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
	3847	A. BUILDING _____ B. WING _____	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS GROUP HOME	**261 E ELDORADO LANE, LAS VEGAS, NEVADA ,89123**

(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 an annual State Licensure survey completed at your facility on 01/15/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Mental Illness, (3) Category I residents and (7) Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a Grade of A.			
Y 0820 SS= D	**NAC 449.2734** **Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers.** 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance;	Y 0820	1) In order to correct the specific findings stated in the SOD the facility will submit for approval to the Bureau a medical exemption for R1's wound. 2) To ensure the deficient practice does not recur the facility will submit for approval to the Bureau a medical exemption for all residents that will be needing wound care prior to admission. 3) In order to ensure the deficient practice will not recur all residents receiving wound care will have notes on the chart making sure that a medical exemption have been submitted for approval. 4) The Administrator will be responsible for ensuring the POC is implemented. 5) The corrective action will be completed on Feb 9, 2026	02/09/2026

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	(b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must have been diagnosed by a physician; (b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and (c) Before a caregiver provides care to a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical			

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	exemption was received and approved prior to admitting a resident with wounds for 1 of 9 residents (Resident #1). Findings include: Resident#1 (R1) R1 was admitted to the facility on 03/12/25 with diagnoses including diabetes and dementia. R1's file documented R1 had a stage two wound on their right calf, a stage two wound on the coccyx, and a stage three wound on the right heel which was being treated under the care of a hospice nurse twice a week. Treatment was to include cleansing with wound cleanser, apply triad hydrophic dressing, and cover with mepilex. There was no documented evidence the facility applied to the Bureau for a medical exemption for R1's wounds. On 01/15/26 in the afternoon, the Administrator confirmed the facility had not submitted for approval to the Bureau a medical exemption for R1's wounds. Severity: 2 Scope:1			
Y 0920 SS= F	NAC 449.2748 Medication Storage. 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	Y 0920	1) In order to correct the specific findings stated in the SOD, failing to ensure the medications in the caregiver's room were secured, the bottles of medication were placed in a secured box 2) To ensure the deficient practice does not recur the caregiver's rooms will be checked to make sure that there's no unsecured medications anywhere. 3) In order to monitor that the deficient practice does not recur the caregiver's room will be checked through out the day. 4) The administrator will be responsible for	01/15/2026

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	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 without supervision may keep his medication in his 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. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observations and interview, the facility failed to ensure medications were secured. Findings include: On 01/15/2026 in the morning, there were three bottles of unsecured medications in the caregiver's room. On 01/15/2026 in the morning, the caregiver acknowledges the mediations were unsecured and should have been locked.		ensuring that all medications are secured in the caregiver's room. 5) The corrective action was completed on Jan 15, 2026	

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	Severity: 2 Scope: 3			