STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6281	A. BUILDING _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVINGSTON HOME LLC	5858 PALMYRA AVE, LAS VEGAS, NEVADA ,89146

(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 an annual survey initiated at your facility on 12/01/25. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's Disease and/or individuals with Mental Illness, Category II residents. The census at the time of the survey was six. Six resident files and five employee files were reviewed. The facility received a grade of B.			
Y 0074 SS= D	1. An applicant for a license to operate a facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day, residentialfacility for groups or home for individual residential care must receivetraining to recognize and prevent the abuse of older persons before a licenseto operate such a facility, agency or home is issued to the applicant. If anapplicant has completed such training within the year preceding the date of theapplication for a license and the application includes evidence of thetraining, the applicant shall be deemed to have complied with the requirementsof this subsection. 2. A licensee who holds alicense to operate a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home for individualresidential care must annually receive training to recognize and prevent theabuse of older persons before the license to operate such a facility, agency	Y 0074	1.Administrator and/or designee will audit all employee files in order to identify who does not have annual elder abuse training. 2.Administrator and/or designee will audit all employee files to ensure that annual elder abuse training is complete upon hire, 30 days after hire and annually. 3.Administrator and/or designee will audit all employee files to ensure that annual elder abuse training is complete upon hire, 30 days after hire and annually. 4.Administrator and/or designee 5.January 10th,2026	01/10/2026

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	orhome may be renewed. 3. If an applicant orlicensee who is required by this section to obtain training is not a naturalperson, the person in charge of the facility, agency or home must receive thetraining required by this section. 4. An administrator or otherperson in charge of a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home forindividual residential care must receive training to recognize and prevent theabuse of older persons before the facility, agency or home provides care to aperson and annually thereafter. 5. An employee who willprovide care to a person in a facility for intermediate care, facility forskilled nursing, agency to provide personal care services in the home, facilityfor the care of adults during the day, residential facility for groups or homefor individual residential care must receive training to recognize and preventthe abuse of older persons before the employee provides care to a person in thefacility, agency or home and annually thereafter. 6. The topics of instructionthat must be included in the training required by this section must include,without limitation: (a) Recognizing the abuse ofolder persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; (b) Responding to reports ofthe alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; and (c) Instruction concerning thefederal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care,			

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	facilities for skilled nursing, agenciesto provide personal care services in the home, facilities for the care ofadults during the day, residential facilities for groups or homes forindividual residential care, as applicable for the person receiving thetraining. 7. The facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day,residential facility for groups or home for individual residential care isresponsible for the costs related to the training required by this section. 8. The administrator of afacility for intermediate care, facility for skilled nursing or residentialfacility for groups who is licensed pursuant to chapter 654 ofNRS shall ensure that each employee of the facility who provides care toresidents has obtained the training required by this section. If anadministrator or employee of a facility or home does not obtain the trainingrequired by this section, the Division shall notify the Board of Examiners forLong-Term Care Administrators that the administrator is in violation of thissection. 9. The holder of a license tooperate a facility for intermediate care, facility for skilled nursing, agencyto provide personal care services in the home, facility for the care of adultsduring the day, residential facility for groups or home for individualresidential care shall ensure that each person who is required to comply withthe requirements for training pursuant to this section complies with suchrequirements. The Division may, for any violation of this section, takedisciplinary action against a facility, agency or home pursuant to NRS 449.160and 449.163. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 sampled			

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	employees had received annual Elder Abuse training. Findings include: Employee #3 (E3) E3 was hired as a Medication Technician on 04/15/23. E3's file contained Elder Abuse training dated 01/05/24. E3's file lacked documented evidence of Elder Abuse training in 2025. On 12/01/25 in the afternoon, Employee #6 (E6) acknowledged E3 did not have current Elder Abuse training. Severity: 2 Scope:1			

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Y 0102 SS= D	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 sampled employees had received a two-step tuberculin test and annual tuberculin (TB) tests (Employee #5). Findings include: Employee #5 (E5) E5 was hired on 11/08/22 as a Caregiver. E5's file documented a positive TB Skin Test dated 10/25/18 and a negative 1-Step TB test dated 05/24/21. E5's file lacked documented evidence of a 2-Step TB Skin test. E5's file documented subsequent annual negative TB signs and symptoms through 10/20/25, but no further TB testing. On 12/01/25 in the afternoon, Employee #6 (E6) acknowledged the lack of a negative 2-Step TB test. Severity: 2 Scope:1	Y 0102	1.Administrator and/or designee will audit all employee files in order to identify who does not have a current TB. 2.Administrator and/or designee will audit all employee files to ensure that annual TB test is complete upon hire, 30 days after hire and annually. 3.Administrator and/or designee will audit all employee files to ensure that annual TB test is complete upon hire, 30 days after hire and annually. 4.Administrator and/or designee 5.January 10th,2026	01/10/2026

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Y 0991 SS= F	**NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personal required; training for employees.** (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the front door alarm was activated. Findings include: On 12/01/25 at 9:27 AM when the surveyor entered the facility, the front door alarm was not activated. Employee #2 (E2) acknowledged the alarm was not set and explained they did not want to disturb the resident in the front room when E2 went in and out of the facility through the front door in the morning. On 12/01/25 in the morning, the Caregivers expressed knowledge that exit door alarms needed to be activated at all times in the home. On 12/01/25 at 4:30 PM when the surveyor exited the facility, the front door alarm again was not set. Employee #4 (E4) acknowledged that the alarm was not set. On 12/01/25 in the afternoon, the Employee #6 (E6) agreed the front door alarm should be set at all times. Severity: 2 Scope:3	Y 0991	1.Administrator and/or designee will checked all alarmed doors to ensure that all are functioning properly and is no need or repair or replacement. 2.Administrator and/or designee will checked all alarmed doors at the start of each shift to ensure that they are functioning properly. 3.Administrator and/or designee will checked all alarmed doors at the start of each shift to ensure that they are functioning properly. 4.Administrator and/or designee 5.January 10, 2026	01/10/2026
Y 1035		Y 1035	1.Administrator and/or designee will audit	01/10/202

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SS= D	NAC 449.2768 **Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training:** 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes, in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the		all employee files in order to identify who does not have Alzheimer's/dementia training. training. 2.Administrator and/or designee will audit all employee files to ensure that Alzheimer's/dementia training is complete upon hire, 30 days after hire and annually. 3.Administrator and/or designee will audit all employee files to ensure that Alzheimer's/dementia training is complete upon hire, 30 days after hire and annually. 4.Administrator and/or designee 5.January 10th,2026	6

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	facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 sampled employees received annual Alzheimer's training (Employee #5). Findings include: Employee #5 (E5) E5 was hired on 11/08/22 as a Caregiver. E5's file lacked documented evidence of 3 hours of annual Alzheimer's training in 2024 and 2025. On 12/01/25 in the afternoon, Employee #6 (E6) acknowledged E5 had no documented evidence of Alzheimer's training in 2024 and 2025. Severity: 2 Scope:1			
Y 1010 SS= D	NAC 449.2764 Residential facility which offers or provides	Y 1010	1.Administrator and/or designee will audit all employee files in order to identify who does not have 8hr Mental Illness training. 2.Administrator and/or designee will audit all employee files to ensure that 8hr Mental Illness training is complete upon hire, 30	01/10/2026

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	care for persons with mental illnesses: Application for endorsement; training for employees. 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. 3. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 sampled employees had received eight hours of Mental Illness training within 60 days of hire (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 09/01/24 as a Caregiver. E4’s file lacked documented evidence that E4 had received any Mental Illness training since hire. On 12/01/25 in the afternoon, Employee #6 (E6) admitted E4 had not received Mental		days after hire and annually. 3.Administrator and/or designee will audit all employee files to ensure that 8hr Mental Illness training is complete upon hire, 30 days after hire and annually. 4.Administrator and/or designee 5.January 10th,2026	

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	Illness training since they were hired, and they should have received eight hours of Mental Illness training within 60 days of hire. Severity: 2 Scope:1			