STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	160	A. BUILDING _____ B. WING _____	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE VALLEY CARE CENTRE	1807 E LONG STREET, CARSON CITY, NEVADA ,89701

(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 a complaint investigation survey completed at your facility on 01/12/2026. The facility is licensed for 38 residential facility for group beds for elderly and disabled persons, Category II residents, non-Alzheimer's residents. The census at the time of the survey was 32. Six resident records were reviewed and seven employee records were reviewed. The facility received a grade of A. The facility applied for 38 residential facility for group beds for elderly and disabled persons, which provides Assisted Living Services, Category II residents (see Tag Y0955). There were three complaints investigated. Complaint #12834 could not be substantiated. No regulatory deficiencies could be identified. Complaint #12835 could not be substantiated. No regulatory deficiencies could be identified. Complaint #12309 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of resident activities, resident appearance, staff to resident interactions, residents smoking, locking mechanisms of exit seeking doors, residents leaving the facility, visitors coming into the facility, resident food preparation, meal services, meal amounts and liquids offered. Interviews were conducted with residents,			

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	Caregivers, Medication Technicians, a Cook, and Managers. Clinical Record Review of eight records, which included the residents of concern. Document review included facility policies and procedures, grievance logs, resident accounting registered, Activities of Daily Living, History and Physicals, Care Plans, admission agreements, and resident rights.			
Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel file review, document review and interview, the facility failed to ensure 2 of 8 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.123 (Employee #1 and #7). Findings include: Employee #1 Employee #1 was hired as Administrator with a hire date 01/01/2024. Employee #1's personnel file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History, a Criminal History Statement, and lacked a Nevada Automated Background Check System (NABS) clearance letter. Employee #7 Employee #7 was hired as Housekeeper with a hire date 12/15/2025. Employee #7's personnel file lacked	Y 0104	1. Employee #1 and Employee #7 have completed their fingerprinting submissionto the Central Repository for Nevada Records of Criminal History. Bothemployees have completed Criminal History Statements, and applications havebeen submitted to the Nevada Automated Background Check System (NABS) forclearance in accordance with Nevada Revised Statutes 449.123. The employeeswill not work unsupervised until required clearances are obtained. Allcompleted documentation, including fingerprint confirmations, Criminal HistoryStatements, and NABS clearance letters, will be maintained in their personnelfiles and submitted for review. 2. The facility has implemented a revised hiring and onboarding policyrequiring completion of fingerprint submission, Criminal History Statement, andNABS application within the required timeframe prior to or immediately uponhire, with strict adherence to the 10-day requirement. A standardized hiringchecklist has been created to ensure no employee begins work without documentedcompliance steps initiated. Administrative staff have been re-trained onbackground check timelines and regulatory requirements. 3. The Office Manager will conduct bi-weekly audits of all new hire personnelfiles to verify timely completion of fingerprinting, Criminal HistoryStatements, and NABS clearances. A tracking log will be maintained for allemployees to monitor	02/10/2026

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	evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History, a Criminal History Statement, and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 01/12/2026 at 12:38 PM, the Manager and Office Manager acknowledged Employee #1 and #7's personnel records lacked evidence of completed fingerprints and clearance letters from NABS. The Manager verbalized the facility had 30 days upon hire to complete fingerprinting for employees and was unaware the facility only had 10 days to complete fingerprinting. A Surveyor Report for the facility, accessed on 01/12/2026 at 9:49 AM from NABS lacked documented evidence of Employee #1 and #7 listed as a former, current, or pending employee. Severity: 2 Scope: 1		submission dates and clearance status. Any discrepancieswill be addressed immediately and reported to the Facility Administrator. 4. Office Manager and Facility Administrator are responsiblefor implementation of Plan of Care. 5. The date thecorrective action: 02/04/2026 6. Allpertinent documents have been included. 7. A full audit of all current employee personnel files has been conducted toensure compliance with background check requirements. Any missing or incompletedocumentation has been identified and corrected. Ongoing quarterly audits willbe implemented to ensure continued compliance with all personnel recordrequirements.	
Y 0955	NAC 449.2751 **Residential facility which provides assisted living services: Application for endorsement; general requirements.** 1. Each residential facility that wishes to provide assisted living services must apply to the Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services. 2. The Division may deny an application for an endorsement that is made pursuant to subsection 1 or suspend or revoke an existing endorsement granted pursuant to subsection 1: (a) Based upon the grounds set forth in NAC 449.191 or 449.1915; or (b) If the residential facility for which the applicant is applying or the residential facility which has an endorsement does not satisfy the requirements set forth in this	Y 0955	1. The facility has obtained written consents from all 14residents residing in shared rooms acknowledging shared bathroom arrangementsin accordance with Nevada Revised Statutes 449.0302.7(b)(3). In addition, theadmission agreement has been formally amended to include a shared bathroomacknowledgment clause requiring resident signature upon admission. Copies ofall completed consents and the updated admission agreement have been compiledand are included for review. 2. The facility has implemented a standardized admissions checklist requiringverification of shared bathroom consent prior to move-in. The updated admissionagreement with the acknowledgment clause will be used for all new admissions,and existing residents' files have been updated accordingly. Staff have	03/10/2026

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	section or subsections 7 and 8 of NRS 449.0302. 3. If a residential facility provides assisted living services, the written policies that the residential facility is required to develop pursuant to NAC 449.258 must include, without limitation, procedures to be followed: (a) To ensure that the residential facility complies with the requirements set forth in subsections 7 and 8 of NRS 449.0302; (b) By the administrator to ensure that residents of the residential facility whose physical or mental condition is significantly changing over time are identified; (c) To obtain a medical professional to assess and monitor, as necessary, but not less than once every quarter in each calendar year, each resident of the residential facility whose physical or mental condition is declining over time; and (d) To provide services to residents of the residential facility pursuant to the assessment and monitoring performed pursuant to paragraph (c). 4. The administrator of a residential facility that provides assisted living services shall ensure that: (a) A medical professional is notified whenever there has been a significant change in the physical or mental condition of a resident of the residential facility whose physical or mental condition is declining over time; and (b) The residential facility maintains a list of resources for financial assistance and other social services that may decrease the need for a resident of the residential facility whose physical or mental condition is declining over time to move out of the residential facility. 5. The services provided by a residential facility that provides assisted living services must include, without limitation, services that will enable the residential facility to retain residents who have the medical needs or conditions described in NAC 449.2712 to 449.2734, inclusive, and 449.275.		beenre-trained on consent requirements and documentation compliance. 3. The Office Manager will conduct monthly audits of resident files to ensureall required consents and admission agreement acknowledgments are present andproperly completed. Any deficiencies identified will be corrected immediately,and findings will be documented and reviewed with the Administrator. 4. Office Manager and Facility Administrator are responsible for implementation of Plan of Care. 5. The date the corrective action: 03/10/2026 6. All pertinentdocuments have been included. 7. A comprehensive review of all admission documentation andconsent-related requirements has been conducted to identify any additionalareas requiring acknowledgment or signatures. Any missing or incompletedocumentation has been corrected, and policies have been updated to ensureongoing compliance across all regulatory requirements.	

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	Inspector Comments: Based on document review and interview, the facility failed to ensure the facility comply with all requirements to provide Assisted Living (AL) services. Findings include: On 01/12/2026, the facility was designed to allow 14 residents shared bathrooms. On 01/12/2026, the facility failed to provide documented evidence the 14 residents, residing in shared rooms, signed consents in accordance with Nevada Revised Statutes (NRS) 449.0302.7(b)(3). On 01/12/2026 during the exit conference, Employees #2, #3, and #9 understood the requirement to obtain consents from each resident sharing a bathroom, the residents were all ok sharing the bathroom. The three employees, present during the exit conference, verbalized they would comply and send in clearances obtained from each resident in order to approve the AL endorsement. On 01/21/2026, via telephone, Employee #3 verbalized understanding the outstanding requirement and communicated the facility would provide the consents no later than the end of that work week on the 01/23/2026. On 01/23/2026, a phone call to the facility's main number was attempted; however, was unsuccessful with contacting anyone. A second phone call was attempted to the Administrator's cell phone; however, there was no answer from the Administrator.			
Y 1045 SS= C	NAC 449.27704 (2) Placard: Issuance and display; 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be	Y 1045	1. The facility has removed the outdated B letter grade andhas posted the most current A. Letter grade from most recent State Licensuresurvey in a conspicuous public area accessible to residents and visitors. Theposted grade is clearly visible and meets all State requirements. A copy of	04/15/2026

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	displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to display the C letter grade from the annual State Licensure survey. Findings include: On 01/12/2026 at 12:35 PM, the B letter grade from the 11/04/2024 State Licensure regrading survey was posted. The facility received a C letter grade from the 01/28/2025 State Licensure survey; however, this grade was not posted conspicuously in a public area of the residential facility. On 01/12/2026 at 12:38 PM, the Office Manager confirmed the most recent letter grade was not posted. The C letter grade was emailed to the Administrator on 01/13/2026 from the 01/28/2025 State Licensure survey. Severity: 1 Scope: 3		theposted A letter grade is included for verification. 2. The facility has implemented a compliance protocol requiring immediatereview and posting of any updated State Licensure survey results upon receipt.A designated compliance binder and posting checklist have been created toensure the most current letter grade is always displayed. Staff responsible foradministrative duties have been re-educated on posting requirements andtimelines. 3. The Office Manager will conduct monthly environmental compliance audits toverify that the current letter grade is properly posted and up to date. Auditresults will be documented and reviewed with the Facility Administrator, andany discrepancies will be corrected immediately. 4. Office Manager and Facility Administrator are responsiblefor implementation of Plan of Care. 5. The date the corrective action: 04/15/2026 6. All pertinent documents have been included. 7. The facility has conducted a full review of all requiredpostings (including licensure, resident rights, and other mandated notices) toensure accuracy, visibility, and compliance. Any outdated or missing postingshave been corrected, and an ongoing checklist has been implemented to maintaincompliance moving forward.	