Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3228	A. BUILDING _____ B. WING _____	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNIFIED CARE MANOR	2915 EL CAMINO RD, LAS VEGAS, NEVADA ,89146

(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 12/09/25. The census at the time of the survey was seven. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #12425 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaint included: Observation of caregivers providing care to residents, medication administration and a tour of the facility. Interviews were conducted with residents, a Caregiver, a Hospice Director of Nursing, a Hospice Executive Director and the Administrator. Clinical Record Review of five records, which included the resident of concern. Document Review included facility policy and procedures.			
Y 0930 SS= E	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of**	Y 0930	1. The Administrator reorganized all current and discharged resident records and re-educated staff on maintaining resident record files. 2. The Administrator will maintain properly labeled current and discharged resident	12/12/2025

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	information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical		files and conduct regular reviews to ensure records are complete and readily available. 3. Complete Date: 12/12/2025	

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	services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the			

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	facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau.			

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	Inspector Comments: Based on observation, interview and record review, the facility failed to ensure resident records were retained for at least 5 years after a resident was discharged from the facility (Resident #1) and failed to ensure records were complete (Resident #5) for 2 of 5 sampled residents. Findings include: On 12/09/25 in the morning, the facility was unable to provide a representative from the Nevada Health Authority the complete records of Resident #1 (R1) who was a previous resident of the facility and Resident #5 (R5) who was a current resident of the facility. On 12/09/25 in the morning, the Administrator acknowledged R1's file was not onsite and R5's file lacked necessary medical records. Severity: 2 Scope: 2			
Y 0950 SS= D	**NAC 449.275** **Residential facility that provides hospice care: Responsibilities of staff; retention of resident with special medical needs.** 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives	Y 0950	1. The Administrator contacted the hospice agency to get the missing hospice documents, including care plan and doctor's orders and re-educated staff on keeping hospice records complete. 2. The Administrator will check Resident and hospice records monthly to make sure documentation is complete and up to date. Any missing information will be followed up on right away with the hospice agency. 3. Complete Date: 12/12/2025	12/12/2025

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	hospice care; and (b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs. Inspector Comments: Based on record review and interview, the facility failed to retain a copy of a Hospice Plan of Care and hospice medication administration records for 1 of 5 sampled residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted sometime on or around 08/27/25. R1 was accepted to receive Hospice care on 08/27/25 with diagnoses including heart failure and acute kidney failure. On 12/09/25 in the morning, the facility lacked documented evidence of R1's Hospice records, including medication administration and the care provided by the Hospice agency. On 12/09/25 in the morning, the Administrator confirmed R1 was receiving Hospice care from an outside agency and there were no Hospice records onsite for R1. The Administrator acknowledged there should have been Hospice records onsite for R1. Severity: 2 Scope: 1			