STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8841	A. BUILDING _____ B. WING _____	01/06/2026

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PRECIOUS CARE GROUP	7345 ACACIA WOODS CT, LAS VEGAS, NEVADA ,89113

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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 and a complaint investigation initiated at your facility on 01/06/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and Alzheimer's disease, 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. Unsubstantiated: 1. Complaint # NV00012803 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of staff interaction with residents, breakfast and lunch meal observation, a resident in their room, the laundry room, and a tour of the facility. Interviews were conducted with residents, a Caregiver, and the Owner. Clinical Record Review of one record, which included the resident of concern. Document review included facility policy and procedures, a sample resident incident report, and meal menus.			

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Y 0515 SS= E	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the 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	Y 0515	4 out of 8 missing Person-Centered Service Care Plan for R1, R2; R3 and R4. has been updated and attached. Provider/manager completed the care plan on admission and was not aware that this care plan was completed annually. Provider/manager shall review resident's charts periodically to ensure compliance and avoid reoccurrence. The owner/manager is responsible for ensuring that the plan of correction is implemented. The corrective action was completed today 01/23/2026.	01/23/2026

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	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; Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 8 residents had an initial and/or annual person-centered service plan (PCP) (Resident #1, # 2, #3, and#4). Findings include: Resident #1 (R1) R1 was admitted on 05/13/25 with diagnoses including head injury and chronic obstructive pulmonary disease. R1's record lacked documented evidence of an initial PCP. Resident #2 (R2) R2 was admitted on 01/01/22 with a diagnosis of Parkinson's disease. R2's record documented a PCP dated 01/01/22. R2's record lacked documented evidence of an annual 2026 PCP. Resident #3 (R3) R3 was admitted on 12/27/21 with a diagnosis of hypertensive heart disease without heart failure. R3's record documented a PCP dated 12/27/21. R3's record lacked documented evidence of an annual 2025 or 2026 PCP. Resident #4 (R4)			

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	R4 was admitted on 01/24/24 with diagnoses including bradycardia and anxiety. R4's record documented a PCP dated 01/25/24. R4's record lacked documented evidence of an annual 2025 or 2026 PCP. On 01/06/26 in the afternoon, the Owner confirmed the missing initial and/or annual PCPs for R1, R2, R3, and R4. Severity: 2 Scope: 2			
Y 1825 SS= E	**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	Y 1825	Secondary Employee (E#2) was not aware that he has to complete the infection control training. However, as recommended Employee 2 has started the training and has attached the completed training so far. The manager shall review requirements periodically to ensure necessary training requirements are completed timely The owner/manager is responsible for making sure that the plan of correction is implemented. The manager expected that the remaining module courses shall be completed on or before January 31, 2026	01/23/2026

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	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 record review and interview, the facility failed to ensure the secondary infection control staff completed 15 hours of infection control training annually (Employee #2). Findings include: Employee #2 (E2): E2 was hired on 06/05/17 as the Owner. E2 was identified as the secondary infection control manager for the facility. E2's file lacked documented evidence of the required 15 hours of infection control training. On 01/06/26 in the afternoon, the Owner confirmed E2 was the secondary infection control manager, had not completed a total of 15 hours of annual approved infection control training and was unaware of the annual training requirement. Severity: 2 Scope: 2			
Y 1540 SS= F	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency	Y 1540	The manager believed that because the course has been completed by the administrator, the caregivers are not needed to complete the course, but as	01/23/2026

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	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 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		recommended by the surveyor, the manager has registered all the caregiver for the training on 2/20/2026 as attached. The manager should routinely review guidelines and training requirement to ensure that the facility comply with all training requirements The owner/manager shall monitor and routinely review state regulations to ensure this does not occur again. The owner/manager is responsible for ensuring that the plan of correction is implemented The corrective action should be completed on February 20, 2026.	

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	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 record review, the facility failed to ensure Cultural Competency training was completed for 3 of 4 Employees (Employee #2, Employee #3, and Employee #4). Findings include: Employee #2 (E2) E2 was hired on 06/05/17 as the Owner. Review of E2's record revealed Cultural Competency was last completed on 12/15/22 and there was no documentation that Cultural Competency training was completed for E2 in 2025 or 2026. Employee #3 (E3) E3 was hired on 06/05/17 as a Medication Technician. Review of E3's record revealed Cultural Competency was last completed on 12/15/22 and there was no documentation that Cultural Competency training was completed for E3 in 2025 or 2026. Employee #4 (E4) E4 was hired on 11/06/24 as a Caregiver. Review of E4’s record revealed Cultural Competency was last completed on 12/15/22 and there was no documentation that Cultural Competency training was completed for E4 in 2025 or 2026. On 01/06/26 in the afternoon, the Owner confirmed there was no current Cultural Competency training on file for Employee #2, Employee #3, and Employee #4 and the Owner was unaware of the biennial training			

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	requirement. Severity: 2 Scope: 3			