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
	8994	A. BUILDING _____ B. WING _____	10/21/2025

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
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 Facility Reported Incident (FRI) investigation, and mandatory regrading survey completed at your facility on 10/21/2025. The facility is licensed for 72 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 31. Eight resident files including two residents of concern and six employee files were reviewed. The facility received a grade of A. There was one FRI investigated. FRI #11538 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the FRI included: Observation of resident-to-resident interactions and interactions between staff and residents in the common areas of the facility. Interviews were conducted with a Caregiver, the Resident Care Coordinator, and the Administrator. Clinical Record Review of eight records, which included the residents of concern, consisted of physical examinations, health and services evaluations, service plans, physician notification forms, progress notes, pharmacist medication reviews, incident logs and incident reports. Document Review included facility policy and procedures related to abuse investigations and reporting. The following regulatory deficiencies were identified:			
Y 0074		Y 0074	Business Office Director will have all new	10/21/202

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SS= D	1. An applicant for a license to operate a facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day, residentialfacility for groups or home for individual residential care must receivetraining to recognize and prevent the abuse of older persons before a licenseto operate such a facility, agency or home is issued to the applicant. If anapplicant has completed such training within the year preceding the date of theapplication for a license and the application includes evidence of thetraining, the applicant shall be deemed to have complied with the requirementsof this subsection. 2. A licensee who holds alicense to operate a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home for individualresidential care must annually receive training to recognize and prevent theabuse of older persons before the license to operate such a facility, agency orhome may be renewed. 3. If an applicant orlicensee who is required by this section to obtain training is not a naturalperson, the person in charge of the facility, agency or home must receive thetraining required by this section. 4. An administrator or otherperson in charge of a facility for intermediate care, facility for skillednursing, agency to provide personal care services in the home, facility for thecare of adults during the day, residential facility for groups or home forindividual residential care must receive training to recognize and prevent theabuse of older persons before the facility, agency or home provides care to aperson and annually thereafter. 5. An employee who willprovide care to a person in a facility for intermediate care, facility forskilled nursing, agency to provide personal care services in the home, facilityfor the care of adults during the day,		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 10/21/2025 using Staff Records Checklist. Employee #1 completed Elder Abuse training on 10/21/25 and is located in employee file.	5

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	residential facility for groups or homefor individual residential care must receive training to recognize and preventthe abuse of older persons before the employee provides care to a person in thefacility, agency or home and annually thereafter. 6. The topics of instructionthat must be included in the training required by this section must include,without limitation: (a) Recognizing the abuse ofolder persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; (b) Responding to reports ofthe alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091to 200.50995,inclusive; and (c) Instruction concerning thefederal, 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, agenciesto provide personal care services in the home, facilities for the care ofadults during the day, residential facilities for groups or homes forindividual residential care, as applicable for the person receiving thetraining. 7. The facility forintermediate care, facility for skilled nursing, agency to provide personalcare services in the home, facility for the care of adults during the day,residential facility for groups or home for individual residential care isresponsible for the costs related to the training required by this section. 8. The administrator of afacility for intermediate care, facility for skilled nursing or residentialfacility for groups who is licensed pursuant to chapter 654 ofNRS shall ensure that each employee of the facility who provides care toresidents has obtained the training required by this section. If anadministrator or employee of a			

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	facility or home does not obtain the trainingrequired by this section, the Division shall notify the Board of Examiners forLong-Term Care Administrators that the administrator is in violation of thissection. 9. The holder of a license tooperate a facility for intermediate care, facility for skilled nursing, agencyto provide personal care services in the home, facility for the care of adultsduring the day, residential facility for groups or home for individualresidential care shall ensure that each person who is required to comply withthe requirements for training pursuant to this section complies with suchrequirements. The Division may, for any violation of this section, takedisciplinary action against a facility, agency or home pursuant to NRS 449.160and 449.163. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure initial elder abuse prevention training was completed timely for 1 of 6 sampled employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as a Medication Technician on 09/01/2025. Employee #1's personnel record included elder abuse prevention training completed on 12/22/2022. Employee #1's personnel record lacked documented evidence of elder abuse prevention training was completed upon hire.			

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	On 10/21/2025 at 11:49 AM, the Business Office Manager verbalized all employees were required to complete elder abuse prevention training upon hire. The Business Office Manager confirmed Employee #1 lacked initial elder abuse prevention training completed. Severity: 2 Scope:1			
Y 1700 SS= D	**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 conduct an assessment of the condition and needs of a resident of the facility	Y 1700	Wellness Director will assure all new resident move-ins will have completed State required paperwork to include documented evidence of initial placement determination and will oversee monthly audit to assure each new resident completes annual required paperwork. Executive Director to monitor through QA process. Resident #2 initial placement determination was completed and fixed on 10/29/25 and placed in chart.	10/29/2025

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	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			

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	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 clinical record review and interview, the Administrator failed to ensure an initial Physician Placement Determination was accurate prior to admitting a resident to the facility for 1 of 6 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 08/12/2025, with a diagnosis of vascular dementia. Resident #2's clinical record documented an initial placement determination completed on 08/12/2025, indicating the resident required Skilled Nursing care.			

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	On 10/21/2025 at 10:36 AM, the Administrator verbalized the Wellness Director was to review the documents for the resident prior to admission and the Administrator would sign off on all documents. The Administrator confirmed Resident #2's record documented a physician placement determination indicating the resident required Skilled Nursing Care. On 10/21/2025 at 11:49 AM, the Business Office Manager confirmed the facility did not have an appropriate physician placement determination for Resident #2. Severity: 2 Scope: 1			