STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2807	A. BUILDING _____ B. WING _____	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNAMAR HOME HEALTH INC	7907 MOUNTAIN MAN WAY, LAS VEGAS, NEVADA ,89113

(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
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 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.	Y 0172	The facility has corrected the cited deficiencies by immediately cleaning and sanitizing all indoor and outdoor garbage containers and ensuring all exterior containers have tight-fitting lids to prevent rodent access. Trash removal services have been scheduled and garbage wins removed from the premises accordingly. All kitchen and laundry trash containers are now kept covered unless stored in a clean, enclosed cabinet that prevents infestation. The facility completed a full cleaning of the interior and exterior premises, removed debris and hazards, and initiated regular pest control services. A routine cleaning, inspection, and maintenance schedule has been implemented, and staff have been re-educated on proper sanitation and environmental safety requirements. The Administrator will conduct a routine inspection to ensure continued compliance with Nevada Residential Facility for Groups regulations.	12/15/2026

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	Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free of debris, trash and hazards that impede the free movement of the residents when using the outdoor activity areas. Findings include: On 12/04/25 in the morning during a tour of the facility exterior, excess or damaged medical equipment, supplies, broken furniture and other garbage or refuse surrounded the outdoor activity and smoking areas. The activity area had an egress gate which served as an exit to the front of the facility. The excess debris, trash and broken medical equipment interfered with accessibility to the exterior exit. On 12/04/25 in the afternoon, the Administrator acknowledged the findings but was unaware that the excess garbage and refuse was still in the backyard. The disposal service had been called and scheduled. The Administrator did not know that the disposal service had fallen			

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	behind and their scheduled date had been moved. Severity: 2 Scope: 3			
Y 0690 SS= D	**NAC 449.2712** **Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which	Y 0690	The facility has corrected the deficiency by returning the resident's oxygen tanks and related equipment to the oxygen provider. The resident no longer requires oxygen services in the facility. The Administrator verified removal of all oxygen equipment and ensured that no oxygen tanks remain onsite. The facility will ensure in the future that any resident requiring oxygen meets admission criteria and that all regulatory safety requirements are fully implemented and monitored to maintain compliance with Nevada Residential Facility for Groups regulations. Correction was done December 5, 2025	02/05/2026

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	oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 7 resident rooms had appropriate signage indicating the storage or use of oxygen and oxygen tanks were properly secured. Findings include: Resident #7 (R7) R7 was admitted on 03/19/25 with diagnoses of chronic pain, high blood pressure, depression and chronic obstructive pulmonary disease. On 12/04/25 in the morning, R7 had an oxygen E-tank in their closet. The entrance of the room nor closet door had the required			

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	signage to indicate the storage of an oxygen tank. In addition, the tank was not properly secured in an appropriate storage cart, stand or to a wall. On 12/04/25 in the morning, during a tour of the facility's exterior, adjacent to a modular storage shed were three unsecured E-tanks leaning against other debris and trash exposed to the elements. On 12/04/25 in the afternoon, the Administrator indicated not knowing three E-tanks were outside and unsecured. The Administrator and staff acknowledged the E-tanks stored in R7's room and the missing signage. Severity: 2 Scope: 1			
Y 1220 SS= D	**NRS 449A.112** Specific rights: Care; refusal of treatment and experimentation; privacy; notice of appointments and need for care; confidentiality of information concerning patient. 1. Every patient of a medical facility or facility for the dependent has the right to: (a) Receive considerate and respectful care. (b) Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal. (c) Refuse to participate in any medical experiments conducted at the facility.	Y 1220	The facility has corrected the deficiency by immediately retrieving and properly disposing of the medication bottles with prescription labels to protect resident confidentiality. The Administrator re-educated all staff on HIPAA and confidentiality requirements, including the proper destruction of medication labels and containers before disposal or reuse. A new policy has been implemented requiring all prescription bottles to have labels removed and destroyed prior to disposal, and medication containers may not be reused for any purpose. The Administrator will conduct routine checks of the premises and monitor staff compliance to ensure resident medical information remains confidential in accordance with Nevada regulations. ccorrceted on December 5/5/2025	02/16/2025

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	(d) Retain his or her privacy concerning the patient's program of medical care. (e) Have any reasonable request for services reasonably satisfied by the facility considering its ability to do so. (f) Receive continuous care from the facility. The patient must be informed: (1) Of the patient's appointments for treatment and the names of the persons available at the facility for those treatments; and (2) By his or her physician or an authorized representative of the physician, of the patient's need for continuing care. 2. Except as otherwise provided in NRS 108.640,239.0115, 439.538, 442.300 to 442.330, inclusive, and 449A.103 and chapter 629of NRS, discussions of the care of a patient, consultation with other persons concerning the patient, examinations or treatments, and all communications and records concerning the patient are confidential. The patient must consent to the presence of any person who is not directly involved with the patient's care			

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	during any examination, consultation or treatment. Inspector Comments: Based on observation and interview, the facility failed to maintain confidentiality of resident's medical information. Findings include: On 12/04/25 in the morning while touring the exterior of the facility, four medication bottles were observed on the ground around the modular storage shed. The prescription label with the residents' personal and medical information was still affixed to the bottle. On 12/04/25 in the afternoon, the Administrator acknowledged the findings and explained the staff members indicated they gave them to the handyman to reuse as storage for loose screws and bolts instead of throwing them away. They didn't think to remove the prescription labels prior to giving the			

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	bottles to the handyman. The Administrator further indicated the residents' whose names were listed on the labels had already left the facility. Severity: 2 Scope: 1			
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	RFG 0001-Deficiencies		

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	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 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 survey completed at your facility on 12/04/25. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or mental illness, three category I and five Category II residents. The census at the time of the survey was seven. Seven resident files and five employee files were reviewed. The facility received a grade of A.			