Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7942	A. BUILDING _____ B. WING _____	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSARIOS GROUP HOME	2885 RED ROCK STREET, 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 State Licensure survey conducted at your facility on 12/11/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0620 SS= D	**NAC 449.2702** **Written policy on admissions required; age and other eligibility requirements.** 4. Except as otherwise provided in NAC 449.275 AND 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other	Y 0620	1. The deficient practice will be corrected by immediately applying for the waiver. 2. A reminder will be put into place to insure it will not happen again. 3. The deficient practice will be monitored on regular basis. 4. The administrator will be responsible to ensure that the deficient practice will not reoccur. 5. The corrective action was completed on 12/14/2025. 6. The waiver approved document will be attached. 7. Other areas will be identified and corrected by checking them on regular basis.	12/17/2025

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	medical supervision on a 24-hour basis. 6. As used in this section: (a) “Bedfast” means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. (b) “Restraint” means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident’s freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or his normal access to his or her body. 5. A person may not reside in a residential facility if the person’s physician or the Bureau determines that the person does not comply with the requirements for eligibility. Inspector Comments: Based on interview and record review, the facility failed to maintain a current waiver for a resident who was bedfast, for 1 of 6 residents (Resident #5). Findings include:			

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	Resident #5 (R5) was admitted on 01/22/24 with diagnosis including chronic obstructive pulmonary disorder. On 12/11/25 in the morning, a Caregiver revealed R5 could not turn in bed on their own and required staff assistance. Review of R5's medical record documented a bedfast waiver dated 11/04/24. There was no current bedfast waiver in the file of R5. On 12/11/25 in the morning, the Administrator confirmed the bedfast waiver for R5 had expired and they had not yet renewed the bedfast waiver. Severity: 2 Scope: 1			
Y 1800 SS= E	NAC 449.01065 Requirements relating to personal protective equipment; exception for nursing pool. (NRS 439.200, 439.0302) 1. A medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall ensure that each person on the premises of the facility uses personal protective equipment in accordance with the publications adopted by reference in NAC 449.0106. The facility shall maintain: (a) Not less than a 30-day supply of personal protective equipment at all times; or (b) If the facility is unable to comply with the requirements of paragraph (a) due to a shortage in personal protective equipment, documentation of attempts by and the inability of the facility to obtain personal protective equipment. 2. Except as otherwise provided in subsection 3, a medical facility, facility for the dependent or other facility required by the regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Enter into a contract with a supplier of personal protective equipment which	Y 1800	1. The deficient practice will be corrected by ordering enough supplies immediately. 2. A measure will be put into place by checking the supplies on regular basis. 3. The corrective action will be monitored by having enough supplies for 30 days. 4. The administrator and caregiver will be responsible for ensuring the plan of correction is implemented. 5. The corrective action was completed on 12/11/2025. 6. The document will be attached. 7. Other areas will be identified by checking the supplies on regular basis	12/17/2025

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	ensures that the facility has a supply of personal protective equipment sufficient to comply with the requirements of subsection 1; and (b) Track the amount of personal protective equipment that the facility has available, the rate at which personal protective equipment is used in the facility and orders for personal protective equipment in a manner sufficient to ensure compliance with the requirements of subsection 1. Inspector Comments: Based on observation and interview, the facility failed to maintain a 30-day stock of infection control supplies. Findings include: On 12/11/25 in the morning, the facility had one box of 50 KN95 masks and no disposable masks onsite. On 12/11/25 in the morning, the Administrator confirmed they did not have a 30-day supply of masks onsite for all residents and staff. Severity: 2 Scope: 2			