STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2758	A. BUILDING _____ B. WING _____	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY MEMORY CARE	8880 W TROPICANA AVE, LAS VEGAS, NEVADA ,89147-6000

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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 a complaint investigation and Facility Reported Incidents completed in your facility on 02/05/26. The census at the time of the survey was 65. The sample size was seven. The facility received a grade of A. There were three complaints and one Facility Reported Incident (FRI) investigated. Substantiated: 1. Complaint #13008 was substantiated. (See TAG Y965) 2. Complaint #12944 was substantiated. (See TAG Y965) Substantiated without deficiencies. FRI #12899 was substantiated without deficiencies. Unsubstantiated: Complaint #12983 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observations of facility staffing, exit doors and exit door alarms, residents receiving care, residents groomed/appearance, odors, laundry room, resident's meal, the kitchen's special diets board, and a tour of the facility. Interviews were conducted with residents,			

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	Caregivers, a Receptionist, the Activity Director, Medication Technicians, the Resident Services Director and the Administrator. Clinical Record Review of seven records and five staff records. Document Review included employee schedules, incident reports, and facility policy and procedures.			
Y 0850 SS= E	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.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness	Y 0850	1) How you will correct the specific finding(s) stated in the Statementof Deficiencies (MUST ADDRESS); All staff will be re-trained regardingincident reporting during change of shift meetings 2) What measures or systematic change(s) will beput into place to ensure the deficient practice does not recur (MUST ADDRESS);ongoing training will be completed during new hire orientation 3) How the corrective action(s) will be monitoredto ensure the deficient practice will not recur (MUST ADDRESS); RSD andED will monitor all incident reporting to ensure the proper person(s) arenotified 4) The title of the person (position) responsiblefor ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONALNAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); ED and RSD 5) The date the corrective action will becompleted (MUST	02/06/2026

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	was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 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. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or		INCLUDE); AND 6) You must attach all supporting documents intothe system (MUST INCLUDE). 2/6/2026 7) How you will identify and correct other areashaving potential to be affected by the same deficient practice(if applicable)NA	

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	otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on interview, record review and document review, the facility failed to ensure 2 of 7 residents 1.) A resident immediately received a physical examination after a significant change in the condition and failed to immediately notify the responsible party of a change in a resident's condition (Resident #2) and 2.) An incident report was completed after a resident was taken to the hospital (Resident #7). Findings include: Resident #2 (R2) R2 was admitted on 12/29/25 with a diagnosis of Alzheimer's disease. Facility Incident Report documented on 01/19/26 at 10:30 AM, R2 had walked around the building and came to the front door of the facility where staff brought R2 back inside. On 02/05/26 in the afternoon, R2's file documented the facility contacted R2's responsible party on 01/20/26 at 11:00 AM regarding R2's elopement from the facility and R2 was evaluated by R2's hospice provider on 01/20/26 at 4:45 PM which was not at the time of the incident. On 02/05/25 in the afternoon, the Administrator acknowledged the facility did not contact R2's responsible party until the day after R2 had exited the building and confirmed R2 was not evaluated by their provider until 01/20/26 which was not at the time of the incident. Facility Elopement Policy dated 06/01/25 documented during an elopement, the facility will immediately notify the resident's responsible party and once located, the			

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	resident would receive a physical evaluation and physician consultation. Resident #4 (R4) R4 was admitted on12/30/20, with a diagnosis of Alzheimer's disease. Narrative charting note dated 01/11/26 documented R4 had declined to rise from bed, appeared weak and lethargic, and refused to eat. The resident was then sent to the hospital. R4's filed lacked documented evidence of an incident report for the hospitalization. On 02/05/26 in the afternoon, the Resident Services Director reported incident reports were completed for injury and accidents and was not aware an incident report should have been completed for a change of condition. The Resident Services Director acknowledged an incident report was not completed when R4 was sent to the hospital. Severity: 2 Scope: 2 Complaint #12944			
Y 0965 SS= F	**NAC 449.2754** **Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements.** 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (a) The facility's policies and procedures for providing care to its residents; (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for	Y 0965	When completing yourPlan of Correction you must address all of the following: 1) How you will correct the specific finding(s) stated inthe Statement of Deficiencies (MUST ADDRESS); Facility will hold weekly hiringevents until staffing is aligned with regulations 2) What measures or systematic change(s) will be put intoplace to ensure the deficient practice does not recur (MUST ADDRESS); ED andRSD will	03/13/2026

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	each caregiver during those hours when the residents are awake; (c) A description of: (1) The basic services provided for the needs of residents who suffer from dementia; (2) The activities developed for the residents by the members of the staff of the facility; (3) The manner in which behaviors will be managed; (4) The manner in which medication for residents will be managed; (5) The activities that will be developed by the members of the staff of the facility to encourage the involvement of family members in the lives of the residents; and (6) The steps the members of the staff of the facility will take to: (I) Prevent residents from wandering from the facility; and (II) Respond when a resident wanders from the facility; and (d) The criteria for admission to and discharge and transfer from the facility. 4. The written statement required pursuant to subsection 3 must be available for review by residents of the facility, members of the staff of the facility, visitors to the facility and the bureau. 5. The administrator shall ensure that the facility complies with the provisions of the statement required pursuant to subsection 3. Inspector Comments: Based on interview and record review, the facility failed to		monitor staffing levels and continue to onboard new staff whenstaffing does not meet 6:1 ratio 3) How the corrective action(s) will be monitored to ensurethe deficient practice will not recur (MUST ADDRESS); ED and RSD will monitorstaffing levels and continue to onboard new staff when staffing does not meet6:1 ratio 4) The title of the person (position) responsible forensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES,JUST USE THE TITLE or POSITION) (MUST ADDRESS); ED and RSD 5) The date the corrective action will be completed (MUSTINCLUDE); AND 6) You must attach all supporting documents into the system (MUST INCLUDE). Ongoing 3/13/2026 7) How you will identify and correct other areas havingpotential to be affected by the same deficient practice(if applicable) NA FAILURE TO ADDRESS THE TOP SIX PLANS OF CORRECTIONREQUIREMENTS WILL RESULT IN A NOT ACCEPTABLE PLAN OF CORRECTION.	

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	maintain the required resident to staff ratio and adequate supervision during waking hours for an Alzheimer's endorsed facility. Findings include: On 01/19/26, the facility census was 63 residents, requiring a minimum of 11 Med Tech/Caregivers per shift to meet the one to six staff-to-resident ratio. The Med Tech/Caregiver schedule documented the facility had two Med Techs and eight Caregivers scheduled for a total of 10 staff members which was one employee short of the requirement. On 01/17/26 and 01/18/26, the facility census was at 63 residents, requiring a minimum of 11 Med Techs/Caregivers per shift to meet the one to six staff-to-resident ratio. For the morning shift on both 01/17/26 and 01/18/26, there were 10 Med Techs/Caregivers scheduled which was one employee short of the requirement. On 02/05/26 in the morning, Employee #1 (E1) reported the facility needed more Caregivers and the facility was struggling with staffing. On 02/05/26 in the morning, Employee #3 (E3) verbalized the facility was starting to get staffed and had some new hires. On 02/05/26 in the morning, a Caregiver who wished to remain anonymous reported the facility did not have enough staff to care for all the facility's residents. On 02/05/25 in the afternoon, the Resident Services Director and the Administrator acknowledged the facility had not met the staffing requirements on 01/17/26, 01/18/26, on 01/19/26 Severity: 2 Scope: 3 Complaint #NV13008, #12944			
Y 0890 SS= D	NAC 449.2744	Y 0890		02/06/2026

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	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: (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.		Whencompleting your Plan of Correction you must address all of the following: 1) How you will correct the specific finding(s) stated inthe Statement of Deficiencies (MUST ADDRESS); RSD will audit EMAR and ensureall documentation is accurate and complete. 2) What measures or systematic change(s) will be put intoplace to ensure the deficient practice does not recur (MUST ADDRESS); RSD andED will monitor EMAR dashboard daily to ensure all medications are signed offappropriately 3) How the corrective action(s) will be monitored to ensurethe deficient practice will not recur (MUST ADDRESS); RSD and ED will monitorEMAR dashboard daily to ensure all medications are signed off appropriately 4) The title of the person (position) responsible forensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES,JUST USE THE TITLE or POSITION) (MUST ADDRESS); RSD and ED 5) The date the corrective action will be completed (MUSTINCLUDE)2/6/2026; AND 6) You must attach all supporting	

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	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. Inspector Comments: Based on interview and record review the facility failed to ensure the Medication Administration Record (MAR) was initialed as given at the time of medication administration for 1 of 7 sampled residents. (Resident #6) Findings include: Resident #6 (R6) R6 was admitted on 07/18/25 with a diagnosis of Alzheimer's disease. The November 2025 MAR and a Physician's Order dated 08/22/25 documented Atorvastatin calcium 40 mg (milligrams), take one tablet by mouth every day. The Atorvastatin 40 mg tablet was not initialed as being administered on 11/14/25 at 6:00 PM. On 02/05/26 in the afternoon, the Administrator acknowledged the Atorvastatin 40 mg tablet was not initialed as being administered on 11/14/25 at 6:00 PM. According to the Administrator, the facility had experienced evening Wi-Fi issues and staff had administered the medication. Severity: 2 Scope: 1		documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas havingpotential to be affected by the same deficient practice(if applicable) FAILURE TO ADDRESS THE TOP SIX PLANS OF CORRECTIONREQUIREMENTS WILL RESULT IN A NOT ACCEPTABLE PLAN OF CORRECTION.	