DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**04/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS MEMORY CARE	**2121 EAST PRATER WAY, SPARKS, NEVADA ,89434**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted at your facility on 04/29/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 Residential Facility for Group beds for elderly or disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 38. Eleven resident records, including one closed record were reviewed. Ten employee records were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. There was one complaint investigated. Complaint #NV00073993 with the allegation the facility failed to provide adequate care resulting in pressure sores developing on a resident's back could not be substantiated due to a lack of evidence. The investigation into the allegations included: Observations of staff to resident interactions, resident hygiene/grooming, residents in day clothes, and medication administration. Interviews with one resident, one medication technician, and the Executive Director. Review of one resident file included review of diagnoses, service plans, ultimate user agreements, shower schedules, medication	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: AMANDA JENKINS Title: Executive Director Date: 05/30/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	administration records (MARs), physician orders, activities of daily living (ADL) assessments, discharge summaries, and physician communication forms. Review of facility documents including the Shower Schedule and Pharmacy Services Provider Agreement, and review of the facility policy including Perineal Care for Incontinent Residents. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or	0074	Business Office Director will have all new employees complete Elder Abuse Training on first day of hire and complete annual Elder Abuse for each employee. Business Office Director will oversee weekly audits following the QA process. Executive Director will monitor through monthly QA process. Full Audit was completed for all Employees to have initial and annual Elder Abuse on 5/29/25 using Staff Records Checklist.	04/29/2025

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	licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care			

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	services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure annual elder abuse prevention training was completed timely for 1 of 10 sampled employees (Employee #9). This deficient practice had the potential to place residents at risk of exposure to abuse. Findings include: Employee #9 Employee #9 was hired as a Caregiver on 06/17/2022 Employee #9's personnel record included elder abuse prevention training completed 06/14/2022, and 09/09/2024. There was a lapse of 27 months between the elder abuse prevention trainings. On 04/29/2025 at 1:21 PM, the Business Office Director (BOD) verbalized all employees were			

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	required to complete elder abuse prevention training annually. The BOD confirmed Employee #9 lacked elder abuse prevention training completed between 06/14/2022 and 09/09/2024. Severity: 2 Scope: 1			
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview, personnel record review, and document review, the facility failed to ensure cardiopulmonary resuscitation (CPR) and first aid training was completed timely for 1 of 10 sampled employees (Employee #7). Findings include: Employee #7 Employee #7 was hired as a Caregiver on 03/31/2023. Employee #7's personnel record included CPR training expired 07/2024, and CPR training completed 10/16/2024. There was a lapse of three months between the CPR trainings. On 04/29/2025 at 1:21 PM, the Business Office Director (BOD) verbalized all caregivers were required to have current CPR training. The BOD verbalized Employee #7's CPR training was completed three months late. A facility document titled, "Staff Records Checklist," undated, documented all direct care staff was required to complete CPR training by the date of expiration. Severity: 2 Scope: 1	0106	Business Office Director will assure all Caregivers will be certified for CPR and First Aide within the first 30 days of hire and Bi-annually. Business Office Director will audit weekly through QA process and Executive Director will over see Monthly QA process. Full Audit was completed for all Employees required to have CPR/First Aide on 5/29/25 using Staff Records Checklist.	05/29/2025

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0451 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure 3 of 3 first aid kits contained the required supplies. Findings include: On 04/29/2025 at 11:25 AM, the first aid kit, located in the Medication Room, failed to include the following: Adhesive tape Thermometer/Fever strips On 04/29/2025 at 11:30 AM, the first aid kit, located in the Copy Room, failed to include the following: Adhesive tape Thermometer/Fever strips On 04/29/2025 at 11:40 AM, the first aid kit, located in the Care Station, failed to include the following: Adhesive tape Thermometer/Fever strips On 04/03/2025 at each of the finding, the Maintenance Director verbalized the first aid kits did not contain all required items. Severity: 2 Scope: 3	0451	Wellness Director will audit First Aid kits Monthly. Executive Director will monitor through monthly QA process. Executive Director ordered 3 new First Aid kits. Tape and disposable thermometers are available in kit.	05/23/2025
1035 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 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,	1035	Business Office Director to oversee monthly audits for State required training. Executive Director to monitor through QA process. Full Audit was completed for all Employees to be in compliance with State required dementia training on 5/29/25 using Staff Records Checklist.	05/29/2025

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	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 or she is initially employed at the facility, at least 2 hours of tier 2 training . Inspector Comments: Based on interview and personnel record review, the facility failed to ensure two hours of dementia training was completed within 40 hours of the employee's start date at eight hours of dementia training was completed within 90 days of the employee's start date for 1 of 10 sampled employees (Employee #3). Findings include: Employee #3 Employee #3 was hired as a medication technician on 07/25/2024. Employee #3's personnel record documented the following Tier 2 dementia training: -One hour completed 09/09/2024 -One hour completed 09/27/2024 -One hour completed 10/04/2024 -One hour completed 01/03/2025 -One hour completed 01/07/2025 -Half hour completed 02/03/2025 On 04/29/2025 at 12:53 PM, the Business Office Director (BOD) verbalized all employees were required to complete two hours of dementia training within 40 hours of hire and eight hours of dementia training within 90 days of hire. The BOD confirmed Employee #3's personnel record lacked two hours of dementia training completed within 40 hours and eight hours of dementia training completed within 90 days. Severity: 2 Scope: 1			
1240 SS= F	Patient's Rights - Patient to be informed - NRS 449A.118 Patient to be informed of rights upon admission to facility; required disclosures and notices. [Effective January 1, 2020.] 1. Every medical facility and facility for the dependent shall inform each patient or the patient's legal representative, upon the admission of the patient to the facility, of the patient's rights as listed in NRS 449A.100 and 449A.106 to 449A.115,	1240	Executive Director is responsible for signing contracts with responsible parties before a resident moves in to community. Each contract contains the Resident Rights. Business Office Director completed audit for each resident and contract is in resident file to include Resident Rights. Executive Director will oversee through QA process.	05/29/2025

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	inclusive. 2. In addition to the requirements of subsection 1, if a person with a disability is a patient at a facility, as that term is defined in NRS 449A.218, the facility shall inform the patient of his or her rights pursuant to NRS 449A.200 to 449A.263, inclusive. 3. In addition to the requirements of subsections 1 and 2, every hospital shall, upon the admission of a patient to the hospital, provide to the patient or the patient's legal representative: (a) Notice of the right of the patient to: (1) Designate a caregiver pursuant to NRS 449A.300 to 449A.330, inclusive; and (2) Express complaints and grievances as described in paragraphs (b) to (f), inclusive; (b) The name and contact information for persons to whom such complaints and grievances may be expressed, including, without limitation, a patient representative or hospital social worker; (c) Instructions for filing a complaint with the Division; (d) The name and contact information of any entity responsible for accrediting the hospital; (e) A written disclosure approved by the Director of the Department of Health and Human Services, which written disclosure must set forth: (1) Notice of the existence of the Bureau for Hospital Patients created pursuant to NRS 232.462; (2) The address and telephone number of the Bureau; and (3) An explanation of the services provided by the Bureau, including, without limitation, the services for dispute resolution described in subsection 3 of NRS 232.462; and (f) Contact information for any other state or local entity that investigates complaints concerning the abuse or neglect of patients. 4. In addition to the requirements of subsections 1, 2 and 3, every hospital shall, upon the discharge of a patient from the hospital, provide to the patient or the patient's legal representative a written disclosure approved by the Director, which written disclosure must set forth: (a) If the hospital is a major hospital: (1) Notice of the reduction or discount available pursuant to NRS 439B.260, including, without limitation,			

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	notice of the criteria a patient must satisfy to qualify for a reduction or discount under that section; and (2) Notice of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, which policies and procedures are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260. The notice required by this subparagraph must describe the criteria a patient must satisfy to qualify for the additional reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. (b) If the hospital is not a major hospital, notice of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons. The notice required by this paragraph must describe the criteria a patient must satisfy to qualify for the reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. As used in this subsection, "major hospital" has the meaning ascribed to it in NRS 439B.115. 5. In addition to the requirements of subsections 1 to 4, inclusive, every hospital shall post in a conspicuous place in each public waiting room in the hospital a legible sign or notice in 14-point type or larger, which sign or notice must: (a) Provide a brief description of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, including, without limitation: (1) Instructions for receiving additional information regarding such policies and procedures; and (2) Instructions for arranging to make payment; (b) Be written in language that is easy to understand; and (c) Be written in English and Spanish.			

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	(Added to NRS by 1983, 822; A 1985, 1749; 1999, 1053, 3252; 2003, 1880; 2005, 947; 2011, 362, 697; 2019, 537, effective January 1, 2020) Inspector Comments: Based on record review, document review and interview, the facility failed to notify residents upon admission of resident's rights as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive. Findings include: Review of the facility's current resident admission packet lacked documented evidence residents had been notified of their rights as listed in Nevada Revised Statute 449A.100 and 449A.106 to 449A.115, inclusive: -Facility to provide necessary services or arrange for transfer of patient, explanation of need for transfer and alternatives available. -Specific rights: Information concerning facility; treatment; billing; visitation. -Specific rights: Designation of persons authorized to visit patient in facility. -Specific rights: Care; refusal of treatment and experimentation; privacy; notice of appointments and need for care; confidentiality of information concerning patient. -Certain facilities to notify patient and State Long-Term Care Ombudsman of intent to transfer patient and provide opportunity for patient or representative to meet with administrator. -Owner and administrator of certain facility prohibited from receiving certain money or property from resident or former resident. On 04/29/2025 at 1:45 PM, the Executive Director presented a resident rights list the facility had received from the Aging and Disability Services Department, but confirmed the list did not include the rights as listed in the statute. On 04/29/2025 at 1:58 PM, the Executive Director confirmed none of the residents had been provided a list of their rights as outlined in the statute. Severity: 2 Scope: 3			
1300 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain	1300	Executive Director immediately corrected the Non-Discrimination Statement font size to the required 22 Point font size and placed back on wall space.	04/29/2025

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	other information; construction of section. [Effective January 1, 2020.] 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in		Executive Director to include with monthly QA process.	

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	the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. Inspector Comments: Based on observation, document review, and interview, the facility failed to: (1) ensure the prominent posting of a non-discrimination statement in the size mandated in regulation R16-20 Section 10; and (2) ensure a non-discrimination statement with contact information for filing a complaint was included in marketing material including the Internet website. Findings include: On 04/29/2025, at 10:47 AM, when compared with a sample template of the mandated non-discrimination statement printed in the required 22 point font, the Executive Director verbalized the facility's posting used a smaller font. On 04/30/2025, the non-discrimination statement was not present on the facility's website. Severity: 1 Scope: 3			
1540 SS= D	Cultural Competency Training - R004-24 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	1540	Employee #3 completed Cultural Competency training. She completed on 5/19/25. Business Office Director to oversee monthly	05/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**04/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	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 employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or		audits for Cultural Competency to be completed within first 90 days and Bi-annually. Executive Director to monitor through QA process. Full Audit was completed for all Employees required to have Cultural Competency on 5/29/25 using Staff Records Checklist.	

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	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, personnel record review, and document review, the facility failed to ensure initial cultural competency training was completed within 90 days of hire for 1 of 10 sampled employees (Employee #3). Findings include: Employee #3 Employee #3 was hired as a medication technician on 07/25/2024. Employee #3's personnel record lacked documentation of completed cultural competency training. On 04/29/2025 at 12:53 PM, the Business Office Director (BOD) verbalized all employees were required to complete cultural competency training within 90 days of hire. The BOD confirmed Employee #3 lacked completed cultural competency training. A facility document titled, "Staff Records Checklist," undated, documented employees were required to complete cultural competency training. Severity: 2 Scope: 1			
1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to	1700	Wellness Director will assure all new Resident move-ins will have completed State required paperwork to include documented evidence of initial physician assessment and placement determination and will oversee monthly audit to assure each new resident completes annual required paperwork. Executive Director to monitor through QA process. Resident #4 no longer resides in community.	05/29/2025

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	conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain initial Standard Physician Assessment and Placement Determination's for 3 of 10 sampled residents (Resident #4, #7 and #10). Findings include: Resident #4 Resident #4 was admitted to the facility on 03/19/2019, with a diagnosis of dementia. Resident #4's record lacked documented evidence an initial Physician Assessment and Placement Determination had been			

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	completed. Resident #7 Resident #7 was admitted to the facility on 01/17/2022, with a diagnosis of dementia. Resident #7's record lacked documented evidence an initial Physician Assessment and Placement Determination had been completed. Resident #10 Resident #10 was admitted to the facility on 12/28/2021, with a diagnosis of vascular dementia. Resident #10's record lacked documented evidence an initial Physician Assessment and Placement Determination had been completed. On 04/29/2025 at 2:47 PM, the Wellness Director confirmed an initial Physician Assessment and Placement Determination's had not been completed for Resident #4, #7, or #10, but should have been. Severity: 2 Scope: 2			