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
	8827	A. BUILDING _____ B. WING _____	10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH & HOPE HOME CARE LLC	**973 LEPORI WAY, SPARKS, NEVADA ,89431-1165**

(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 a complaint investigation and annual survey completed at your facility on 10/13/2025 The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00074704 could not be substantiated. No regulatory deficiencies could be identified. Investigation into the complaint included: Observation included physical appearance of residents, door locks in front entry way and bathrooms, and front yard sitting areas. Interviews were conducted with one resident, and one Caregiver. Clinical Record Review included eight records. Document Review included facility policy and procedures.			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the	Y 0515	The Service plan for residents #1, #2, #3, #5, #6, and #8 was executed in a timely manner. However, the forms were inadvertently placed in the holdout instead of the residents' charts. RESIDENT #1: Updated on May 2, 2025	10/28/2025

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	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. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;		RESIDENT #2: Updated on June 15, 2025 RESIDENT #3: Updated on April 29, 2025 RESIDENT #5: Updated on August 24, 2025 RESIDENT #6: Updated on October 1, 2025 RESIDENT #8: Updated on June 3, 2025 Faith & Hope Home Care, acknowledges that NAC 449.259 mandates yearly updates to each residents service plan. In the future, the manager in charge of forms and documentations will ensure that all necessary forms are properly documented and filed.	

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	Inspector Comments: Based on interview and record review, the facility failed to annually review person-centered service plans to address the facility's treatment of residents for 6 of 8 residents (Residents #1, #2, #3, #5, #6, and #8). Findings include: Resident #1 Resident #1 was admitted on 05/07/2024, with diagnoses including hypertension, asthma, and cardiovascular accident. Resident #1's record contained a person-centered service plan dated 05/30/2024. Resident #1's record lacked documented evidence of an annual review of the resident's service plan. Resident #2 Resident #2 was admitted on 06/17/2024, with diagnoses including atrial fibrillation, dementia, and heart failure. Resident #2's record contained a person-centered service plan dated 06/19/2024. Resident #2's record lacked documented evidence of an annual review of the resident's service plan. Resident #3 Resident #3 was admitted on 04/29/2024, with diagnoses including hypertension, insomnia, and GERD. Resident #3's record contained a person-centered service plan dated 04/29/2024. Resident #3's record lacked documented evidence of an annual review of the resident's service plan. Resident #5 Resident #5 was admitted on 08/19/2024, with diagnoses including chronic obstructive			

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	pulmonary disease, hypertension, and emphysema. Resident #5's record contained a person-centered service plan dated 08/26/2024. Resident #5's record lacked documented evidence of an annual review of the resident's service plan. Resident #6 Resident #6 was admitted on 10/19/2020, with diagnoses including arthritis, anemia, and cancer. Resident #6's record contained a person-centered service plan dated 06/14/2024. Resident #6's record lacked documented evidence of an annual review of the resident's service plan. Resident #8 Resident #8 was admitted on 06/10/2024, with diagnoses including dementia, insomnia, and GERD. Resident #8's record contained a person-centered service plan dated 06/01/2024. Resident #8's record lacked documented evidence of an annual review of the resident's service plan. On 10/13/2025 at 12:07 PM, the Caregiver confirmed the person-centered service plan had not been reviewed annually for Residents #1, #2, #3, #5, #6, and #8. Severity: 2 Scope: 3			