STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1959	A. BUILDING _____ B. WING _____	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON VALLEY RESIDENCE LLC	705 SOUTH STREET, YERINGTON, NEVADA ,89447

(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 complaint investigation completed in your facility on 12/09/2025. The census at the time of the survey was 39. The sample size was five. There was one complaint investigated. Complaint #12618 was substantiated (See Tags Y0890). The investigation of the Complaint included: Observation of the resident of concern, the resident of concern's room, the memory care unit, and common areas. Interviews were conducted with the resident of concern, the Business Office Manager and the Executive Director. Record Review of five records including the resident of concern. Document Review included facility policy and procedures.			
Y 0890 SS= A	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include:	Y 0890	1. Medicated cream administered but not documented. Med techs understood the order as a reminder after brief changes and not to be signed out as a scheduled med. -Added medication on individual Mar to have plenty of spots to sign out -Instructed Wellness team and med techs to initial Mar at each brief changes. 2. Training completed 12/15/25 instructing med techs to follow the above practice. Medications with orders to be given after brief changes or showers, to be written on their own MAR for enough room to initial.	12/15/2025

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	(1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.		3. Wellness team will now ensure the above practice will be completed properly during medication audits 4. Wellness Director and wellness assistant. 5.12/15/25	

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	Inspector Comments: Based on record review, interview and document review, the Administrator failed to ensure a prescribed medicated ointment was documented as administered for 1 of 5 sampled residents (Resident #1). Resident #1 Resident #1 was admitted to the facility on 02/03/2023, with diagnoses including dementia, chronic obstructive pulmonary disease with hypoxia, interstitial lung disease, vitamin D deficiency, osteoporosis, constipation, anxiety, and agitation. A physician order dated 02/05/2025, documented Calmoseptine 0.44 percent (%)-20.6% topical ointment, cleanse area, apply to sacral area following each brief change. The Medication Administration Record (MAR) dated 10/01/2025 through 12/09/2025, lacked documentation the Calmoseptine ointment had been administered. On 12/09/2025 at 11:55 AM, the Business Office Manager (BOM) confirmed Resident #1's Calmoseptine ointment was not being documented on the resident 's MAR. The BOM verbalized the ointment was being applied but not documented in the resident's record after administration. On 12/09/2025 at 12:10 PM, the Executive Director (ED) verbalized Medication Technicians (MT) were expected to complete the MAR after administration and confirmed the Calmoseptine ointment for Resident #1 was not documented on the MAR as administered. The facility policy titled, "Medication Administration Records," undated, documented medication administrations, missed administrations, and refusals were to be documented on the MAR upon administration and verified prior to the technician signing off their shift.			

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	Complaint #12618 Severity: 1 Scope: 1			