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 _____	**05/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

(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 State Licensure survey and complaint (CPT) investigation conducted at your facility on 05/15/2025. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. The sample size was five. Three employee files were reviewed. There were two CPTs investigated. CPT #NV00073765 included the following allegations: -Allegation #1: The front door and back door leading to the backyard had latch locks located at the top of the doors could not be substantiated due to a lack of evidence. -Allegation #2: A bathroom door did not have a lock could not be substantiated for failing to provide privacy due to a lack of evidence. CPT #NV00074064 with the allegation a resident had bed rails, was unable to demonstrate ability to put the rails down and was unable to verbalize understanding of the need for rails could not be substantiated for restraints due to a lack of evidence. The investigation into the allegation included: Observation of residents in rooms, residents in common areas, facility staff, and a tour of the facility. Interviews were conducted with residents, a Caregiver, and the Administrator. Record review included diagnoses, physical examinations, physician orders, activities of daily living assessments, medication administration records, and physician placement determinations. The facility received a grade of C. Your facility has received a C or D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: FREDA CASTRO Title: Administrator Date: 10/06/2025

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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	a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:			
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an	0072	TAG 0072 Qualification of Caregiver-medication training NAC 449.196. Qualification and Training of caregivers (NRS 449.0302) If a caregiver assist a resident of a residential facility in the administration of medication including, without limitations, an over-the-counter medication or dietary supplements., The caregiver must receive the training required pursuant to paragraph(e)of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain certificate acknowledging the completion of such training in the management of medication. The facility failed to ensure annual medication management training on a timely manner and late for 13 days from last medication training. The employee#1 is responsible for late medication training completed 13 days past the deadline. The Employee #1 had realized that this medication training been past the deadline	10/01/2025

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	examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure annual medication management training was completed timely for 1 of 3 sampled employees (Employee #1). Findings include: Employee #1 Employee #1 was hired on 10/2004, as the Administrator. Employee #1's personnel record documented Employee #1 completed annual medication management training on 04/12/2024 and 04/25/2025. The annual training for 2025 was completed 13 days late. On 05/15/2025 at 2:21 PM, Employee #1 confirmed medication management training was required to be completed annually and acknowledged Employee #1's medication management training for 2025 had been completed late. Severity : 2 Scope : 1		during the survey exit. The employee#1 had oversighted the expiration due dates of the medication training. The Employee #1 does not want this to reoccur of this situation again. The Employee #1 will revise training schedule for all staff in the facility that includes the Employee#1. The Employee #1, will create a new timeline, will develop a new schedule for medication training that includes electronic reminder programs or posted reminders on calendar one month before due dates of annual medication management training of the administrator and the staff. The administrator will implement a tracking system to monitor training enrollment, completion and deadlines for annual medication management training for all staff including the Employee#1. (see attachment Tag 0072) The Employee#1 will enhance training schedule and will develop a yearly calendar required training sessions for all staff with deadline and reminders. The administrator will conduct a monthly meeting to all staff to discuss the importance of timely training of medication training administration and implication of delays. Instructed all caregivers to be responsible of all requirement training dues and to track their due training schedule times. The Administrator of the facility will monitor the personnel file of all caregivers including employee #1's file to ensure all personnel training is up to date and current. The administrator of the facility will do regular reviews of caregiver files and adherence with establish schedule for review to prevent future recurrence of late training of personnels. The administrator of the facility will ensure compliance with regulatory	

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			standards by preventing late medication training of staff and the administrator thereby enhancing patient care and safety. The administrator of the facility will establish regular audit of all employee profiles to ensure employee training are up to date and completed on time before expiration dates.	
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or	0074	TAG 0074 -Elder abuse training -NRS 449.093 Training to recognize and prevent abuse of older persons. The facility failed to ensure annual elder abuse training was completed timely for two employees for employee #1 and employee#2. The employee #1 had completed training last year 3/9/24 and this year had training taken last 4/23/25. The Employee# 3 had completed the annual training last year 04/4/24 and taken the annual elder abuse training on May 17, 2025. The training certificates have been added to their personnel file for verification. The employee #3 completed the Elder Abuse Training and please (see attachment Tag 0074A.) The administrator had analyzed the delay of the training was due to internal oversighting tracking training deadlines. The administrator had implemented training tracking will alerts for upcoming deadlines. The administrator had sent another training course from Employee#1, workplace just to justify that different training course to report abuse is not expired. The administrator will ensure incorporate elder abuse training into onboarding and within 30 days for all new hire employees.	10/06/2025

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	home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential		The administrator will audit all staff training records monthly to identify and address any gaps proactively and will add elder abuse training due date checks to employee performance reviews tracking system. The administrator will establish regular audits to ensure personnel file review, all trainings are completed on time, to ensure no future lapse or prevent late personnel training deadlines. The administrator is responsible overall oversight of compliance and responsible for training schedule and documentation. The administrator will ensure the late training by the Employee#1 should prevented by implementing good tracking system for all the employees including the Employee #1 for compliance.	

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	care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure annual elder abuse training was completed timely for 2 of 3 sampled employees (Employee #1 and Employee #3). Findings include: Employee #1 Employee #1 was hired 10/2004, as the Administrator. Employee #1's personnel record documented Employee #1 completed annual elder abuse training on 03/09/2024 and 04/23/2025. The annual training for 2025 was completed 45 days late. Employee #3 Employee #3 was hired on 11/16/2013, as a Caregiver. Employee #3's personnel record documented Employee #3 completed annual elder abuse training on 04/04/2024, and lacked annual training for 2025. On 05/15/2025 at 2:14 PM, Employee #3 confirmed elder abuse training was			

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	required to be completed annually and Employee #3 had not yet completed the training for 2025. On 05/15/2025 at 2:21 PM, Employee #1 confirmed elder abuse training was required to completed annually and acknowledged Employee #1's elder abuse training for 2025 had been completed late. Severity : 2 Scope : 3			
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 and interview, the Administrator failed to ensure the premises were clean and well-maintained. Findings include: On 05/15/2025 at 11:12 AM, during an inspection of the exterior of the facility, the following were found: -Cobwebs and accumulation of dried leaves and flower petals at the base of the ramp leading from the back door of the facility to the patio. -A barbeque grill near the unattached garage. The grill was missing a wheel and covered in dirt, cobwebs, and leaves. -A shopping cart with multiple sticks inside, and plants growing into the shopping cart. -A greenhouse attached to the garage. The greenhouse was filled with various items including furniture, walkers, a commode, a mop and a bucket, shelving, a step ladder, bleach and other cleaning chemicals, and cardboard boxes. The greenhouse door was easily opened and accessible to residents. -In the driveway, a boat on a trailer was observed. A tire on the trailer was flat and weathered. The boat was partially covered with a ripped tarp. The inside of the boat had multiple cardboard boxes, weathered and faded from the sun, filled with various items. -On the left side of the house, a planter box was observed. Brown, plastic siding along the planter box was broken in several areas and lacking on	0178	TAG 0178 Health and Sanitation Maintain internal and external -NAC 449.209, NRS 449, 0302. 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 maintain. The administrator of the facility will ensure all the surroundings of the facility is clean and organized and free from dry leaves accumulations, cobwebs and stuff that are unpleasant to the eyes. The administrator of the facility will ensure the interior and exterior of the facility should be well maintained at all times. The administrator of the facility had cleaned the cobwebs, dried leaves and flower petals that accumulated at the base of the ramp leading to the patio. The administrator had cleaned, removed and disposed the shopping cart and the old broken grill that was laying at the distant part of the facility near the unattached garage at the backyard. The greenhouse was cleaned and removed items that were unnecessary and a padlocked with key access was installed at the greenhouse door which is inaccessible to the residents. The administrator had cleaned the interior of the boat, covered the entire surface of the boat with a new tarp and replaced the weathered flat tire of the boat that is park on the lateral side yard of the facility.	07/11/2025

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	approximately one third the length of the planter. Broken pieces of the siding were present in the walking path next to the planter. Brown, peeling paint was noted along the entirety of the frame of the planter. On 05/15/2025 at 11:50 AM, during an inspection of the kitchen, a gray bin was observed in the cabinet under the sink. The bin was full of water and the wood at the bottom of the cabinet was wet. The pipe under the right side of the sink was disconnected. The Caregiver confirmed the observation and verbalized the Caregiver had been unaware of the disconnected pipe and the water in the cabinet. On 05/15/2025 at approximately 3:00 PM, the Administrator verbalized the Administrator had intended on getting the outside of the facility cleaned up however it had not yet been done because it had recently been raining. The Administrator acknowledged the greenhouse was full of various items and was in an area accessible to residents. The Administrator acknowledged the disrepair of the planter box and verbalized the facility was old. Severity: 2 Scope: 3		The administrator had replaced the old broken brown planter box located at left side of the house and a new planter siding was installed. The Administrator had hired a plumber and fixed the disconnected water pipe under the sink and no more water leakage was observe under the wooden cabinet.	

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0252 SS= D	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to ensure expired items were removed from cabinets in the kitchen. Findings include: On 05/15/2025 at 11:33 AM, during an inspection of the facility's kitchen, the following items were found in three upper cabinets: -One box of Hamburger Helper - chili macaroni. The expiration date printed on the box was 10/09/2024. -One jar of ground turmeric. The expiration date printed on the jar was 10/31/2024. -One bottle of red wine vinegar. The expiration date printed on the bottle was 12/2023. -One container of chili powder. The expiration date printed on the container was 02/02/2009. On 05/15/2025 at 11:45 AM, a Caregiver explained if an item in the kitchen was for the Caregiver's personal use, the item would have the Caregiver's name written on it. If the item had no name written on it, the item was intended for resident use. The items listed above did not include a written name. On 05/15/2025 at 11:55 AM, the Caregiver verbalized the Caregiver was supposed to discard any items which had expired. The Caregiver confirmed the expiration dates printed on the items noted above had passed and verbalized the items should have been discarded. Severity : 2 Scope : 1	0252	TAG 0252 Storage of food, adequate storage packaging. All expired food items, including the expired condiments and hamburger helper box were immediately removed and discarded upon discovery during the survey on 5/15/25 at 1133 am by the assigned caregiver on that day. The administrator of the facility will ensure proper storage of food by proper monitoring of condiments and dry goods stored only at their shelf-life in the kitchen cabinets, and all expired will be trashed and destroyed for proper handling of food and safety and reduction of foodborne illness. The expired items were not adequately identified during inventory checks due to lack of structured and food inventory system and staff oversight. The administrator of the facility will do monthly food inventory checklist to be implemented. A designated staff member will check all food items in the pantry, cabinets and refrigerator for expiration dates and proper storage every week. The administrator of the facility will do weekly spot checks to ensure compliance and immediate disposal of expired items. The administrator of the facility did staff training to all caregivers regarding food safety and proper inventory practices including checking expiration dates before storing and preparing food. Reminded staff to check expiration dates before use and food rotation storage procedures. Please see Attachment tag 0252 for care giver training. The administrator will ensure regular checking and discarding expired condiment for protecting resident's health and wellbeing, reduces the risk for foodborne illnesses, preserves nutritional value and be committed to responsible food management.	07/11/2025

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least once every six months for 1 of 4 residents residing in the facility longer than six months (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 03/28/2017, with diagnoses including cerebrovascular accident with left sided weakness and dementia. Resident #3's record documented a six month drug regimen review was completed on 07/15/2024 and on 03/19/2025. Resident #3's record lacked documented evidence a drug regimen review was completed between 07/15/2024 and 03/19/2025. On 05/15/2025 at 3:48 PM, the Administrator and the Caregiver confirmed more than six	0870	TAG 0870. Medication Administration - accuracy and report, NAC 449.2742. Administration of Medication. The administrator of the facility will ensure that a physician, pharmacist will review the accuracy and appropriateness at least every six months, the regimen of the drugs taken by each resident of the facility, including without limitation, any over the counter drugs and dietary supplements taken by the resident. The resident #3's medication record review for the six-month regimen was completed on 07/15/24 and on 03/19/25. The medication review had exceeded six months before the next review and had a lapse of one month. There is lack drug regimen review for resident #3. But moving forward the administrator will ensure that resident that lives in the group home will have every six months medication review. The administrator of the facility had implemented tracking log. A medication review tracking log has been created for all residents. This log clearly records the date of each RN and pharmacist review and next due dates to help lessen the lapse with missed six months drug review of the resident. (Please see attachment Tag 0870 A) The administrator will review this Resident Medication Tracking Log monthly to prevent recurrence of late resident drug review. The administrator of the facility had retrained all caregivers on July 10, 2025, regarding the six-month requirement, documentation procedures and protocols and regulatory timeliness for ensuring timely completion of medication review of each resident. The administrator will establish regular audits to ensure reviews are completed on time. The administrator will monitor and continue to review resident's file monthly for	10/01/2025

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		A. BUILDING _____ B. WING _____	**05/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

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	months had elapsed between the drug regimen reviews for Resident #3. Severity: 2 Scope: 1		accuracy and completeness and the lack record of documented drug regimen review can be prevented its recurrence. The administrator will schedule regular reviews and align review with resident's physician visits or quarterly review dates. The administrator will collaborate with designated resident's pharmacy services for medication reconciliation.	
1300 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including,	1300	TAG 1300 Discrimination Prohibited-NRS 449.101 development of antidiscrimination policy-posting of nondiscrimination statement. The administrator of the facility has posted the required non - discrimination notice as of (07/06/2025) including appropriate phone number, in all required locations accessible to the public and residents like the main lobby and resident common areas. The notice includes a statement of nondiscrimination per federal and state guidelines. The Administrator will review postings quarterly to ensure all required notices including the non-discrimination poster policy and contact number are present and legible. The caregiver staff had been re-trained on the importance and location of compliance postings and not be removed or displaced. (See New Attachment Tag 1300)	10/01/2025

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	without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. Inspector Comments: Based on observation and interview, the facility failed to post prominently in the facility the State Division contact information to file a complaint for a resident who may have experienced prohibited discrimination. Findings include: On 05/15/2025 at 10:43 AM, the facility lacked posted documentation of the State			

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	Division contact information to file a complaint for any resident who may experience discrimination. On 05/15/2025 at 12:01 PM, the Administrator and the Caregiver confirmed the State Division's contact information was not posted in any common public area of the facility to inform residents where to file a complaint related to discrimination. Severity: 1 Scope: 3			
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed	1700	Tag 1700 Annual Assessment of History of each Resident- NRS 449.1845 The administrator of the facility failed to ensure an initial Physician and Placement determination was completed prior to admitting resident to the facility and physician assessment and placement and determination was obtained 7 days after admission. The resident#2 was admitted to the facility before obtaining the initial assessment and placement determination. The initial assessment and placement determination was obtained seven days after admission to the facility after obtaining a primary care appt visit to the new facility. The administrator of the facility is responsible for initiating, conducting documenting and reviewing each resident's file and assessment prior to admission. The Administrator will ensure the assessment paperwork's needed is thorough and accurately reflect each resident history, current needs, which includes initial physician assessment and placement determination prior to admission to the facility. The administrator will properly identify what are the main paperwork's needed before admission of new resident in the facility and addressed their needs promptly prior to moving to the facility. The administrator will ensure no admission of patient can happen unless complete paper works are presented which includes initial physician assessment	10/01/2025

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	in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the Administrator failed to ensure an initial Physician Assessment and Placement Determination was completed prior to admitting 1 of 5 sampled residents to the facility (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/02/2023, with diagnoses inlcuding chronic obstructive pulmonary disease and diabetes mellitus. Resident #2's record documented a Physician Assessment and Placement Determination completed on 11/09/2023, seven days after admission to the facility. On 05/15/2025 at 2:38 PM, the Administrator verbalized placement determinations were to be completed prior to or upon admission to the facility. The Administrator confirmed the placement determination for Resident #2 had been completed after the resident was admitted. Severity : 2 Scope : 1		and placement determination. The Administrator of the facility will audit resident records thoroughly before admission to the facility and request the necessary records to the resident's physician or transferring facility before admission to include Placement Determination before acceptance to the facility. The administrator will implement system to prevent recurrence such as admission checklist, to remind the administrator about needed placement determination needed before admission at all times.	