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 _____	**07/16/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL PALACE	**3131 ROSANNA ST, LAS VEGAS, NEVADA ,89117**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation completed at your facility on 07/16/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Seven resident files and four employee files were reviewed. The facility received a grade of D. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00074351 could not be substantiated. The investigation into the complaint included: Observations of the lunch meal and medication administration. Interviews with Caregivers and the Administrator. Clinical Record Review of residents, including the resident of concern and employees. Document Review of facility policies and procedures and resident Medication Administration Records. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS MIRANDO Title: ADMINISTRATOR Date: 12/28/2025

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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0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation, document review and interview, the facility failed to maintain a complete and accurate Staffing Schedule. Findings include: On 07/16/25 at 9:50 AM, observed the posted July 2025 Staffing Schedule. The schedule was handwritten, and names were written on some days of the July 2025 schedule. No one was listed to be on duty 07/15/25 or 07/16/25. There were no work shift entries from 07/08/25 - 07/10/25 and 07/15/25 - 07/30/25, and there were no work hours or AM/PM/Night shifts on the schedule. On 07/16/25 in the morning, the Caregiver confirmed the Staffing Schedule was not filled in with work shifts. Severity: 1 Scope: 3	0088	New staffing schedules have been created for October 2025 and will be posted monthly going forward. New Administrator and/or Designee will create, review and post publicly to ensure appropriate staffing for all shifts and current month schedule will be posted going forward. Any changes to staffing will be documented and posted going forward.	10/28/2025

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0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees had pre-employment physical examinations and/or two-step tuberculin (TB) tests before providing services to residents. (Employee #3 and #4) Findings include: Employee #3 (E3) E3 had a start date of 07/08/25 as a Caregiver. E3's record lacked documented evidence of a pre-employment physical examination. E3 had a one-step TB test with a read date of 12/20/24 and a negative result. E3's record lacked documented evidence of a second step TB test. Employee #4 (E4) E4 had a start date of 07/01/25 as a Caregiver. E4's record lacked documented evidence of a pre-employment physical examination and a two-step TB test. The facility July 2025 Staffing Schedule documented E3 and E4 were on the schedule multiple times. On 07/16/25 in the morning, the Administrator acknowledged the missing physical examinations and TB test for E3 and E4. Severity: 2 Scope: 2	0102	New Administrator and/or Designee reviewed all current files to ensure new hire physicals and TB tests are completed prior to employees start date. Employee #3 is no longer employed. Administrator and/or Designee will ensure all new hires going forward have physicals and two step TB tests or Quantiferon blood tests prior to start date.	10/28/2025

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior and exterior of the facility was maintained. Findings include: On 07/16/25 at 9:00 AM, observed the following inside and outside of the facility: In the backyard - excessive weeds in the rocks, dead palm tree fawns, overgrown/dead tree branches, a torn up black window screen leaning on the side of the house, miscellaneous five gallon pots, other pieces, poles, wood slab, five empty Ensure bottles along the back wall of house, more empty Ensure bottles along the side wall of house, multiple large wood pieces, a water hose laying across the rocks, an unidentified large black sheet curled over gardening tools next to the AC unit, multiple (more than 5) bed frames, headboards and mattresses up against the wall in the back yard at the gate and more behind the trash cans, a disconnected washing machine by the side door and miscellaneous trash scattered in the yard. In the front yard there was overgrown weeds throughout. In the garage, miscellaneous objects were in disarray, tools, paint materials, baskets, open boxes, tools, etc. In the living room, there was a mattress standing upright, a mattress frame, wheelchair, Hoyer lift, O2 concentrator and floor mats, all standing up against one wall of the living room. On 07/16/25 in the morning, the Administrator and a Caregiver confirmed the observations and the Administrator indicated the mattress and bedframe in the living room had just been placed there from a resident move. Severity: 2 Scope: 3 This was a repeat deficiency from the 03/26/25 State Licensure complaint investigation.	0178	All items were removed/disposed of by 10/28/2025. New Administrator and/or Designee will monitor weekly or monthly as needed going forward to ensure compliance with interior and exterior potential safety or sanitation issues.	10/28/2025

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0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 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.; Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 7 residents had an initial and/or annual person-centered service plan (PCP). (Resident #1, #2, #3, #4, #6 and #7) Findings include: Resident #1 (R1) R1 was admitted on 01/31/23 with primary diagnoses including senile degeneration of brain, congestive heart failure and chronic obstructive pulmonary disease. R1's record documented a PCP dated 04/04/24. R1's record lacked documented evidence of an annual 2025 PCP. Resident #2 (R2) R2 was admitted on 03/28/25 with primary diagnoses including non-Hodgkin's lymphoma, Type II diabetes and anxiety disorder. R2's record lacked documented evidence of an initial PCP. Resident #3 (R3) R3 was admitted on 04/14/25 with primary diagnoses including hypertension, GERD and a pacemaker. R3's record lacked documented evidence of an initial PCP. Resident #4 (R4) R4 was admitted on 02/26/25 with diagnoses including heart failure, Type II diabetes and peripheral vascular disease. R4's record lacked documented evidence of an initial PCP. Resident #6 (R6) R6 was admitted on 01/19/19 with primary diagnoses including prostate cancer and post right femoral leg fracture. R6's record documented a PCP dated 03/26/24. R6's record lacked documented evidence of an annual 2025	0515	New Personal Service Plans will be updated/completed for all existing Residents by 12/30/2025 by Administrator and/or Designee. Any new Residents moving in will have initial personalized service plans, annually and for any change of condition going forward by the Administrator and/or Designee. Resident #1 is no longer a Resident as of 9/8/2025.	12/30/2025

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	PCP. Resident #7 (R7) R7 was admitted on 05/19/25 with primary diagnoses including chronic kidney disease Stage III, Type II diabetes and chronic obstructive pulmonary disease (COPD). R7's record lacked documented evidence of an initial PCP. On 07/16/25 at 10:25 AM, the Administrator confirmed the missing initial and/or annual PCPs for R1, R2, R3, R4, R6 and R7. Severity: 2 Scope: 3			
0878 SS= F	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in	0878	New Administrator and/or Designee reviewed all current resident medications, orders and documentation to ensure compliance. Any issues will be corrected by 11/05/2025 or sooner. All staff at time of July survey are no longer employed at the home. Administrator and/or Designee will review resident medications, orders and documentation on a daily/weekly basis as needed to ensure compliance going forward. New medication policies were implemented by new Administrator and staff was trained on these on 12/26/2025 as well as refresher on NAC 449.2742 on 12/26/2025.	12/26/2025

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	the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, document review, record review and interview, the Administrator failed to ensure: 1) Medications were administered as ordered for 2 of 7 residents (Resident #3 and #4); 2) A medication package had a change label on the package for 2 of 7 residents (Resident #2 and #3); 3) There were physician orders for medications for 3 of 7 residents (Resident #2, #3 and #5); 4) There were resident and physician names on over-the-counter medications for 2 of 7 residents (Resident #1 and #5); and 5) Medications were on site to administer for 1 of 7 residents (Resident #4). Findings include: Resident #1 (R1) R1 was admitted on 01/31/23 with primary diagnoses including senile degeneration of brain, congestive heart failure and chronic obstructive pulmonary disease. On 07/16/25 in the morning, review of medications for R1 revealed a bottle of Vitamin B12 and Aspirin 81 milligrams (mg) in R1's medication bin. There was no resident name or physician name on the bottles. On 07/16/25 at 12:25 PM, the Administrator confirmed there was no resident or physician name on the bottles of Vitamin			

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	B12 and Aspirin for R1. Resident #2 (R2) R2 was admitted on 03/28/25 with primary diagnoses including non-Hodgkin's lymphoma, Type II diabetes and anxiety disorder. A 06/28/25 physician order for Melatonin 5 milligrams (mg) take 2 soft gels at bedtime. The medication package, dispensed on 06/25/25 read 10 mg, take 1 tablet at bedtime. The medication package did not have a change label on it. A 06/28/25 physician order for Duloxetine 30 mg take 1 capsule twice daily. The medication package dispensed on 07/07/25 read 1 capsule once daily. The medication package did not have a change label on it. Review of medications for R2 revealed a bottle of One a Day Men's 50 in R2's medication bin. The medication was not documented on the July 2025 MAR and was not listed on the medication review completed on 06/28/25. Resident #3 (R3) R3 was admitted on 04/14/25 with primary diagnoses including hypertension, GERD and a pacemaker. On 07/16/25 in the afternoon, observed a package of Vitamin D3 2000 IU labeled take 1 capsule daily. The medication was dispensed on 07/03/25. It appeared none of the medication from the bubble pack had been administered and the July 2025 Medication Administration Record (MAR) had not been documented as administered. A physician order dated 07/16/25 for Buspirone 5 mg take 1.5 tablet twice daily. The July 2025 MAR documented Buspirone 5 mg take ½ tablet twice daily. The medication package read Buspirone 7.5 mg take 1 tablet twice daily. There was no change label on the Buspirone and the Buspirone and Vitamin D3 were not being administered as prescribed. On 07/16/25 at 1:00 PM, the Caregiver confirmed the discrepancies for the Buspirone and reported R3 was being administered ½ tablet twice daily and ½ tablet was administered this AM. The Caregiver confirmed the observation of the Vitamin D3. Resident #4 (R4) R4 was admitted on 02/26/25 with diagnoses			

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	including heart failure, Type II diabetes and peripheral vascular disease. A review of the July 2025 MAR revealed an entry for Lorazepam Concentrate 2 mg/milliliters (ml) take 0.25 ml (0.5 mg) under tongue every 4 hours as needed for anxiety. On 07/12/25 at 12:00 PM, the Lorazepam was not on site to administer. The Caregiver confirmed the Lorazepam was not on site. A physician order dated 07/12/25 documented Bactrim DS 800 mg take 1 tablet every 12 hours for 5 days for infection. On 07/16/25 at 12:00 PM, the medication was not on site to administer. The Caregiver confirmed the Bactrim was not on site. A physician order dated 07/12/25 for Sulfamethoxazole/Trimethoprim Double Strength (SMZ/TMP DS) 800-160 mg take 1 tablet every 12 hours for 5 days, 10 tablets. The July 2025 MAR documented the same as the physician order for the SMZ/TMP DS, however there was no documentation the medication was administered more than once a day in the AM. The July 2025 MAR had "BT"(bedtime) written for the medication administration, however there were no entries for administration at that time between 07/12/25 and 07/15/25. On 07/16/25 in the afternoon, the Caregiver confirmed the observation and that the SMZ/TMP DS had only been administered once a day. Resident #5 (R5) R5 was admitted on 10/09/24 with primary diagnoses including heart failure, senile degeneration of brain and anxiety. During review of R5's medications, there was two 1 ounce packages of Vitamin A&D Ointment in R5's medication bin. The medication was listed on the July 2025 MAR. The packages did not have the resident name or physician name on the packages. On 07/16/25 at 1:30 PM, the Caregiver reported the ointment was used 07/16/25 on R5. The facility Medication Policy (undated), documented an adequate supply of the resident's medication would be on hand at the facility ... Individual records would be maintained to ensure each resident had taken the			

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	medication prescribed ... Use of OTC medicines requires written permission from the physician. Severity: 2 Scope: 3			
0885 SS= E	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation and interview, the Administrator failed to ensure medications were not expired and destroyed for 3 of 7 residents. (Resident #1, #4 and #6) Findings include: Resident #1 (R1) R1 was admitted on 01/31/23 with primary diagnoses including senile degeneration of brain, congestive heart failure and chronic obstructive pulmonary disease. On 07/16/25 at 12:20 PM, observed a bottle of Acetaminophen 325 milligrams (mg), dispensed on 04/25/24 with an expiration date noted as 04/25/25 in R1's medication bin. The medication had not been destroyed. On 07/16/25 at 12:25 PM, the Administrator confirmed the expired medication in R1's medication bin. Resident #4 (R4) R4 was admitted on 02/26/25 with diagnoses including heart failure, Type II diabetes and peripheral vascular disease. On 07/16/25 at 11:45 AM, observed the following in R4's medication bin: Insulin Lispro 100 units/milliliters (ml) pen, discard after 28 days. The package was marked as opened on 02/05/25. The medication had not been destroyed. Insulin Glargine 100 units/ml pen, discard after 25 days of initial use. The package was marked as opened on 12/31/24. The medication had not been	0885	New Administrator and Designee reviewed all current resident medications to ensure any medications that are expired are destroyed and was completed by 10/28/2025. Administrator and/or Designee will review all Resident medications regularly to ensure that any expired medications are destroyed and removed and documented.	10/28/2025

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	destroyed. On 07/16/25 at 11:45 AM, the Administrator reported the medications were discontinued on 02/28/25 and confirmed the medications were still in R4's medication bin and should have been destroyed. Resident #6 (R6) R6 was admitted on 01/19/19 with primary diagnoses including prostate cancer and post right femoral leg fracture. On 07/16/25 at 12:25 PM, observed a bottle of Acetaminophen 325 mg, dispensed on 03/08/24 with an expiration date of 03/08/25 in R6's medication bin. The medication had not been destroyed. Severity: 2 Scope: 2			
0895 SS= F	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, document review, record review and interview, the Administrator	0895	New Administrator and Designee reviewed all current resident MARs. Any medications, orders or documentation will be corrected by 11/5/2025. Administrator and/or Designee will review going forward regularly to ensure compliance. New MAR forms with times has been implemented by new Administrator effective 12/1/2025 for all existing and new residents.	12/01/2025

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(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
	failed to ensure the Medication Administration Record (MAR) was complete and accurate for 5 of 7 residents. (Resident #1, #2, #3, #5 and #6) Findings include: On 07/16/25 in the morning, review of the June 2025 MAR and the July 2025 MAR revealed specific administration times were not written on the June 2025 and July 2025 MARs. The administration times were documented as AM, PM, BT, throughout all of the resident's MARs. Resident #1 (R1) R1 was admitted on 01/31/23 with primary diagnoses including senile degeneration of brain, congestive heart failure and chronic obstructive pulmonary disease. A physician order dated 06/11/25, documented Quetiapine 50 milligrams (mg) take 1 tablet twice daily. The medication package dispensed on 07/07/25 was the same as the physician order. The July 2025 MAR reflected 25 mg take 1 tablet twice daily. The July 2025 MAR had not been updated with the new dosage. A physician order dated 06/11/25 for Acetaminophen 325 mg take 2 tablets every 6 hours as needed for pain or fever. The medication package was dispensed on 06/20/25. The medication was not listed on the July 2025 MAR. Hydroxyzine Pamoate 25 mg take 1 capsule at bedtime. The July 2025 MAR did not document the medication as administered on 07/15/25. Docusate Sodium 100 mg take 1 twice daily, hold for loose stool. The July 2025 MAR did not document the medication as administered for the PM doses between 07/01/25 and 07/15/25. There was no notation the medication had been held for loose stool. On 07/16/25 at 12:10 PM, the Administrator confirmed the MAR discrepancies for R1. Resident #2 (R2) R2 was admitted on 03/28/25 with primary diagnoses including non-Hodgkin's lymphoma, Type II diabetes and anxiety disorder. Review of medications for R2 revealed a bottle of One a Day Men's 50 in R2's medication bin. The medication was not listed on the July 2025 MAR. A physician order dated 06/28/25,			

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		A. BUILDING _____ B. WING _____	**07/16/2025**

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	documented Melatonin 5 mg take 2 soft gels at bedtime. The July 2025 MAR documented Melatonin take 2 gels at bedtime. There was no dosage documented on the MAR for the Melatonin. On 07/16/25 in the afternoon, the Administrator confirmed the MAR discrepancy. Resident #3 (R3) R3 was admitted on 04/14/25 with primary diagnoses including hypertension, gastroesophageal reflux disease (GERD) and a pacemaker. A physician order dated 07/16/25 for Buspirone 5 mg take 1.5 tablet twice daily. The medication package read Buspirone 7.5 1 tablet twice daily. The July 2025 MAR documented Buspirone 5 mg ½ tablet twice daily. The July 2025 MAR did not reflect the current dosage of the Buspirone 5 mg take 1.5 tablet twice daily. A physician order and medication package of Mirtazapine 15 mg take 1 tablet at bedtime. The July 2025 MAR did not document the administration of the Mirtazapine between 07/11/25 and 07/15/25. Resident #5 (R5) R5 was admitted on 10/09/24 with primary diagnoses including heart failure, senile degeneration of brain and anxiety. A physician order dated 06/03/24, documented Oxycodone Hydrochloride 10 mg take 1 every 6 hours as needed for pain. The last package containing the medication was dispensed on 06/25/25. The medication was not listed on the July 2025 MAR. A physician order dated 09/29/23, documented Promethazine 12.5 mg take 1 tablet every 6 hours as needed for nausea and vomiting. The last package containing the medication was dispensed on 06/25/25. The medication was not listed on the July 2025 MAR. Resident #6 (R6) R6 was admitted on 01/19/19 with primary diagnoses including prostate cancer and post right femoral leg fracture. On 07/16/25 at 9:30 AM, no 07/16/25 AM medications were documented as administered for R6. The Caregiver confirmed the observation and explained the documentation for the morning medication administration had not			

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	been completed yet, but all residents had received the 07/16/25 AM medications. A physician order documented Carvedilol 6.25 mg take 1 tablet twice daily. Two packages of Carvedilol with the same order were dispensed on 07/07/25. The MAR documented Carvedilol 3.125 mg take 1 twice daily for heart. On 07/16/25 at 1:30 PM, the Caregiver confirmed the MAR had not been updated for the physician order. The facility's Medication Policy (undated), documented individual records would be maintained to ensure each resident had taken the medication prescribed. Severity: 2 Scope: 3			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure medications were secure. Findings include: On 07/16/25 at 9:31 AM, during an interview with a resident, observed a plastic cup with a green top and 6-7 pills inside of it. The	0920	New Administrator reviewed medication procedures with new staff to ensure compliance with securing medications and proper medication administration per policy on 10/25/2025. Administrator and/or Designee will monitor as needed to ensure compliance going forward.	10/28/2025

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	plastic top had AM written on the top of the cap. The covered plastic cup was sitting on a breakfast tray on a bedside table next to the resident. The resident's breakfast was also on the tray. On 07/16/25 at 9:31 AM, the resident confirmed the plastic up had their medications in it for them to take. On 07/16/25 at 9:31 AM, there was no Caregiver in the room actively administering medications to the resident. On 07/16/25 in the afternoon, the facility's Medication Policy documented: ...Medication shall not be left at the resident's bedside or in cups by the meal. Each medication must be given directly to the resident from the original container and taken at the time to assure the correct documentation of medication taken... All medications will be kept in a locked cabinet and protected from unauthorized use ... The facility's Medication Policy in the resident admission packet, documented all prescribed and and over the counter medications would be kept in a locked area in their original containers. Residents would not be allowed to keep medications in their rooms ... The resident's Ultimate User Agreement documented, the resident gives permission for the Administrator or staff of the facility to store their medication in a locked area in the facility. On 07/16/25 in the morning, the Caregiver reported there were supposed to be no medications in the resident rooms, and all medications were locked in a cabinet. Severity: 2 Scope: 3			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 residents had a complete tuberculin (TB) test, per the requirements. (Resident #4) Findings include: Resident #4 (R4) R4 was admitted on 2/26/25 with diagnoses including heart failure, Type II diabetes and peripheral vascular disease. R4's record documented a one-step TB test with a read date of 02/26/25 and a negative result. R4's record lacked documented evidence of a second step TB test. On 07/16/25 at 11:00 AM, the Administrator confirmed the missing TB test for R4 and acknowledged there should have been a complete two-step TB test for R4. Severity: 2 Scope: 1	0936	Resident R4 no longer at the home. New Administrator and/or Designee reviewed all other resident files for compliance. Administrator and/or Designee will monitor all new resident move ins going forward to ensure compliance with Tb tests.	10/25/2025
0938 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	0938	All current resident files were reviewed and updated as needed for current ADL Assessments as of 10/28/2025. All new and existing residents will be monitored by new Administrator and/or Designee to ensure ADL Assessments are completed upon move in and per regulation going forward. New ADL form for Resident #3 has been updated as of 11/27/2025. According to records, Resident #7 was discharged on 6/15/2025.	11/27/2025

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	information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 7 residents had an initial Activities of Daily Living (ADLs) Assessment at the time of admission. (Resident #2, #3, #4, #5 and #7) Findings include: Resident #2 (R2) R2 was admitted on 03/28/25 with primary diagnoses including non-Hodgkin's lymphoma, Type II diabetes and anxiety disorder. R2's record documented an ADL Assessment dated 06/27/25, three months after admission. Resident #3 (R3) R3 was admitted on 04/14/25 with primary diagnoses including hypertension, GERD and a pacemaker. R3's record documented an ADL Assessment dated 06/27/25, two months after admission. Resident #4 (R4) R4 was admitted on 02/26/25 with diagnoses including heart failure, Type II diabetes and peripheral vascular disease. R4's record documented an ADL Assessment dated 06/27/25, four months after admission. Resident #5 (R5) R5 was admitted on 10/09/24 with primary diagnoses including heart failure, senile degeneration of brain and anxiety. R5's record lacked documented evidence of an ADL Assessment until 06/24/25, eight months after admission. Resident #7 (R7) R7 was admitted on 05/19/25 with primary diagnoses including chronic kidney disease Stage III, Type II diabetes and chronic obstructive pulmonary disease (COPD).			

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	R7's record lacked documented evidence of an ADL Assessment. On 07/16/25 in the afternoon, the Administrator acknowledged the late and/or missing ADL Assessments for R2, R3, R4, R5 and R7. Severity: 2 Scope: 3			
0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure door alarms were activated. Findings include: On 07/16/25 at 9:05 AM, during a tour of the facility, the alarm from the back door to the yard and the alarm on the laundry door and garage door to the outside were not activated. On 07/16/25 in the morning, the Caregiver confirmed the observations and verbalized the door alarms worked and should have been active. Severity: 2 Scope: 3	0991	All exit door alarms were checked and repaired/replaced by 10/28/2025. New Administrator and/or Designee will monitor regularly to ensure compliance going forward with alarms in full working order at all times.	10/28/2025