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
	6083	A. BUILDING _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AS TIME GOES BY V	4149 JORY TRAIL, LAS VEGAS, NEVADA ,89108

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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 in your facility on 09/04/25, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's. The census at the time of the survey was five. Five resident files and five employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance 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 regulatory deficiencies were identified:			
Y 0522 SS= F	NAC 449.259 (k) If the resident has Alzheimer's disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC	Y 0522	1. Expanded on the laundry and religious components of the patient centered care plan. New form added regarding resident supervision and communication plan. Resident profile and supervision checklist with initial briefing, daily updates, family communication, and core ADL'S for caregivers. Caregiving Alzheimer's training upon hire (20hrs.) and annually. 2. To ensure the deficiency does not reoccur, an ANNUAL review of person	10/02/2025

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	449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if: (I) It is determined through an assessment conducted pursuant to paragraph (c) of subsection 1 of NRS 449.1845 that the resident meets the criteria prescribed in paragraph (a) of subsection 2 of that section; and (II) The facility does not meet the requirements of NAC 449.2754 or 449.2756 or is otherwise unable to properly care for the resident. Inspector Comments: Based on interview and record review, the facility failed to ensure a person-centered service plan was developed including the required components of Nevada Administrative Code 449.2754 for five of five residents (Resident #1, #2, #3, #4, and #5). Findings include: Resident #1(R1) R1 was admitted to the facility on 12/20/24, with diagnoses including dementia and chronic obstructive pulmonary disease. R1's file lacked a person-centered service plan with the required components that describe the manner in which the facility will provide for the needs of the resident. The missing descriptions include the manner in which the facility will ensure the resident has the opportunity to attend religious services of their choice as well as how to provide laundry services for the resident. The person-centered		centered care plan will be implemented 3. The corrective action will be monitored ensuring that citation will not reoccur by establishing a periodic review of a person centered care plan on a yearly basis. 4. Manager and ADMINISTRATOR will will work together to implement the plan of correction 5. Correction action date is 10/04/2025 6. (uploaded) 7. Need to keep up with continuing education, reach out to outside sources like (Alz. Association) for viewing videos, written literature, etc.	

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	service plans were missing the manner in which all caregivers will be informed of the required supervision of the resident. Resident #2(R2) R2 was admitted to the facility on 05/15/22 with diagnoses including dementia and hypertension. R2's file lacked a person-centered service plan with the required components that describe the manner in which the facility will provide for the needs of the resident. The missing descriptions include the manner in which the facility will ensure the resident has the opportunity to attend religious services of their choice as well as how to provide laundry services for the resident. The person-centered service plans were missing the manner in which all caregivers will be informed of the required supervision of the resident. Resident #3(R3) R3 was admitted to the facility on 08/05/21, with diagnoses including Alzheimer's and hypertension. R3's file lacked a person-centered service plan with the required components that describe the manner in which the facility will provide for the needs of the resident. The missing descriptions include the manner in which the facility will ensure the resident has the opportunity to attend religious services of their choice as well as how to provide laundry services for the resident. The person-centered service plans were missing the manner in which all caregivers will be informed of the required supervision of the			

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	resident. Resident #4(R4) R4 was admitted to the facility on 03/09/22, with diagnoses including dementia and hypertension. R4's file lacked a person-centered service plan with the required components that describe the manner in which the facility will provide for the needs of the resident. The missing descriptions include the manner in which the facility will ensure the resident has the opportunity to attend religious services of their choice as well as how to provide laundry services for the resident. The person-centered service plans were missing the manner in which all caregivers will be informed of the required supervision of the resident. Resident #5(R5) R5 was admitted to the facility on 12/16/24, with diagnoses including dementia and muscle weakness. R5's file lacked a person-centered service plan with the required components that describe the manner in which the facility will provide for the needs of the resident. The missing descriptions include the manner in which the facility will ensure the resident has the opportunity to attend religious services of their choice as well as how to provide laundry services for the resident. The person-centered service plans were missing the manner in which all caregivers will be informed of the required supervision of the resident. On 09/04/25in the morning, the			

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	Administrator acknowledged person-centered service plans did not contain the required components for R1, R2, R3, R4, and R5. Severity: 2 Scope: 3			