STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7699	A. BUILDING _____ B. WING _____	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME, LLC	3740 LA JUNTA DRIVE, LAS VEGAS, NEVADA ,89120

(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 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and three employee files were reviewed. The facility received a grade of A.			
Y 1540 SS= D	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training	Y 1540	Y 1540 1. The administrator of the facility has provided all the employees with Cultural Competency training. Employee # 1, and Employee # 2, have now completed the cultural competency training and a certificate of completion was issued and documented evidence of the training has been filed with the employee's records. (Attachment # 3) Employee # 1, and Employee # 2 have received the Cultural Competency Training. Is now documented and filed with their personnel records. 2. The administrator will ensure the deficient practice does not recur. The administrator will do weekly audits of all employee's files to ensure accuracy of their trainings both initial and annual trainings. The facility will comply with the regulations. 3. The corrective action will be monitored to ensure the deficient practice will not recur.	12/04/2025

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	required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on interview and documented review the facility failed to ensure cultural competency training was completed within 90 days of hire for one employee and was completed biannually for an employee (Employee #1 and Employee #2). Findings include:		The administrator will review monthly to ensure that all the employees including Employee # 1, and Employee # 2 receives cultural competency training, a certificate of completion and documented evidence of the training. 4. The facility administrator will be responsible for ensuring the plan of correction is implemented. 5. The corrective action was completed on 12/04/25	

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	Employee #1 (E1) E1 was hired by the facility on 09/08/2014 as the Administrator. E1's employee record revealed E1 had completed cultural competency training on 03/24/2023, but lacked documented evidence cultural competency training was completed bi-annually. On 12/01/2025 in the morning, the Administrator acknowledged cultural competency training had not been completed bi-annually by E1. Employee #2 (E2) E2 was hired by the facility on 02/01/2025 as a Caregiver. E2's employee record lacked documented evidence E2 had completed cultural competency training within 90 days of being hired. On 12/01/2025 in the morning, the Administrator acknowledged E2 had not completed cultural competency training within 90 days of being hired by the facility. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection;	Y 1840	Y 1840 1. The administrator of the facility has provided all the caregiver's the required unlicensed caregiver training to each employee and now, they all have documented evidence and a certificate of completion filed in the personnel records. Employee # 2 have completed the unlicensed caregiver training as well. (Attachment 1) 2. The administrator will ensure the deficient practice does not recur. The facility administrator will utilize the personnel checklist to determined employee's trainings including initial and annual re-certifications to ensure accuracy and also to	12/03/2025

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	(d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and document review the facility failed to ensure a caregiver who provided care to residents had completed unlicensed caregiver training for one employee (Employee #2). Findings include: E2 was hired by the facility on 02/01/2025 as a Caregiver. E2's employee record lacked documented evidence E2 had completed unlicensed caregiver training. On 12/01/2025 in the morning, the Administrator acknowledged E2 had not completed unlicensed caregiver training since being hired by the facility on 02/01/2025. Severity: 2 Scope: 1		comply with regulations. 3. The corrective actions will be monitored to ensure the deficient practice will not recur. the administrator will review monthly to ensure that all the employees including employee # 2, have completed the unlicensed caregiver initial and annual trainings. 4. The facility administrator will be responsible for ensuring the plan of correction implementation 5. The corrective action was completed on 12/3/25	
Y 1825 SS= D	**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	Y 1825	Y 1825 1. The administrator has provided infection control training for all the employees including Employee # 1, and Employee # 3. A certificate of completion for the training was issued on 12/3/25. In addition, the administrator will ensure that all the employees have documented evidence of infection control training as part of their personnel records. (Attachment 2)	12/03/2025

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	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. Inspector Comments: Based on interview and document review the facility failed to ensure the Infection Control Program coordinator and Infection Control designee had annually completed 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control (Employee #1 and Employee #3).		Employee # 1, and Employee # 3, has documented evidence of Infection Control training and a certificate of completion filed with other personnel records. 2. The administrator will ensure the deficient practice does not recur. The administrator will use personnel file checklist to determine re-certifications are completed and also initial trainings are provided as well. The facility will comply with this regulation. 3. The corrective action will be monitored to ensure the deficient practice will not recur. The administrator will review monthly to ensure that all the facility employees have completed initial and annual infection control training and they will have a certificate of completion filed. 4. The facility administrator will be responsible for ensuring the plan of correction is implemented. 5. The corrective action was completed on 12/03/25	

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	Findings include: Employee #1 (E1) E1 was hired by the facility on 09/08/2014 as the Administrator. E1's employee record revealed E1 had initially completed 15 hours of training concerning the control and prevention of infections on 05/15/2024, but lacked documented evidence infection control training was completed annually thereafter. Employee #3 (E3) E3 was hired by the facility on 01/10/2014 as a Caregiver. E3's employee record revealed E3 had initially completed 15 hours of training concerning the control and prevention of infections on 06/28/2024 but lacked documented evidence infection control training was completed annually thereafter. On 12/01/2025 in the morning the Administrator indicated E1was the primary infection control program coordinator and E3 was the Infection Control designee. The Administrator acknowledged both E1 and E3 completed Infection control training initially, but it had not been completed annually thereafter. Severity: 2 Scope: 1			