NV00012806 could not be substantiated. No regulatory deficiencies could be identified. The investigation into the complaint included: Observation of grooming and physical appearance for residents, resident-to-staff interactions, resident-to-resident interactions, residents in common areas, residents in dining rooms, and a tour of the kitchens. Interviews were conducted with residents, caregivers, medication technicians, the Health and Wellness Director, the Assisted Living Resident Care Coordinator, the Maintenance Supervisor, the Executive Chef and the Executive Director. Clinical Record Review included five records. Document Review included facility policies and procedures, the monthly staffing			

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	schedules and monthly facility census.			
Y 0870 SS= E	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is	Y 0870	1. 03/23/2026 DHW coordinated bi annual pharmacy audit/review with OmniCare pharmacy. 2. Scheduled Bi annual audits / review by Omni Care to start 4/01/2026 3. Audit of bi annual reviews to be completed within 72 hours of review. 4. ED / Designee 5. 04/01/2026 6. See attached	04/01/2026

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	the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure medication regimen reviews were conducted every six months for 4 of 12 sampled residents (Resident #1, #3, #7, and #10). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/26/2022, with a primary diagnosis of Alzheimer's disease. Resident #1's clinical record included a medication regimen review dated 08/28/2025, however lacked documented evidence of a medication regimen review completed in the following six months. Resident #3 Resident #3 was admitted to the facility on 07/26/2025, with a primary diagnosis of hypertension. Resident #3's clinical record included a medication regimen review dated 08/08/2025, however lacked documented evidence of a medication regimen review completed in the following six months. Resident #7 Resident #7 was admitted to the facility on 10/29/2024, with a primary diagnosis of anxiety.			

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	Resident #7's clinical record included a medication regimen review dated 08/29/2025, however lacked documented evidence of a medication regimen review completed in the following six months. Resident #10 Resident #10 was admitted to the facility on 04/22/2025, with a primary diagnosis of dementia. Resident #10's clinical record included a medication regimen review dated 08/28/2025, however lacked documented evidence of a medication regimen review completed in the following six months. On 03/23/2026 at 11:54 AM, the Health and Wellness Director (HWD) explained medication regimen reviews were required to be completed every six months. The HWD verbalized the last time any resident in the facility received a medication regimen review was in August of 2025. The facility policy titled, "Medication Services," dated 12/05/2025, documented a medication regimen review would be conducted every six months. Severity: 2 Scope: 2			