STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4009	A. BUILDING _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE SPRING CARE HOME	6418 SPRING MEADOW DRIVE, LAS VEGAS, NEVADA ,89103

(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 and complaint investigation completed in your facility on 01/14/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of . One complaint was investigated. Unsubstantiated: 1. Complaint #12759 could not be substantiated. No regulatorydeficiencies could be identified. The investigation into the complaint included: Interviews with residents, Caregivers and the Administrator.			

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	Clinical record review of seven resident records, including the resident of concern. Document review of facility policies and procedures and admission documents.			
Y 0172 SS= E	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.	Y 0172	1) To correct this deficiency the chairs will all be reupholstered with vinyl for easy care and cleaning. 2) The facility to correct this deficiency by doing weekly inspections of premises to ensure everything is clean, untorn, stable, and in good working condition. Staff will be instructed to inform the administrator immediately if there is anything inside or outside of the facility that needs maintenance done. 3) The administrator and the head caregiver will monitor to make sure the deficiency will not recur. 4) The administrator and head caregiver E3 will monitor the facility for any problems with furniture that may be so worn that it is uncleanable, or that is torn, unstable, and not in working condition. 5) Date of completion: 01/17/2026 6) See attached photo of the chairs reupholstered. 7) Administrator to do weekly inspection of inside and outside of facility to ensure that facility retains a clean environment with no unclean, torn, unstable, or broken items. Head caregiver is to inform the administrator immediately if there are any problems in the environment that need attention.	01/17/2026

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	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 and interview, the facility failed to ensure kitchen furniture was properly maintained. Findings include: On 01/14/26 in the morning, five kitchen chairs were observed with ripped or missing fabric. On 01/14/26 in the morning, a Caregiver confirmed multiple chairs in the kitchen had torn or missing fabric which needed to be replaced or repaired. Severity: 2 Scope: 2			
Y 0960 SS= D	NAC 449.2754 **Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements.** 1. A residential facility which offers or provides care for a resident with Alzheimer's disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer's disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.	Y 0960	1) Facility to correct this deficiency by notifying R6s (POA), power of attorney, that R6's needs due to R6's dementia are progressing and has the possibility of eloping. POA will be informed that R6 needs to be placed in an Alzheimer's facility to ensure R6's safety. 2) To ensure that this deficiency will not recure, residents will be monitored for worsening memory loss, difficulty with familiar tasks, language challenges, mood changes, and confusion with time or place. 3) The administrator will be observant of residents during visits to the facility for any symptoms of worsening signs of dementia and the chances of any resident possibly eloping. Also, the administrator and head caregiver, E3 will be in communication with each other on a daily basis for changes in a resident's memory, increased difficulty with ADL's (activities of daily living), difficulty communicating, mood changes, and increased confusion.	01/27/2026

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	Inspector Comments: Based on observation, interview, document review and record review, the facility failed to ensure a resident with dementia was placed in an appropriate facility for 1 of 7 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 02/24/25 with diagnosis including vascular dementia and psychosis. Document review revealed the facility does not have an endorsement on the license for residents who have Alzheimer's disease or dementia. On 01/14/26 in the morning, R6 was observed standing in their room staring at a wall and stared at surveyors when talked to without answering or responding to questions. Cognitive mini cognitive assessment of R6 revealed R6 was unable to answer the year, their location, the president of the United States or the day of the week. R6 indicated they were currently in California. On 01/14/26 in the morning, a Caregiver revealed R6 started to have memory and cognitive decline issues in August 2025. Incident report dated 01/06/26 documented R6 was found entering other resident's rooms and when the caregiver attempted to redirect R6, R6 attempted to hit the caregiver. On 01/14/26 in the afternoon, a Caregiver confirmed R6 was attempting to enter other residents' rooms and attempted to strike them when redirected. On 01/14/26 in the afternoon, the Administrator confirmed R6's dementia has worsened since admission, the facility was not endorsed for Alzheimer's or dementia residents and R6 needed to be placed in a facility endorsed for Alzheimer's and dementia residents.		4) Administrator and E3 are responsible for implementing this deficiency. 5) Date of Completed: 01/27/26. 6) Please see attached supporting documents.	

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	Severity: 2 Scope: 1			