

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                           |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/21/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYHILL MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                                                | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 0000                                                     | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure mandatory grading resurvey completed at your facility on 05/21/25 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 three. The sample size was three resident files and three employee files. The facility received a grade of A. 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. There were no regulatory deficiencies identified: | 0000                                                  |                                                                                                                          |                                                                                                |                            |                                                        |  |
| 0102<br>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;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0102                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0104<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0104                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

Name: LANDICHO  
PRUDENCE

Title: Administrator

Date: 06/02/2025

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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| 0106<br>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;                                                                 | 0106                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0174<br>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. | 0174                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0178<br>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.                                                                                                                                  | 0178                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0356<br>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.                                                    | 0356                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |

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| 0515<br>SS= F                                            | Supervision and Treatment of Residents -<br>NAC 449.259 & R043-22 Supervision and<br>treatment of residents generally. (NRS<br>449.0302) 1. A residential facility shall<br>ensure that the staff of the facility<br>collaborate with each resident of the facility,<br>the family of the resident and other persons<br>who provide care for the resident, including,<br>without limitation, a qualified provider of<br>health care, as interpreted by section 8 of<br>this regulation, to: (a) Develop a person-<br>centered service plan for the resident; and<br>(b) Review the person-centered service<br>plan at least once each year.;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0515                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0645<br>SS= D                                            | Disclosure of Information Concerning Rates<br>- NAC 449.2704 and R043-22 Disclosure of<br>information concerning rates and payment<br>for services. (NRS 449.0302) 1. The<br>administrator of a residential facility shall,<br>upon the request of any person, make the<br>following information available in writing: (a)<br>The basic rate for the services provided by<br>the facility; (b) The schedule for payment;<br>(c) The services included in the basic rate;<br>(d) The charges for optional services which<br>are not included in the basic rate; and (e)<br>The residential facility ' s policy on refunds<br>of amounts paid but not used. 2. Upon<br>admitting a resident to a residential facility,<br>changing the services provided for in a<br>person-centered service plan or changing<br>the cost of those services or upon request,<br>the administrator of a residential facility<br>shall provide a written description of the<br>services included in the person-centered<br>service plan of a resident and the cost of<br>those services to the person paying for<br>those services or his or her representative.<br>NRS 449A.280 Required provisions of<br>contract for delivery of services. Sec. 9. A<br>contract between a resident and a<br>residential facility for groups for the delivery<br>of services to the resident must: 1. Be<br>entitled "Service Delivery Contract for<br>Residential Facility for Groups"; 2. Be<br>printed in at least 12 point type; and 3.<br>Include, without limitation, the following | 0645                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |

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|                                                          | 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 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 |                                                       |                                                                                                                          |                                                                                                |  |                                                        |  |

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|                                                          | 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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PRINTED: 6/15/2026  
FORM APPROVED  
OMB NO. 0938-0391

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| 0690<br>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 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. | 0690                                                  |                                                                                                                          | 06/02/2025                                             |

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| 0874<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0874                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |
| 0895<br>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 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. | 0895                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                           |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/21/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYHILL MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                                                | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 0999<br>SS= F                                            | Alzheimer 's Care Standards for Safety -<br>NAC 449.2756 and R043-22 Residential<br>facility which provides care to persons with<br>Alzheimer ' s disease: Standards for safety;<br>personnel required; training for employees.<br>(NRS 449.0302) 1. The administrator of a<br>residential facility which provides care to<br>persons with Alzheimer ' s disease or other<br>forms of dementia who meet the criteria<br>prescribed in paragraph (a) of subsection 2<br>of NRS 449.1845 shall ensure that: (g) All<br>toxic substances are not accessible to the<br>residents of the facility. | 0999                                                  |                                                                                                                          |                                                                                                | 06/02/202<br>5             |                                                        |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYHILL MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                                                | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 1600<br>SS= C                                            | Preferred Name/Pronoun P& P - NAC<br>449.011943 Policies concerning preferred<br>names and pronouns; adaptation of records<br>to reflect gender identities or expressions;<br>method to obtain medically relevant<br>information from patients or residents. (NRS<br>449.0302, 449.104) 1. A facility shall: (a)<br>Develop policies to ensure that a patient or<br>resident is addressed by his or her<br>preferred name and pronoun and in<br>accordance with his or her gender identity<br>or expression; and (b) To the extent<br>practicable and available within the systems<br>in use at the facility: (1) Adapt electronic<br>records and any paper records the facility<br>uses to reflect the preferred name, pronoun<br>and gender identity or expression of a<br>patient or resident; and (2) Integrate<br>information concerning gender identity or<br>expression into electronic systems for<br>maintaining health records. 2. If a patient or<br>resident chooses to provide the following<br>information, the records adapted pursuant<br>to subparagraph (1) of paragraph (b) of<br>subsection 1 must to the extent required by<br>subsection 1, include, without limitation: (a)<br>The preferred name and pronoun of the<br>patient or resident; (b) The gender identity<br>or expression of the patient or resident; (c)<br>The gender identity or expression of the<br>patient or resident that was assigned at the<br>birth of the patient or resident; (d) The<br>sexual orientation of the patient or resident;<br>and (e) If the gender identity or expression<br>of the patient or resident is different than<br>the gender identity or expression of the<br>patient or resident that was assigned at the<br>birth of the patient or resident: (1) A history<br>of the gender transition and current<br>anatomy of the patient or resident; and (2)<br>An organ inventory for the patient or<br>resident which includes, without limitation,<br>the organs: (I) Present or expected to be<br>present at the birth of the patient or<br>resident; (II) Hormonally enhanced or<br>developed in the patient or resident; and<br>(III) Surgically removed, enhanced, altered<br>or constructed in the patient or resident. | 1600                                                  |                                                                                                                          |                                                                                                | 06/02/202<br>5             |                                                        |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYHILL MANOR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121</b> |                            |                                                        |  |
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| 1825<br>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 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. | 1825                                                  |                                                                                                                          |                                                                                                | 06/02/2025                 |                                                        |  |