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 _____	**01/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYHILL MANOR	**3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121**

(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 a annual State Licensure Survey and Complaint Investigation completed at your facility on 01/13/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Alzheimer's disease and individuals with intellectual disabilities, Category II residents. The census at the time of the survey was four. The sample size was five. The facility received a grade of D. There was one complaint investigated. Substantiated: 1. Complaint #NV00072949 was substantiated. (See Tag #645) The investigation of Complaint included: Observation of grooming and physical appearance of residents, resident care, staff to resident interactions, and a tour of the facility. Interviews were conducted with a Hospice Case Manager, Hospice Social Worker, Residents, Caregivers, and the Administrator. Clinical Record Review of five records, which included the resident of concern. Document review included admission agreements and staff schedules. 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 investigation, 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: LANDICHO PRUDENCE | Title: Administrator | Date: 03/25/2025

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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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure an annual tuberculosis (TB) test was completed for 1 of 3 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 02/08/17 as a Caregiver. E2's file documented an annual TB test was completed on 11/08/23. E2's file lacked documented evidence of a completed annual TB test for 2024. On 01/13/25 in the afternoon, the Administrator acknowledged E2's file lacked documented evidence of a completed annual TB test. Severity: 2 Scope: 1	0102	0102- Employee #2 is on vacation and is planning to get all her paperwork current as soon as she comes back to the country. However, she gave notice that she is not coming to work as a caregiver anymore. Administrator have a meeting with the caregivers to make sure that all their paperwork is complete and current. The administrator is in charge for compliance. 3/25/25	03/25/2025

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a background check was completed upon hire through the Nevada Automated Background Check System (NABS) for 1 of 3 sampled employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 12/05/24 as a Caregiver. E3's file lacked evidence of completed fingerprints and clearance letter from NABS. As of 01/13/25, R3 was not listed in the NABs system under this facility as having a completed background check. On 01/13/25 in the afternoon, the Administrator acknowledged E3's file lacked evidence of completed fingerprints and clearance letter from NABS. Severity: 2 Scope: 1	0104	0104 - Employee #3 is no longer working at the facility. She worked at the facility for less than a month and had been working to complete her paperwork. Administrator have a meeting with employees to make sure all paperwork is complete and current. I will inspect the home weekly to ensure everything is in order. The administrator is in charge for compliance. 3/25/25	03/25/2025

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees received current cardiopulmonary resuscitation (CPR) training for 1 of 3 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 02/08/17 as a Caregiver. E2's file revealed CPR training was completed on 10/30/22 and expired on 10/30/24. E2's record lacked documented evidence of current CPR training. On 01/13/25 in the afternoon, the Administrator acknowledged E2's record lacked documented evidence of current CPR training. Severity: 2 Scope: 1	0106	0106 - Employee #2 is on vacation and is not planning to return to her job as a caregiver anymore. The administrator is in charge for compliance. 3/25/25	03/25/2025

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident bathroom was clean, free from odors and rodent feces. Findings include: On 01/13/25 in the morning, an unlocked bathroom which was accessible to residents was observed to have foul odors, dirty floors and sink, and rodent feces in the shower and on the bathroom floor. On 01/13/25 in the morning, two other bathrooms were observed to be clean and operational for resident use. On 01/13/25 in the morning, the Caregiver verbalized the bathroom was not in use and needed repairs. The Caregiver acknowledged the presence of foul odors, dirty floors and sink, and rodent feces in the bathroom. On 01/13/25 in the afternoon, the Administrator acknowledged the presence of foul odors, dirty floors and sink, and rodent feces in the bathroom and verbalized the bathroom should have been locked with an out of order sign on placed on the door and not accessible to residents. Severity: 2 Scope: 3	0174	0174- The bathroom in the hallway has been fixed and is now accessible to all residents. Administrator have a meeting with the caregivers to make sure that all bathrooms are in good order. I will inspect the home weekly to ensure that everything at the facility is in good condition. The administrator is in charge for compliance. (Exhibit #1 picture of bathroom) 3/25/25	03/25/2025

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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 facility failed to ensure the interior and exterior of the facility was well maintained. Findings include: On 01/13/25 in the morning, the backyard area contained an area partially rocked with brown and green grass/weeds around the perimeter of the area and protruding through the rocks, leaving the area not well maintained. On 01/13/25 in the morning, in Resident #2's room on the ceiling and corners of the room was observed an accumulation of cobwebs and around a ceiling vent was an accumulation of dirt and dust. On 01/13/25 in the morning, in the living room area of the facility was wood colored flooring with holes and scratches in multiple areas. On 01/13/25 in the morning, the Caregiver acknowledged the disrepair of the floor, the unclean areas of Resident #2's room, and that the backyard was not well maintained. Severity: 2 Scope: 3	0178	0178 - The backyard and the interior of the facility have been cleaned and put in order. The Administrator instructed caregivers to notify maintenance of the facility if there are any necessary repairs and cleaning. The administrator is in charge for compliance. (Exhibit #2 picture of entire facility. Inside & Outside) 3/25/25	03/25/2025

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0356 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. Inspector Comments: Based on observation and interview the facility failed to ensure a bathroom door was equipped with a functional single motion lock. Findings include: On 01/13/25 in the morning, it was observed that a bathroom door located in the hallway of the facility did not have a functional single motion lock. On 01/13/25 in the morning, this surveyor entered the bathroom and the locking mechanism would not disengage and this surveyor had to alert staff to be let out of the bathroom. On 02/26/25 in the afternoon, the Administrator acknowledged bathrooms accessible to residents must be equipped with functional single motion locks. Severity: 2 Scope: 3	0356	0356 - The bathroom at the hallway in the backroom have been fixed and can now be easily opened. The administrator advised caregivers to notify maintenance if there are any problems at the facility that need repair. The administrator is in charge for compliance. (Exhibit #3 picture the bathroom) 3/25/25	03/25/2025

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0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to develop a person-centered service plan for 3 of 4 residents (Resident #2, #3, and #4). Findings include: Resident #2 (R2) R2 was admitted to the facility on 02/26/09 with diagnoses including gastroesophageal reflux disease and hypertension. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 05/28/24, with diagnoses including paraplegia and bipolar disease. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 06/29/18, with diagnoses including diabetes and hypertension. R4's file lacked a person-centered service plan. On 01/13/25 in the afternoon, the Administrator acknowledged person-centered service plans were not developed for R2, R3, and R4. Severity: 2 Scope: 3	0515	0515 - Resident #3 is no longer living at the facility. Residents 2 and 4 have now their person centered services plan. I have a meeting with the caregivers and have instructed them to make sure each residents will have a person centered service plan and at the same time have the Activities of Daily Living (ADL) in their files. The administrator will visit the facility weekly and ensure compliance. The administrator is in charge. (Exhibit #4 Person Centered Service Care Plan) 3/25/25	03/25/2025
0645 SS= D	Disclosure of Information Concerning Rates - NAC 449.2704 and R043-22 Disclosure of information concerning rates and payment for services. (NRS 449.0302) 1. The administrator of a residential facility shall, upon the request of any person, make the following information available in writing: (a) The basic rate for the services provided by the facility; (b) The schedule for payment; (c) The services included in the basic rate; (d) The charges for optional services which	0645	0645 - Residents #5 was admitted to our facility with the understanding that she will be transferred to another facility that the family can afford. The owner/administrator accepted the patient since the one who recommended is a close friend. Never did the administrator require	03/25/2025

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	are not included in the basic rate; and (e) The residential facility ' s policy on refunds of amounts paid but not used. 2. Upon admitting a resident to a residential facility, changing the services provided for in a person-centered service plan or changing the cost of those services or upon request, the administrator of a residential facility shall provide a written description of the services included in the person-centered service plan of a resident and the cost of those services to the person paying for those services or his or her representative. NRS 449A.280 Required provisions of contract for delivery of services. Sec. 9. A contract between a resident and a residential facility for groups for the delivery of services to the resident must: 1. Be entitled "Service Delivery Contract for Residential Facility for Groups"; 2. Be printed in at least 12 point type; and 3. Include, without limitation, the following information in the body of the contract or in a supporting document or attachment: (a) The name, physical address and mailing address, if different, of the residential facility for groups; (b) The name and mailing address of every person, partnership, association or corporation which establishes, conducts, manages or operates the residential facility for groups; (c) The name and address of at least one person who is authorized to accept service on behalf of the parties described in paragraph (b); (d) A telephone number or the address of the Internet website of: (1) The Division that the resident or a representative of the resident may use to verify the status of the license of the residential facility for groups; and (2) Each licensing board or other regulatory body that has issued a license to a provider of health care or other person required to be licensed who provides services to residents at the residential facility for groups that the resident or a representative of the resident may use to verify the status of the license of the provider of health care or other person; (e)		the patient or family to leave the facility because rent is not enough. In fact, the administrator brought patient a Christmas gift knowing that she would spend the holiday at the facility. Resident #5 was giving her rent for December but the administrator told her to hold on to it, it was Christmas and I feel sorry for her. I've done this to a lot of my residents and I'm proud of it. In my 27 years in this business, I have never let any of my residents leave because they cannot pay. The administrator will make sure that this will never happen again. The administrator is in charge for compliance. 3/25/25	

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	The duration of the contract; (f) The manner in which the contract may be modified, amended or terminated; (g) The base rate to be paid by the resident and a description of the services to be provided as part of the base rate; (h) A fee schedule outlining the cost of any additional services; (i) Any additional fee to be paid by the resident pursuant to the fee schedule and a description of any additional services to be provided as part of that fee, either directly by the residential facility for groups or by a third-party provider of services under contract with the facility; (j) A statement affirming the freedom of the resident to receive services from a provider of services with whom the residential facility for groups does not have a contractual arrangement, which may also disclaim liability on the part of the residential facility for groups for any such services; (k) The procedures and requirements for billing and payment under the contract; (l) A statement detailing the criteria and procedures for admission, management of risk and termination of residency; (m) The obligations of the resident in order to maintain residency and receive services, including, without limitation, compliance with the annual physical examination and assessment required by NRS 449.1845; (n) A description of the process of the residential facility for groups for resolving the complaints of residents and contact information for the Aging and Disability Services Division and the Division of Public and Behavioral Health of the Department of Health and Human Services; (o) The name and mailing address of any representative of the resident, if applicable; and (p) Contact information for: (1) The State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125; (2) The Nevada Disability Advocacy and Law Center, or its successor organization; or (3) Other resources for legal aid or mental health assistance, as appropriate.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure a change in the cost for services provided to a resident was documented in writing for 1 of 5 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 10/31/24 and discharged on 12/24/24 with diagnoses including diabetes and hypertension. R5's record revealed an admission agreement dated 10/31/24 noting a monthly payment of $1,200 a month for services provided by the facility. The admission agreement was signed by R5 on 10/31/24. R5's record lacked lacked evidence of a signed agreement to increase the monthly payment to the facility for services provided. On 01/13/25 in the morning, the Administrator verbalized they did not tell anyone that R5 had to leave the facility however, the Administrator verbalized R5 could stay at the facility but needed to pay more money monthly for the services provided by the facility. On 01/13/25 in the afternoon, the Hospice Social Worker verbalized the owner told them R5 needed to discharge by the end of December 2024 because the monthly payment was not enough. The Hospice Social Worker gave a list of group homes to R5's sister to help with the discharge process. On 01/13/25 in the afternoon, the Hospice Case Manager verbalized R5's sister notified them of the discharge from the facility on 12/24/24. On 01/13/25 in the afternoon, the Administrator acknowledged R5's record lacked documented evidence of a notice to increase the monthly payment received by the facility for services to R5. Severity: 2 Scope: 1 Complaint #NV00072949			
0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is	0690	0690 - Oxygen in room of resident #1 was for resident #5 who has since left the facility. The oxygen is no longer in a canister and it was	03/25/2025

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	mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen (O2) canisters were properly stored and secured. Findings include: On 01/13/25 in the morning, an unsecured O2 canister was found in Resident #1's room. On 01/13/25 in the morning, the caregiver acknowledged the O2 canister in resident #1's room should have been secured. Severity: 2 Scope: 1		about to be picked up by the hospice that was taking care of her. The administrator is in charge for compliance. 3/25/25	

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 _____	**01/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYHILL MANOR	**3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121**

(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
0874 SS= E	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure six-month Medication Reviews were reviewed and initialed by the Administrator within 72 hours for 2 of 4 residents (Residents #2 and #4). Findings include: Resident #2 (R2) R2 was admitted to the facility on 02/26/09 with diagnoses including gastroesophageal reflux disease and hypertension. R2's file documented a medication review dated 01/11/25 and 10/11/24, the reviews lacked the initials of the Administrator. Resident #4 (R4) R4 was admitted to the facility on 06/29/18, with diagnoses including diabetes and hypertension. R4's file documented a medication review dated 11/01/24 and 01/14/25, the reviews lacked the initials of the Administrator. On 01/13/25 in the morning, the Administrator acknowledged the six-month Medication Reviews should have been reviewed and initialed by the Administrator within 72 hours. Severity: 2 Scope: 2	0874	0874 - All medication reviews of residents have been signed by the administrator. The administrator is in charge for compliance. (Exhibit #5 take picture of medication review) 3/25/25	03/25/2025
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication	0895	0895 - Resident #1 is no longer at the facility. The administrator have a meeting with the caregivers to make sure that the MAR will be signed as soon they give medications to patient. The administrator will check	03/25/2025

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	administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 4 resident's medications (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/25/24, with diagnoses including hemiplegia and anxiety. Physician's order dated 11/25/24, documented Januvia 50 milligram tablet, take one tablet by mouth every morning. R1's November 2024 MAR documented Januvia 50 milligram tablet, take one tablet by mouth every morning. The Januvia 50 milligram tablet documented on the MAR was not initialed by the Caregiver as being administered from 01/01/25 through 01/13/25. On 01/13/25 in the morning, the Caregiver verbalized the Januvia 50 milligram tablet was administered but did not initial the Januvia 50 milligram tablet documented on the MAR as being administered. On 01/13/25 in the afternoon, the Administrator acknowledged the		records of each resident every month to ensure compliance. The administrator is in charge. 3/25/25	

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	Januvia 50 milligram tablet documented on the MAR should have been initialed as being administered. Severity: 2 Scope: 1			
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured. Findings include: On 01/13/25 in the morning, a unlocked resident bathroom was observed containing all purpose cleaner, toilet bowl cleaner, Freebreeze, laundry detergent, and all purpose degreaser. On 01/13/25 in the morning, a Caregiver acknowledged the unlocked bathroom contained all purpose cleaner, toilet bowl cleaner, Freebreeze, laundry detergent, and all purpose degreaser and should have been secured and not accessible to residents. On 01/13/25 in the afternoon, the Administrator acknowledged toxic substances should be secured and not be accessible to residents. Severity: 2 Scope: 3	0999	999 - All toxic substances are in a locked cabinet and is not accessible to any residents. Administrator had a meeting with the caregivers to make sure that all toxic substances will be stored in a safe and locked cabinet. The administrator will check facility every week to ensure compliance. The administrator is in charge. (Exhibit #6 picture of toxic substance in cabinet) 3/25/25	03/25/2025
1600 SS= C	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent	1600	1600 - Residents #1, #2, #3, and #4 were all admitted by their gender as showing in their respective admission records. They all preferred to be called by their first names. I have a meeting with the caregivers to make sure that each application of residents shows their gender identity. The administrator is	03/25/2025

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	practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on interview and record review, the facility failed to ensure 4 of 4 residents files included documentation of preferred pronoun, gender expression and sexual orientation (Resident #1, #2, #3, and #4). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/25/24, with diagnoses including hemiplegia and anxiety. R1's file lacked documentation of preferred name, pronoun, and gender identity or expression.		in charge for compliance. (Exhibit #7 picture of admission records) 3/25/25	

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	Resident #2 (R2) R2 was admitted to the facility on 02/26/09 with diagnoses including gastroesophageal reflux disease. R2's file lacked documentation of preferred name, pronoun, and gender identity or expression. Resident #3 (R3) R3 was admitted to the facility on 05/28/24, with diagnoses including paraplegia and bipolar disease. R3's file lacked documentation of preferred name, pronoun, and gender identity or expression. Resident #4 (R4) R4 was admitted to the facility on 06/29/18, with diagnoses including diabetes and hypertension. R4's file lacked documentation of preferred name, pronoun, and gender identity or expression. On 01/13/25 in the morning, the Administrator acknowledged R1, R2, R3, and R4's file lacked documentation of their preferred pronoun, gender expression and sexual orientation. Severity: 1 Scope: 3			
1825 SS= F	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated	1825	1825 - Employee #1 had her infection control. Training dated April 13, 2024. Employee #2 is no longer working at the facility and hired 2 caregivers that have taken their infection training on 3-6-25 and 3-13, respectively. Administrator will inspect paper work at the facility every month to ensure all paper of employees are complete. Administrator is in charge for compliance. (Exhibit #8 copies of infection training) 3/25/25	03/25/2025

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	and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually from an approved organization (Employees #1 and #2). Findings include: Employee #1 (E1) E1 was hired as the Administrator on 10/02/03. E1 was designated the primary infection control person for the facility. E1's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Employee #2 (E2) E2 was hired as a Caregiver on 02/08/17. E2 was designated the secondary infection control person for the facility. E2's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. On 01/13/25 in the afternoon, the Administrator acknowledged E1 and E2 did not receive 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Severity: 2 Scope: 3			