STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12187	A. BUILDING _____ B. WING _____	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKE RANCH MEMORY CARE	7395 SMOKE RANCH RD, LAS VEGAS, NEVADA ,89128

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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. 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 and complaint investigation survey completed at your facility on 02/03/26, in accordance with Nevada Administrative Code (NAC)Chapter 449, Residential Facility for Groups. The facility is licensed for 80 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 65. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A. There was one complaint investigated. <u>Unsubstantiated</u>: 1. Complaint #NV00012980 could not be substantiated. No regulatory deficiencies could be			

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	identified. The investigation of the complaint included: Observation of facility environment, physical appearance of residents, meal observation, medication pass and tour of the facility. Interviews were conducted with the Administrator, Assistant Health Services Director and Health Services Director. Clinical Record Review of the resident of concern. Document Review included Abuse and Neglect Policy, Incident Report and Police event report. The following regulatory deficiencies were identified.			
Y 0102 SS= E	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 10 employees acquired a pre-employment physical examination and/or two-step TB test, per the requirement. (Employee #4, #5 and #8)	Y 0102	1. Corrected the specific findings by reaching out to 3rd party to have paperwork sent over. 2. Will make sure that invoices are paid on a timely manner to ensure all paperwork is released to us on time. 3. ED will keep better track of invoices. 4. ED. 5. 02/18/2026 6. See attached documents.	02/18/2026

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	Findings include: Employee #4 (E4) E4 had a 11/04/25 hire date as a Medication Technician/Caregiver. E4's record lacked documented evidence of a pre-employment physical examination. Employee #5 (E5) E5 had a 11/27/25 hire date as a Caregiver. E5's record lacked documented evidence of an initial two-step TB test. Employee #8 (E8) E8 had a 12/15/25 hire date as a Caregiver. E8's record lacked documented evidence of a pre-employment physical examination. E8 had a positive TB test with a negative chest x-ray dated 06/26/19. E8's record lacked documented evidence of 2024 and 2025 annual Signs and Symptoms reviews. On 02/03/26 at 12:45 PM, the Administrator confirmed the missing physical examination for E4 and E8, the TB tests for E5 and the Signs and Symptoms for E8. The Administrator explained the recent hires did not complete the required testing due to issues within the corporate office. Severity: 2 Scope: 2			
Y 1100 SS= F	**NAC 449.1985 Performance of certain tasks by caregiver.** 4. A caregiver may weigh a resident of a residential facility only if: (a) The caregiver has received training on the manner in which to weigh a person that meets the	Y 1100	1. We have created a specific form for collecting consents from residents/POA's and will be attaining signatures for all. All staff who act as Caregivers have been training specifically how to take weights. 2. The form created will be part of the move in process now, so it will be among the first paperwork signed at move in. Staff will be trained yearly on how to take weights. 3. ED will check each move in agreement to	02/19/2026

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	requirements of subsections 5 and 6; and (b) The resident has consented to being weighed by the caregiver. Inspector Comments: Based on interview and record review, the facility failed to provide training for Caregivers on the manner in which to weigh a resident for 6 of 10 sampled employees (Employee #2, #4, #5, #6, #7, and #10) and to obtain resident or resident representative consent to obtain monthly resident weight measurements for 15 of 15 sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15). Findings include: Resident #1 (R1) R1 was admitted on 04/22/24 with diagnoses including dementia. R1's record revealed a weight recording sheet documenting R1's weight taken by staff. Resident #2 (R2) R2 was admitted on 06/25/18 with diagnoses including dementia and hypertension. R2's record revealed a weight recording sheet documenting R2's weight taken by staff.		ensure they have the weight consent form. ED will assign all new hires training on how to take weights in Relias, yearly for current staff. 4. ED. 5. 02/17/2026 6. See attached documents.	

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	Resident #3 (R3) R3 was admitted on 06/28/24 with diagnoses including dementia. R3's record revealed a weight recording sheet documenting R3's weight taken by staff. Resident #4 (R4) R4 was admitted on 08/20/27 with diagnoses including dementia and chronic obstructive pulmonary disease. R4's record revealed a weight recording sheet documenting R4's weight taken by staff. Resident #5 (R5) R5 was admitted on 11/28/23 with diagnoses including Alzheimer's Disease. R5's record revealed a weight recording sheet documenting R5's weight taken by staff. Resident #6 (R6) R6 was admitted on 02/15/25 with diagnoses including dementia. R6's record revealed a weight recording sheet documenting R6's weight taken by staff. Resident #7 (R7)			

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	R7 was admitted on 04/14/25 with diagnoses including dementia. R7's record revealed a weight recording sheet documenting R7's weight taken by staff. Resident #8 (R8) R8 was admitted on 11/13/23 with diagnoses including dementia and hypertension. R8's record revealed a weight recording sheet documenting R8's weight taken by staff. Resident #9 (R9) R9 was admitted on 02/22/24 with diagnoses including dementia. R9's record revealed a weight recording sheet documenting R9's weight taken by staff. Resident #10 (R10) R10 was admitted on 08/22/24 with diagnoses including dementia and hypertension. R10's record revealed a weight recording sheet documenting R10's weight taken by staff. Resident #11 (R11) R11 was admitted on 06/05/25 with diagnoses including dementia.			

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	R11's record revealed a weight recording sheet documenting R11's weight taken by staff. Resident #12 (R12) R12 was admitted on 12/16/25 with diagnoses including dementia. R12's record revealed a weight recording sheet documenting R12's weight taken by staff. Resident #13 (R13) R13 was admitted on 02/05/24 with diagnoses including dementia. R13's record revealed a weight recording sheet documenting R13's weight taken by staff. Resident #14 (R14) R14 was admitted on 06/26/24 with diagnoses including dementia. R14's record revealed a weight recording sheet documenting R14's weight taken by staff. Resident #15 (R15) R15 was admitted on 08/16/25 with diagnoses including dementia and chronic obstructive pulmonary disease. R15's record revealed a weight recording sheet documenting R15's weight taken by staff.			

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	Employee #2 (E2) E2 was hired on 03/25/24 as a Caregiver E2's employee file lacked documented evidence E2 was trained on the manner in which to weigh a resident. Employee #4 (E4) E4 was hired on 03/45/44 as a Caregiver E4's employee file lacked documented evidence E4 was trained on the manner in which to weigh a resident. Employee #5 (E5) E5 was hired on 03/55/54 as a Caregiver E5's employee file lacked documented evidence E5 was trained on the manner in which to weigh a resident. Employee #6 (E6) E6 was hired on 06/65/64 as a Caregiver E6's employee file lacked documented evidence E6 was trained on the manner in which to weigh a resident. Employee #7 (E7) E7 was hired on 03/75/74 as a Caregiver E7's employee file lacked documented			

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	evidence E7 was trained on the manner in which to weigh a resident. Employee #10 (E10) E10 was hired on 03/105/104 as a Caregiver E10's employee file lacked documented evidence E10 was trained on the manner in which to weigh a resident. Policy labeled Gardens Care Senior Living Weight Monitoring was provided as the policy for weighing residents. The policy included verbiage that residents shall be weighed monthly as a standard assessment. Resident files lacked documented evidence of consents for staff to weigh them. On 02/03/26 in the morning, the Health Services Director verbalized caregiver staff members obtained weight measurements from all residents on a monthly basis. On 02/03/26 in the morning, the Administrator acknowledged residents' weight measurements were taken monthly and the facility had not obtained consents for weight measurements from residents or residents' representative for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 and acknowledged Caregiver staffs' files for Employee #2, #4, #5, #6, #7, and #10 lacked documented evidence of training on the manner in which to weigh a resident. Severity: 2 Scope: 3			