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
	4983	A. BUILDING _____ B. WING _____	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MANOR	**339 EMDEN ST, HENDERSON, NEVADA ,89015**

(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 survey completed at your facility on 02/26/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was nine. The sample size was nine. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #13039 was substantiated. (see TAG Y9999). The investigation of the complaint included: Observations including current fire system in use and number of residents in the facility. Interviews were conducted with a caregiver, a fire inspector and the Administrator. Document review including facility fire permits and facility license.			
Y 9999 SS= C	**Final Observations**	Y 9999	Please see attached.	04/24/2026

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	Inspector Comments: Based on observation, interview and document review, the facility failed to ensure they had a current business license. Findings include: On 02/26/26 at 10:00 AM, no business license was observed in the facility. Review of City of Henderson business licenses revealed the license for this facility expired on 01/31/25. On 02/26/26 at 10:52 AM, the Administrator confirmed the facility did not have a current business license. **NAC 449.011 Application for license. (NRS 439.200,449.0302,449.040)** **An** application for a license that is filed with the Division pursuant to NRS 449.040: 1. Must be complete and include proof of the identity of the applicant that is acceptable to the Division. 2. In accordance with NRS 449.050, must be accompanied by the appropriate application fee specified in NAC 449.002 to 449.99939, inclusive. 3. In establishing that the applicant is of reputable and responsible character as required by NRS 449.040, must include personal references and information concerning the applicant's financial status and business activities and associations in and out of this State during the immediately preceding3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made. 4. In addition to the information required by NRS 449.040 and any other information specifically required for a particular license,			

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	must include: (a) Full, complete and accurate information regarding the ownership of the facility or program and all changes to that ownership that occur while the application is pending. The information must include the name of: (1) Each natural person who is an owner of the facility or program. (2) Each person who has a direct or indirect ownership interest in the facility or program of 10 percent or more and who is the owner, in whole or in part, of any mortgage, deed of trust, note or other obligation secured in whole or in part by the facility or program or any of the property or assets of the facility or program; (3) If the applicant is a corporation, each officer and director; and (4) If the applicant is a partnership, each partner. (b) The address of the applicant's principal office. (c) Evidence satisfactory to the Division that the facility or program meets all applicable federal, state and local laws and complies with all safety, health, building and fire codes. If there are any differences between the state and local codes, the more restrictive standards apply. (d) If required by NRS 439A.100, a copy of a letter of approval issued by the Director of the Department of Health and Human Services. (e) A copy of the certificate of occupancy, a copy of the applicant's business license and a copy of any special use permits obtained in connection with the operation of the facility or program. (f) A copy of any property lease or rental agreements concerning the facility or program.			

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	(g) If the applicant is a corporation, a copy of its bylaws and articles of incorporation. Severity: 2 Scope: 3 Complaint #13039			