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 _____	**05/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING GREEN VALLEY	**2620 E ROBINDALE ROAD, HENDERSON, NEVADA ,89074**

(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 an annual, a Facility Reported Incident (FRI) and a complaint investigation completed in your facility on 05/20/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 108 Residential Facility for Group beds for elderly and disabled persons with Alzheimer's disease which provide assisted living services, Category II residents. The census at the time of the survey was 95. Twenty one resident files and ten employee files were reviewed. The facility received a grade of C. There was one complaint and one FRI investigated. Substantiated without deficient Practice: 1. Facility Reported Incident #11366 was substantiated with no deficient practice. Substantiated: 2. Complaint #NV00073788 was substantiated. (See Tag #178 and #255). The investigation of the complaint and FRI included: Observation of residents in the front lobby, meal observation, residents in the Alzheimer's unit, cleanliness of the cottages and resident rooms, kitchens, medication audit, and a tour of the facility. Interviews were conducted with residents and throughout, Medication Technician, Maintenance, Receptionist, Administrator, Wellness Director, and the Business Office Manager. Record Review of twenty one resident records, which included the resident of concern. Document Review included incident reports, cleaning schedule, Medication Administration Record, and policies and procedures. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JULIE MASON Title: Executive Director Date: 07/03/2025

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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	deficiencies were identified:			
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 10 sampled employees had completed annual caregiver training (Employee #1, #3, #4, #6, and #8) and the facility failed to ensure 7 of 10 sampled employees received training certificates documenting the instruction time (Employee #1, #2, #5, #7, #8, #9, and #10). Findings include: Employee #1 (E1) E1 was hired on 03/16/24 as the Executive Director. E1's file documented E1 attended Orientation on 03/18/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. E1's file	0065	Annual Caregiving training will be provided to all staff and will include training certificates. The Employee Orientation will also include training certificates. An audit of employee records will be completed to see which employees need annual training completed by their hire date. Such training will be provided with the appropriate certificates. The Business Office Manager will perform the audit and the ED will follow up.	07/25/2025

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	lacked documented evidence E1 completed annual Caregiver training in 2025. Employee #2 (E2) E2 was hired on 08/05/24 as the Resident Service Coordinator. E2's file documented E2 attended Orientation on 08/05/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. Employee #3 (E3) E3 was hired on 03/13/19 as a Medication Technician. E3's file documented E3 received annual Caregiver training in June of 2023. E3's file lacked documented evidence E3 completed annual Caregiver training in 2025. Employee #4 (E4) E4 was hired on 09/25/22 as a Medication Technician. E4's file documented E4 received annual Caregiver training in February of 2022. E4's file lacked documented evidence E4 completed annual Caregiver training in 2025. Employee #5 (E5) E5 was hired on 11/14/24 as a Caregiver. E5's file documented E5 attended Orientation on 11/14/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. Employee #6 (E6) E6 was hired on 07/20/23 as a Medication Technician. E6's file documented E6 received annual Caregiver training in March of 2024. E6's file lacked documented evidence E6 completed annual Caregiver training in 2025. Employee #7 (E7) E7 was hired on 09/19/24 as a Caregiver. E7's file documented E7 attended Orientation on 09/19/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. Employee #8 (E8) E8 was hired on 01/04/24 as a Medication Technician. E8's file documented E8 attended Orientation on 01/04/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. E8's file			

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	lacked documented evidence E8 completed annual Caregiver training in 2025. Employee #9 (E9) E9 was hired on 07/19/24 as a Caregiver. E9's file documented E9 attended Orientation on 07/19/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. Employee #10 (E10) E10 was hired on 09/19/24 as a Caregiver. E10's file documented E10 attended Orientation on 09/19/24 which included Caregiver training. The in-house Orientation document did not specify the instruction time for the individual trainings provided by the facility. On 05/20/25 in the afternoon, the Business Office Manager acknowledged Employee #1, #3, #4, #6, and #8 did not receive annual Caregiver training and acknowledged Employee #1, #2, #5, #7, #8, #9, and #10 did not receive training certificates documenting the instruction time for individual trainings provided by the facility. Severity: 2 Scope: 3			

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 10 sampled employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 06/13/19 as a Caregiver. E3's NABS Clearance Letter was dated 06/10/19 and expired on 06/10/24. E3's file lacked documented evidence of a five-year fingerprint renewal and a current NABS Clearance Letter. R3 was not listed in the NABs system under this facility as having a current completed background check. On 05/20/25 in the afternoon, the Business Office Manager acknowledged E3's file lacked evidence of completed fingerprints and clearance letter from NABS. Severity: 2 Scope: 1	0104	The NABS Clearance Letter has been obtained for Employee #3. An audit will be conducted to ensure no employees have expired fingerprint renewals and clearance letters. The BOM will conduct the audit. The Executive Director will be responsible for follow up.	07/01/2025

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0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and document review, the facility failed to ensure cardiopulmonary resuscitation (CPR) training was completed upon hire and/or renewed for 3 of 10 sampled employees employees (Employee #5, #7, and #9). Findings include: Employee #5 (E5) was hired on 11/14/24 as a Caregiver. Review of E5's employee record lacked documented evidence of CPR training upon hire. Employee #7 (E7) E7 was hired on 09/19/24 as a Caregiver. Review of E7's employee record revealed CPR training was completed on 03/16/23 and expired in March of 2025. E7's record lacked documented evidence of renewed CPR training in 2025. Employee #9 (E9) E9 was hired on 07/19/24 as a Caregiver. Review of E9's employee record revealed CPR training was completed on 02/02/23 and expired in February of 2025. E9's record lacked documented evidence of renewed CPR training in 2025. On 05/20/25, in the afternoon, the Business Office Manager acknowledged E5, E7, and E9's employee record lacked documented evidence of CPR training completed upon hire and/or renewed. Severity: 2 Scope: 2	0106	CPR and First Aid Certification has been completed for Employees #5, #7, and #9. An audit will be conducted of all employee files to determine if other CPR and First Aid training or renewals are needed. The Business Office Manager will conduct the audit. A CPR class is now scheduled monthly starting in August. The Executive Director will be responsible.	07/01/2025
0178 SS= F	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, interview, and document	0178	The interior courtyard is having new landscaping installed with artificial turf and rocks. This will eliminate the weeds. The floor behind the washers and dryers in all Cottages will be checked weekly for lint and debris. A spreadsheet is attached for documentation. The Common Areas have been cleaned in all Cottages, and are on the cleaning schedule for night shift. Rooms 201, 205, 302, 305, 4.5.&6 have all been	07/11/2025

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	review, the facility failed to ensure the facility was well maintained. Findings include: On 05/20/25 in the morning, the following were observed during a tour of the environment: - There were tall weeds throughout the common area. Blue Cottage: - There was clothes and debris behind the washer and dryer. Yellow Cottage: - The front door was hard to open. - There was a heavy build-up on the floor behind the washer and dryer. Red Cottage: - There was lint behind the washer and dryer. The front loader washing machine had heavy calcium and brown build-up on the rubber seal. Oak Cottage: - In room #201 the floors and shower floor were soiled with debris. - In room #205 the shower floor was soiled with debris and the caulking was stained brown. - There was lint behind the washer and dryer. The front loader washing machine had heavy calcium and brown build-up on the rubber seal. - The common area hallway was soiled throughout with dirt and debris. Elm Cottage: - In room #302 the bathroom floor was soiled with debris, the wall near the toilet was soiled with a brown substance, and the bar to the toilet paper roll holder was missing. The shower floor was soiled with debris and the toilet were soiled with a brown substance. - In room #305 the bathroom and bedroom floor was soiled with crumbs and lint and there was a brown substance on the toilet. - The common area hallway was soiled throughout with dirt and debris. Maple Cottage: - The common area hallway was soiled throughout with dirt and debris. - There was a heavy build-up on the floor and on the pipes behind the washer and dryer. - In room #4 the floor was soiled with lint and dirt. - In room #5 the shower floor was soiled with hair and lint. - In room #6 the floor was soiled with crumbs. On 05/20/25 in the morning, a Caregiver reported the facility let all housekeepers go about six months ago and now the Caregivers were responsible for cleaning the cottages. The caregivers were responsible for cleaning		cleaned and are assigned on the room of the day cleaning schedules weekly. The front door to the Yellow Cottage has been worked on so it is easier to open. The Maintenance Director and the Executive Director will conduct routine rounds to ensure cleanliness.	

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	the resident rooms once a week with one to two resident's rooms per day. On 05/20/25 in the morning, the Caregiver reported the cleaning schedule indicates AM and PM shift were supposed to sweep and mop the common area floor daily. Resident rooms were cleaned once a week and as needed. The Caregiver reported cleaning resident rooms included sweeping and mopping the floor, cleaning the bathroom sink, shower, and toilet, and light dusting. On 05/20/25 in the morning, the Maintenance Director acknowleded the lack of cleanliness of the facility and reported the rooms, common areas, and behind the washer and dryers were not cleaned and well maintained. The posted cleaning scheduled in each cottage documented one to two rooms were scheduled for cleaning each day and then AM and PM shift to sweep and mop the common area floor daily. Severity: 2 Scope: 3 Complaint #73788			

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 05/21/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. There was no detectable level of chlorine sanitizer dispensed during the final rinse cycle of the low temperature dish machines in 7 of 9 cottages (Elm, Oak, Maple, Green, Yellow, Purple and Red). 2. Major Violations: a. Two plastic utility carts in the main kitchen were heavily soiled with food debris and spillage, and two pans of potatoes were stored on one of the carts prior to preparation of the potatoes. The handle of the microwave and exterior surfaces of food storage bins were soiled with food debris. 3. Equipment and Maintenance Violations: a. The cabinets under the hand washing sinks in the kitchens of 9 of 9 cottages were locked and access to the dish machine chemicals, plumbing and floor sinks could not be attained at the time of inspection. Severity: 2 Scope: 3 Complaint #73788	0255	The Sanitizer in all Cottage dish machines was checked by an outside vendor and repairs needed as necessary. The keys have been replaced in each Cottage for access to the chemicals for the dish machines. The Care Staff will check the sanitizer levels daily and the Food Services Director will check each Cottage weekly. The 2 plastic utility carts have been replaced with stainless steel carts. The handle of the microwave and the exterior surfaces of the food storage bins have been cleaned. The Food Services Director will be responsible for follow up.	07/11/2025
1037 SS= E	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation,	1037	Annual Dementia training will be completed for employees #1, #3, #4, #6, & #8. An audit will be conducted of all Med Techs to ensure that the three (3) hours of dementia training are completed annually. The Business Office Manager will conduct the audit. The Executive Director will be responsible.	07/25/2025

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	dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure three hours of annual Alzheimer's training was completed for 5 of 10 sampled employees (Employee #1, #3, #4, #6, and #8). Findings include: Employee #1 (E1) E1 was hired on 03/16/24 as the Executive Director. E1's employee file documented E1 completed Alzheimer's training upon hire on 03/18/24. E1's employee record lacked documented evidence of three hours of annual Alzheimer's training completed in 2025. Employee #3 (E3) E3 was hired on 03/13/19 as a Medication Technician. E3's employee file documented E3 completed Alzheimer's training in June of 2023. E3's employee record lacked documented evidence of three hours of annual Alzheimer's training completed in 2025. Employee #4 (E4) E4 was hired on			

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	09/25/22 as a Medication Technician. E4's employee file documented E4 completed Alzheimer's training in February of 2023. E4's employee record lacked documented evidence of three hours of annual Alzheimer's training completed in 2025. Employee #6 (E6) E6 was hired on 07/20/23 as a Medication Technician. E6's employee file documented E6 completed Alzheimer's training in March of 2023. E6's employee record lacked documented evidence of three hours of annual Alzheimer's training completed in 2025. Employee #8 (E8) E8 was hired on 01/04/24 as a Medication Technician. E8's employee file documented E8 completed Alzheimer's training upon hire on 01/04/24. E8's employee record lacked documented evidence of three hours of annual Alzheimer's training completed in 2025. On 05/20/25 in the afternoon, the Business Office Manager acknowledged Employee #1, #3, #4, #6, and #8 did not receive three hours of annual Alzheimer's training. Severity: 2 Scope: 2			