DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE	**2690 MARGARET DRIVE, RENO, NEVADA ,89506**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey and complaint investigation conducted in your facility on 03/17/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed. The facility received a grade of C. Your facility has received a C or D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. There was one complaint investigated. Complaint #NV00073329 with the following allegations could not be substantiated due to a lack of evidence: Allegation #1: The facility did not have enough food for residents. Allegation #2: The facility was still billing other health care entities for services for residents who had been deceased. The investigation into the allegations included: Observation of lunch meal services, food in the kitchen and in storage, and staff to resident interactions. Interviews were conducted with the Owner, the Administrator, and four residents. Document review included three closed records, financial records, hospice records,	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 06/06/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	admission agreements, resident assessments, and history and physicals. Policy review included resident rights and grievance policy. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			
0520 SS= E	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written	0520	TAG 0520 : Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: The administrator addresses the following; 1. How you will correct the specific finding stated in the statement of deficiency - To correct the specific finding stated in the Statement of Deficiency under Tag # 0520, the administrator has ensured that the facility has developed and implemented Plan of Care of every residents. These Plan of Care were crafted upon the management's assessment of the resident's health conditions and a close coordination with the Social Workers and the residents' Person-Centered-Service-Plan. these plans address the individual treatment needs. Furthermore, The administrator	05/22/2025

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	program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was developed to address the facility's treatment of residents for 3 of 10 residents reviewed for service plans (Resident #5, #7, and #8). Findings include: The following residents' records lacked documented evidence of a person-centered service plan to address the treatment needs of the residents by the facility's caregiver staff: - Resident #5 was admitted to the facility on 12/01/2024, with diagnosis including unspecified sequelae of cerebral infarction, hypertension, and mood disorder. - Resident #7 was admitted to the facility on 11/22/2024, with diagnoses including hypertension and chronic obstructive pulmonary disease. - Resident #8 was admitted to the facility on 03/10/2025, with diagnoses including hypertension, hyperglycemia, and history of falls. On 03/17/2025 at 11:51 AM, the Administrator confirmed the facility had not created person-centered service plans for resident #5, #7 and #8. Severity: 2 Scope: 2		have updated the POC of residents #5, #7, #8 as of 03/30/2025. Regular reviews will. be conducted to maintain compliance with NAC 449.297 and RO43-22. The administrator efficiently update the POC as soon as the level of care needed by the resident changes. 2. What measures or systematic changes will be put into place to ensure the deficient does not recur. - To prevent recurrence of the deficient practice, the administrator will implement regular reviews and updates of the POC & PCSP for all residents, conduct on-going staff training on individualized care. Make initial assessment of every patient's health conditions and report directly to the Social worker when condition changes for further assessment 3. - Establish routine checks to ensure compliance with the NAC 449.259 and R043-22. Additionally, the administrator will oversee the consistent implementation and monitoring of these plans. 4. The title of the person (position) responsible for ensuring the plan of correction is implemented. - The administrator is responsible for ensuring the Plan of Correction is implemented. 5. The date the corrective action will be implemented. - 03/31/2025 TAG #0520 ATTACHMENT #1 RES #51A, RES #7 1B, AND RES#81C -	

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			COPIES OF THE CARE PLAN FOCUS AREA (POC) OF 3 RESIDENTS. 05/22/2025 1.	
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
0874 SS= D	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.	0874	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 -	0878	Tag # 878	05/22/2025

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	Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant		1. How you will correct the specific finding stated in the statement of deficiency - To correct the specific finding stated in the Statement of Deficiency under Tag #878, the administrator reviewed the Medication Administration Records (MAR), prescriptions and medications, identified the errors, and immediately corrected them in the presence of thecaregivers to ensure understanding and prevent recurrence. 2. What measures or systematic changes will be put into place to ensure the deficient does not recur. - To prevent recurrence of the deficient practice, the administrator implemented regular checks of MARs and prescriptions, reinforced proper medication documentation procedures, and conducted in-service training to caregivers to ensure compliance with medication administration standards. 3. How the corrective action will be monitored to ensure the deficient practice will not recur - The corrective action will be monitored through regular medication audits, spot checks, and direct supervision by the administrator to ensure continued compliance and address any issues promptly. 4. The title of the person (position) responsible for ensuring the plan of correction is implemented. - The administrator is responsible for ensuring the proper documentation is observed, practiced and implemented. 5. The date the corrective action will	

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	or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure a physician's order was obtained premising the administration of medications for 3 of 8 residents (Resident #2, #3, and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/22/2024, with a diagnosis of vitamin d deficiency. On 03/17/2024 at 10:30 AM, during medication review, the following medications were identified: -Flecainide 50 milligram (mg) tablet. Take one tablet by mouth every 12 hours. -Glipizide 5 mg tablet. Take one tablet by mouth every morning with breakfast. Resident #2's March 2025 Medication Administration Record (MAR) lacked documented evidence of Flecainide and Glipizide. Physician's orders could not be located for Flecainide and Glipizide. On 03/17/2025 at 10:33 AM, the Owner confirmed the facility had not obtained a physician's order for Flecainide and Glipizide for Resident #2 and confirmed the medications were not transcribed onto the resident's MAR. Resident #3 Resident #3 was admitted to the facility on 10/01/2024, with diagnoses including urinary tract infection, hypothyroidism, and failure to thrive. Resident #3's March 2025 MAR documented Albuterol Sulfate 18 grams (gm). Inhale five puffs by mouth every six hours as needed for cough. On 03/17/2025 at 11:04 AM, during medication review, Albuterol HFA 90 microgram (mcg), 18 gm, inhale two puffs by mouth every six hours as needed for cough or shortness of breath, was onsite. A physician's order could not be located for Albuterol. On 03/17/2025 at 11:04 AM, the Owner confirmed a		be implemented. - 03/31/2025 TAG 0878 ATTACHMENT #2 COPIES OF RESIDENTS 2 MAR & PCPs ORDER, RES # 3 PCPs ORDER, AND RES #5 PCPs ORDER & MAR DOCUMENTS. 05/22/2025	

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	physician's order for Albuterol for Resident #3 could not be located and verbalized all medications required a physician's order to be able to administer the medication. Resident #5 Resident #5 was admitted to the facility on 12/01/2024, with diagnoses including unspecified sequelae of cerebral infarction, hypertension, and mood disorder. On 03/17/2025 at 10:41 AM, during medication review, the following medication was found: -Vitamin D3, 2000 units (50 mcg) tablets. Take one tablet by mouth daily. Resident #5's March 2025 MAR lacked documented evidence of Vitamin D3. A physician's order could not be located for Vitamin D3. On 03/17/2025 at 10:41 AM, the Owner confirmed a physician's order could not be located for Resident #3's Vitamin D3. Severity: 2 Scope: 1			
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (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; (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	0895	Tag #0895 1. How you will correct the specific finding stated in the statement of deficiency - To correct the specific finding stated in the Statement of Deficiency under Tag # 0895, the administrator reviewed all realted prescriptions and Medications Administration Records (MAR), identified and corrected the documentation errors on 03/31/2025. and addressed the issues directly with the caregivers to ensure they understand proper procedures and prevent recurrence. 2. What measures or systematic changes will be put into place to ensure the deficient does not recur. - The administrator implemented regular audits of MARs and prescriptions, and conducted ongoing caregivers training on medication administration procedures, and direct oversight by the administrator to reinforce accountability and compliance with NAC 449.2744 and	05/22/2025

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	made in the administration of medication. Inspector Comments: Based on observation, clinical record review and interview, the facility failed to ensure the Medication Administration Record (MAR) documented a current and active medication a resident was receiving for 5 of 8 residents (Resident #1, #2, #3, #5, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/19/2024, with diagnoses including traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, subsequent encounter, hyperlipidemia, and unspecified atrial fibrillation. Resident #1's March 2025 MAR documented Hydroxyzine Hydrochloride (HCL) 25 milligram (mg) tablet. Take one tablet by mouth twice a day. A physician's order dated 04/18/2024, documented Hydroxyzine HCL 25 mg tablet. Take one tablet every six hours as needed for anxiety/restlessness. On 03/17/2025 at 10:48 AM, during medication review, the medication onsite documented Hydroxyzine HCL 25 mg tablet. Take one tablet by mouth twice a day as needed for itching. Resident #2 Resident #2 was admitted to the facility on 10/22/2024, with a diagnosis of vitamin d deficiency. On 03/17/2025 at 10:33 AM, during medication review, the following medications were observed: -Flecainide 50 mg tablet. Take one tablet by mouth every 12 hours. -Vitamin D3 25 microgram (mcg) tablet. Take one tablet by mouth every day. -Glipizide 5 mg tablet. Take one tablet by mouth every morning with breakfast. Resident #2's March 2025 MAR lacked documented evidence of Flecainide, Vitamin D3, and Glipizide. Resident #3 Resident #3 was admitted to the facility on 10/01/2024, with diagnoses including urinary tract infection, hypothyroidism, and failure to thrive. On 03/17/2025 at 11:04 AM, during medication review, the following medications were identified: -Albuterol HFA 90 microgram (mcg), 18 grams (gm). Inhale two puffs by		R043.22. 3. How the corrective action will be monitored to ensure the deficient practice will not recur. - the corrective action will be monitored through scheduled medication audits, random spot checks, and continuous oversight by the administrator to ensure consistent compliance and address any issues promptly. 4. The title of the person (position) responsible for ensuring this is implemented. - The administrator is responsible for ensuring this corrctive is implemented. 5. The date the corrective action will be implemented. - 03/31/2025 TAG 0895 ATTACHMENT # 3 PROVIDES THE COPIES OF RES. #1 PCPs ORDER, RES #2 MAR, RES #3 MAR & PCPs ORDER, RES #5 MAR & PCPs ORDER AND RES #6 MAR 05/22/2025	

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	mouth every six hours as needed for cough or shortness of breath. -Quetiapine Extended Release (ER) 150 mg tablet. Take one tablet by mouth in the evening. Resident #3's March 2025 MAR documented the following: -Albuterol Sulfate 18 gm. Inhale five puffs by mouth every six hours as needed for cough. -Quetiapine 5P. Take one tablet by mouth in the evening. A physician's order could not be located for Albuterol. A physician's order dated 10/25/2023, documented Quetiapine 150 mg tablet. Take one tablet by mouth in the evening. Resident #5 Resident #5 was admitted to the facility on 12/01/2024, with diagnoses including unspecified sequelae of cerebral infarction, hypertension, and mood disorder. On 03/17/2025 at 10:41 AM, during medication review, Vitamin D3 2000 units (50mcg) tablets, take one tablet by mouth daily, was onsite and available to administer to Resident #5. A physician's order could not be located for Vitamin D3. Resident #5's March 2025 MAR, lacked documented evidence of Vitamin D3. Resident #6 Resident #6 was admitted to the facility on 01/15/2021, with diagnoses including Epistaxis, Alzheimer's disease, and hypertension. On 03/17/2025 at 10:22 AM, during medication review, the following medications were identified: -Amlodipine 2.5 mg tablet. Take one tablet by mouth daily. -Vitamin D 50 mcg tablet. Take one tablet by mouth once daily. Resident #6's March 2025 MAR documented the following: -Amlodipine 25 mg tablet. Take one tablet by mouth daily. -Vitamin D 50 mg. Take one tablet by mouth daily. A physician's order dated 06/10/2024, documented Amlodipine 2.5 mg tablet. Take one tablet by mouth daily. A physician's order dated 12/21/2023, documented Vitamin D 50 mcg tablet. Take one tablet by mouth everyday. On 03/17/2025 at 11:04 AM, the Owner confirmed the MAR documented inaccurate information for Resident #1, #2, #3, #5, and #6, and verbalized all medications needed to be transcribed onto the MAR and be			

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	accurate for all residents. Severity: 2 Scope: 2			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.	0920	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	0936	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
1600 SS= C	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred	1600	Tag #1600: Preferred Name/Pronoun P&P - NAC 449.011943 Policies concerning	03/31/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE	**2690 MARGARET DRIVE, RENO, NEVADA ,89506**

(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
	names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on		preferred names and pronouns. That the administrator make sure to strictly instructs the facility staff / caregivers to hereby implements and adapts the policy on addressing the residents in their preferred gender identity and expression at the time of admission until the time they are discharged. 03/31/2025 Attached document is the Policy on Gender Identity, Preferred name and Pronoun Documentation. Policy is discussed with the caregivers on proper adaptation and implementation in order that this Statement of Deficiencies will never happen again. 03/31/2025	

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	observation, clinical record review and interview, the facility failed to ensure there were policies developed and resident records were in compliance to reflect a resident's preferred name, pronoun, gender identity or expression, and sexual orientation for 8 of 8 residents in the facility (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: The following residents' records lacked the inclusion of a resident's choice to provide the resident's preferred name, pronoun, gender identity or expression, and sexual orientation: - Resident #1 was admitted to the facility on 09/19/2024, with diagnoses including traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, subsequent encounter, hyperlipidemia, unspecified, and atrial fibrillation. - Resident #2 was admitted to the facility on 10/22/2024, with a diagnosis of vitamin d deficiency. - Resident #3 was admitted to the facility on 10/01/2024, with diagnoses including urinary tract infection, hypothyroidism and failure to thrive. - Resident #4 was admitted to the facility on 11/09/2022, with a diagnosis of hypertension and hemiparesis affecting right side. - Resident #5 was admitted to the facility on 12/01/2024, with diagnoses including hypertension, mood disorder, and unspecified sequelae of cerebral infarction. - Resident #6 was admitted to the facility on 01/15/2024, with diagnoses including epistaxi's, Alzheimer's disease, and hypertension. - Resident #7 was admitted to the facility on 11/22/2024, with diagnoses including hypertension and chronic obstructive pulmonary disease. - Resident #8 was admitted to the facility on 03/10/2025, with diagnoses including hypertension, hyperglycemia, and history of falls. On 03/17/2025 at 12:30 PM, the Administrator confirmed there were no changes to residents' clinical records in compliance with the regulation. Severity: 1 Scope: 3			
1700	Annual Assessment of History of Each	1700	Please refer to original Statement of	03/17/202

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SS= D	Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from		Deficiency/Plan of Correction - Event ID 7XJK12.	5

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	dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			
1810 SS= F	Infection Control Program - NAC 449.0109 Program and policy for control of infection; designation and training of person responsible for infection control. (NRS 439.200, 449.0302) 1.A facility for the dependent shall: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors; and (c) Develop and carry out a comprehensive plan for emergency preparedness. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without	1810	TAG 1810 Infection Control Program - NAC 449.0109 Program and policy for control of infection; designation and training of person responsible for infection control. (NRS 439.200, 449.0302) To meet the requirement under The adminstrator ensure to meet the required INFECTION PREVENTION PROGRAM / POLICIES AND TRAINING in compliance with the the NAC 449-0109 making it sure that this SOD will not happen again. 06/05/2025 TAG 1810 ATTACHMENT #4 COPIES OF THE INFECTION CONTROL PROGRAM AND POLICIES 3 PAGES 05/22/2025 TAG 1810 ATTACHMENT # 5 COPIES OF THE INFECTION CONTROL PROGRAM AND POLICIES/TRAINING 9 Pages I printed 001 ,002 IPC P2, 003 IPC3 UP to 009 IPC9. Please CLICK ONLY ON IPCs 1 to 9 dated 06/06/2025. i UPLOADED a lot of errors SORRY. 06/06/2025	06/06/2025

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	limitation, emerging infectious diseases. Inspector Comments: Based on document review and interview, the facility failed to develop an infection control program and corresponding policies to prevent and control infections within the facility. Findings include: On 03/17/2025 at 12:46 PM, the facility lacked a complete infection control program and did not have infection control policies in place to ensure the safety needs of residents, staff, and visitors. The facility's infection control program documented infection control practices including COVID-19 and hand washing but lacked documented evidence of infection control practices and policies for influenza, pneumonia, respiratory syncytial virus (RSV), and other potentially infectious diseases. On 03/17/2025 at 11:20 AM, the Administrator Director was not able to produce any documentation of a complete infection control program addressing guidelines for infection control within the facility. Severity: 2 Scope: 3			

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1825 SS= F	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.	1825	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
1830 SS= F	Do not use See Tag 1825 -	1830	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025
0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	0053	TAG 0053 : Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the	03/29/2025

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	Inspector Comments: Based on observation, clinical record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0053, Y0520, Y0878, Y0895, and Y1600. Severity: 2 Scope: 3		facility are complete and accurate. That the administrator will make sure that all of the facility staff/caregivers are properly instructed, refreshed of all their duties and responsibilities as employee of the facility and to implement in all aspect of the NAC and NRS in regards to group home facility proper documentations in order to be in compliance with the above said laws and regulations. The administrator personally let the facility staff/caregivers do the way how to resolve those Statement of Deficiencies and put them into records ensuring the accuracy and completeness of all records with proper documentation filed in the respective files of all residents and stored in a secured lockers for at lease 5 to 7 years. By so doing these deficiencies will no longer happen again. 03/29/2025	

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 7XJK12.	03/17/2025

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the backyard was free from non useable furniture and hazards. Findings include: On 03/17/2025 at 11:40 AM, the following items were scattered throughout the backyard. -One non-operational vehicle -Two stacks of plastic chairs -Piles of home insulation. -Two five gallon buckets -One truck rail used to put on the back of a pickup truck -Three large boxes -Three walkers -One wheelchair with various wheelchair parts scattered around the wheelchair -A red table with splinters peeling from the wood -Two dressers -Eight Oxygen tanks -One metal bed frame -A two drawer wooden file cabinet -Metal framing to a coffee table; and, -A tipped over jewelry box with wood warping from weather. On 03/17/2025 at 1:40 AM, the Owner confirmed the backyard was hazardous for residents and contained a large amount of trash. The Owner explained an individual was to come get the vehicle from the backyard but could not verbalize when the vehicle was to be removed. Severity: 2 Scope: 1	0178	TAG 0178 : Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. The administrator instructed the facility owner and caregivers to immediately remove all non-usable furniture, hazardous equipment, and other materials scattered throughout the backyard. This action has been taken to ensure the premises are clean and the facility's interior, exterior and landscaping are well-maintained as required by the NAC 449.209. Regular maintenance checks will be conducted to prevent recurrence of the issue. Additionally, the caregivers are advised to immediately report to the administrator and owner any potential hazardous or items in need of removal to maintain safe and clean environment at all times 04/07/2025 TAG 0178 ATTACHMENT # 5 -- PICTURES OF THE YARD WITH 5 PAGES 05/22/2025	05/22/2025