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
	9907	A. BUILDING _____ B. WING _____	05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY OF GOLDEN AGES	**2680 MARGARET DR., RENO, NEVADA ,89506**

(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 a State Licensure annual grading survey conducted at your facility on 05/19/2025. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Groups beds for elderly and disabled persons, and/or Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. The facility received a grade of D. 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. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ERNESTO BELTEJAR JR.	Title: ADMINISTRATOR	Date: 11/03/2025

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review, personnel record review and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protective supervision to residents. Findings include: Please see TAGs Y0065, Y0074, Y0104, Y0106, Y0178, Y0179, Y0252, Y0450, Y0515, Y0644, Y0859, Y0870, Y0872, Y0878, Y0895, Y0920, Y0923, Y0938, Y0950, Y1035, Y1010, Y1600, and Y1700. Severity: 2 Scope: 3	0050	1. On May 25, 2025 After the Facility got a grade of D and with all the citations and deficiencies. Administrator had asked another Administrator to do a 4 hour retraining course regarding Managing AGC - Facility's Policies and Procedures. The training encompasses the entire Facility management and operations - it's residents, employees, medications, food and the environment. see attachment 1 2. After the training, May 30, 2025 the Administrator inspected and monitored the facility. Employee 3 sees to it that everything: the residents, employees, files, MAR, and environment are updated and in compliance. Employee 3 will do this every 15th and 30th of the month. 4. In Employee 3's absence employee 4 - will do the monitoring.	09/10/2025

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees received eight hours of annual caregiver training (Employee #3). Findings include: Employee #3 Employee #3 was hired on 09/19/2019 as the Administrator. Employee #3's personnel record included documentation the employee completed eight hours of caregiver training in 2023. The record lacked documented evidence Employee #3 completed 8 hours annual caregiver training in 2024 or 2025. On 05/19/2025 at 4:32 PM, the Medication Technician/ Manager acknowledged Employee #3's missing caregiver training and was unable to provide documentation indicating the eight hours of annual training had been completed. Severity: 2 Scope: 1	0065	1. On May 20, 2025 - As soon as the Administrator -learned about employee 3's missing 8 hours caregiver training in 2024 and 2025. Employee 3 instructed employee 2 to go to the other folders in the cabinet, as employee 3 already submitted this before and instructed employee 2 to file those in employee 3's folder. It turn out that all employee 3's current files was kept in another manila folder and was not filed. Employee 3 instructed employee 2-manager to placed all employee 3 current records in employee 3 file. see attachments. 2. On May 26, 2025 after the Administrator got a retraining course on 5/25/25 - Employee 3 then gave a retraining course to employee 2 (manager) regarding Facility's Record keeping - policies and procedures. see attachment no. 2 3. On May 30, 2025 Administrator inspected and monitor all the files of the facility. Employee 3 made sure that all employee files, resident files, MAR and other files are updated and in compliance and in proper folders. After that Employee 3 will continue monitoring the files every 15th and 30th of the month. 4. In Employee 3's absence, employee 4 will do the file monitoring.	09/10/2025
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of	0074	1. On May 20, 2025, as soon as the Administrator learned about employee 3's	09/10/2025

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	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 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		missing elder abuse training in 2024 & 2025. Employee 3 instructed employee 2 to go to other folders in the cabinet, as Employee 3 already submitted this before and instructed employee 2 to file those in employee 3's folder. It turn out that all current files (employee 3) was kept in another manila folder and was not filed. Employee 3 instructed employee 2-manager to place all employee 3's current records in employee 3's file. see attachment. It also happened with Employee 2. Employee 2's recent trainings and record was not filed and was in another manila folder. Administrator orders employee 2 to file it in employee 2's employee file. see attachment 2. On May 26, 2025 after the Administrator got a retraining course on 5/25/25-Employee 3 then gave a retraining course to employee 2 (manager) regarding Facility's Record Keeping - policies and procedures. see attachment 3. On May 30, 2025 Administrator inspected and monitor all the files of the facility. Employee 3 made sure that all employee files, resident files, MAR and other files are updated and in compliance and in proper folders. Employee 3 will continue monitoring the files every 15th and 30th of the month. 4. In Employee 3's absence, employee 4 will do the monitoring.	

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	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 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			

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	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 Administrator failed to ensure 2 of 3 employees (Employee #2 and #3) completed annual elder abuse training. Findings include: Employee #2 Employee #2 was hired on 05/05/2023, as a Medication Technician (MedTech)/ Manager. Employee #2's personnel record documented elder abuse training was completed on 03/06/2024. The record lacked documented evidence of elder abuse training completed for 2025. Employee #3 Employee #3 was hired on 09/19/2019, as the Administrator. Employee #3's personnel record documented elder abuse training was completed on 01/21/2023. The record lacked documented evidence of elder abuse training completed for 2024 or 2025. On 05/19/2025 at 4:32 PM, the MedTech/Manager confirmed Employee #2 and #3's personnel records lacked documented evidence of current elder abuse training. Severity : 2 Scope : 3			

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees (Employee #1) initiated the background check process within the required timeframe. Findings include: Employee #1 Employee #1 was hired on 01/22/2024, as a Caregiver. On 05/19/2025, Employee #1's personnel record lacked a criminal history statement and a Nevada Automated Background Check System (NABS) Notification of Clearance letter. The record included a NABS final registry results form for the facility being surveyed. The form indicated the information was submitted and current as of 08/31/2024. On 05/19/2025 at 4:44 PM, the Medication Technician (MedTech)/ Manager was unable to locate a criminal history statement in the record and acknowledged Employee #1's personnel record documented Employee #1's background check process was not started within the required timeframe. The MedTech/Manager verbalized the facility was notified the employee had to resubmit fingerprints and was unsure of the reason. A review of the NABS online record for Employee #1 revealed a Notification of Clearance was issued 10/01/2024 and was valid through 10/01/2029. Severity : 2 Scope: 1	0104	1. On May 19, 2025 Administrator asked employee 1 to fill up Criminal History Statement - explained to employee 1 - its importance and as the requirements for employee 1 as an employee of the facility. see attachment 1 2. Administrator also printed employee 1's Notice of Clearance in the NABS system and placed it in employee 1 file. see attachment 2. 3. May 25, 2025 Administrator got a 4 hour refresher course from another administrator: Managing Adult Groupcare - Policies and Procedures. see attachment no. 3 4. May 26, 2025 Administrator also gave employee 2 a retraining course regarding Facility's Record Keeping - requirements, policies and procedures. see attachment no. 4 5. On May 30, 2025 Administrator inspected and monitored all the files of the facility. Employee 3 made sure that all employee files, resident files, MAR and other files are updated and in compliance and in proper and right folders. After that Employee 3 will continue monitoring the files every 15th and 30th of the month. 6. In Employee 3's absence, employee 4 will do the monitoring.	09/10/2025

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0106 SS= F	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 personnel record review and interview, the facility failed to ensure cardiopulmonary resuscitation (CPR) retraining was completed for 2 of 3 employees (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired as a Medication Technician (MedTech)/ Manager on 05/05/2023. Employee #2's personnel record included CPR training completed on 02/06/2023, the training was valid for two years. The record lacked documented evidence of current CPR training. Employee #3 Employee #3 was hired as the Administrator on 09/19/2019. Employee #3's personnel record included CPR training completed on 02/05/2022, the training was valid for two years. The record lacked documented evidence of current CPR training. On 05/19/2025 at 4:30 PM, the MedTech/Manager, who was also the facility's designee in the absence of the Administrator, confirmed the MedTech/Manager and the Administrator did not have documentation of current CPR training. The MedTech/Manager verbalized CPR was supposed to be completed within 10-15 days of starting employment, confirmed Employee #1's employment began in January 2024 and confirmed initial CPR training was completed late. Severity: 2 Scope: 3	0106	1. On May 20, 2025 Administrator asked employee 2 to get employee 2 CPR Training but employee 2 was scheduled at a later date. Employee 2 got employee 2 certification on 7/23/2025. see attachment no. 1 2. As for the CPR Training of Employee 3 - Employee 3 instructed employee 2 to go to the other folders in the cabinet as Employee 3 already submitted this before and instructed employee 2 to file it in employee 3's folder. It turn out that all employee 3's current files was kept in another manila folder and was not filed. Administrator instructed then employee 2 to file employee 3's CPR training in employee 3's file. see attachment no. 2 3. To avoid repeat deficiency - On May 25, 2025 Administrator got a 4 hour retraining seminar from another Administrator regarding Managing Adult Groupware - Facility's Policies and Procedures. In the seminar -it teaches us how to monitor all files and supervising employees regarding record keeping. 4. On May 26, 2025 Administrator also retrained employee 2 regarding Facility's Record Keeping - Policies and Procedures. see attachment no. 4 5. May 30, 2025, Administrator inspected and monitor all the files of the facility. Employee 3 made sure that all files - employee, residents, MAR and other files are updated, in compliance and in proper folders. After that Employee 3 will continue monitoring the files every 15th and 30th of every month. 6. In Employee 3's absence employee 4 will do the monitoring.	09/10/2025

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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 exterior of the facility and landscaping were clean and well-maintained. Findings include: On 05/19/2025 at 10:53 AM, during a tour of the exterior of the facility, the following were observed: -An accumulation of greater than 40 cigarette butts on the ground near a patio on the front of the building. -A bookshelf and bed frame were on the ground on the side of the building. -Several cardboard boxes stacked next to the building and scattered on the ground. -An accumulation of trash including plastic bottles and bags near the detached garage. -Weeds with sharp, barbed burrs covering large areas of ground in front of the building and detached garage. -A door leading from a hallway to the backyard did not seal when closed, with sunlight visible around the edge of the door. On 05/19/2025 at 11:08 AM, the Medication Technician (MedTech)/ Manager confirmed the findings noted above. Severity : 2 Scope: 3	0178	1. On May 23, 2025 Administrator asked employee 2 to clean the following: a. front of the building - ground near the patio makes sure that it is cleaned, swept and no cigarette butts. (see attachment no. 1) b. side of the building - bed frame and bookshelf and cardboard boxes removed, cleaned and swept. (see attachment no. 2) c. ground near the detached garage - trash, plastic bottles, and bags removed, cleaned and swept. (see attachment no. 3) d. front yard and near detached garage - weeds with sharp, barbed burrs removed, cleaned and swept. (see attachment no. 4) e. Door leading to the backyard - fixed and made sure that if is sealed when closed. (see attachment no. 5) 2. On May 25, Administrator got a retraining course from another Administrator - Managing Adult Groupware. Facility's Policies and Procedures. see attachment no. 6 3. MAY 30, 2025 Administrator visited the facility and inspected the whole environment of the facility. The front side, detached garage, front yard and backyard. Employee 3 made sure that there are no furnitures, garbage filing up and no weed grown. employee 3 instructed also employee 1 to swept and placed an ashtray outside - so that residents will use the ashtray instead of throwing cigarette butts on the ground. Employee 3 made sure that the environment of the facility is safe, clean, no tripping hazards, things to be repaired had been repaired, things to be replaced had been replaced. Employee 3 will do the environment inspection every 30th of the month. 4. In employee 3's absence, employee 4 will do the monitoring.	09/10/2025

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0179 SS= D	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure all windows capable of being opened in the facility were screened to prevent the entry of insects. Findings include: On 05/19/2025 at 10:53 AM, during a tour of the exterior of the facility, two windows lacked a screen. On 05/19/2025 at 11:08 AM, the Medication Technician/Manager confirmed the two windows lacked screens. Severity : 2 Scope: 1	0179	1. On may 27, 2025 all windows off the facility had been inspected and two windows that needed a screen had been placed. see attachment 2. May 30, 2025 Administrator visited the facility and inspected the whole environment of the facility including the installed screens of all the windows. 3. Administrator will do a scheduled monthly inspection of the environment facility. Employee 3 will make sure that all things that needed replacement needs to be replaced. Employee 3 will do this every 30th of every month. 4. In Employee 3's absence employee 4 will do the monitoring.	09/10/2025

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0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to discard expired food. Findings include: On 05/19/2025 at 10:34 AM, during an inspection of the facility's kitchen, the following items were found in various cabinets: -An open bottle of barbeque sauce, with approximately half the contents remaining in the bottle. The label included instructions to refrigerate after opening. -A plastic container with dry cereal inside. The container lacked information identifying the contents inside the container, the date opened, and the expiration date. -An open container of parmesan cheese. The label included instructions to refrigerate after opening and the expiration date printed on the container was 03/22/2024. The Medication Technician (MedTech)/ Manager and the Caregiver confirmed the barbeque sauce and parmesan cheese should have been stored in the refrigerator after opening. The MedTech/Manager and the Caregiver confirmed the container of dry cereal lacked information related to the contents inside the container, the date opened, and the expiration date. On 05/19/2025 at 10:43 AM, the following items were found in the dry storage (pantry): -One can of pasta sauce - meat flavored. The best by date printed on the can was 03/20/2025. -One can of pasta sauce - garlic and herb. The best by date printed on the can was 11/22/2024. -One can of cream of chicken condensed soup. The best by date printed on the can was 03/21/2025. - One can of vegetable beef soup. The best by date printed on the can was 09/08/2024. On 05/19/2025 at 10:49 AM, the MedTech/ Manager confirmed the expiration date/best by date on the items listed above had passed and the items should have been discarded. Severity : 2 Scope : 3	0252	1. On May 20, 2025 Administrator inspected the kitchen, kitchen cabinets and pantry of the facility. Employee 3 instructed employee 1 to do the following: - inspect the pantry check the labels of the inventory and made sure that they are not expired. All food items that are found expired such as a can of pasta sauce and a can of cream of chicken soup has to be discarded. - cabinets in the kitchen has to be cleaned and all open food items has to be labeled and refrigerated if needed. see attachments 1 2. On May 26, 2025 Administrator gave a retraining seminar for employee 1 regarding Facility's Food: Planning, Preparation and Storage. In the seminar, It tackles, food inventory stocking - frozen and dry, labeling, menu, preparation, serving and storage. See attachment no. 2 3. On May 30, 2025 Administrator inspected the kitchen, kitchen cabinets, pantry, menu, food preparation and serving. Employee 3 made sure that all food items in the pantry are stacked neatly and not expired, open food items are placed in a labeled container with the name and expiration. Employee 3 will do this on a bi-weekly basis - every 15th and 30th of the month. 4. In Employee 3's absence employee 4 will do the monitoring.	09/10/2025

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees acquired cardiopulmonary resuscitation (CPR) training within 30 days of hire. (Employee #1). Findings include: Employee #1 Employee #1 was hired on 01/22/2024 as a Caregiver. Employee #1s personnel record documented CPR training dated 05/29/2024, beyond 30 days of hire. On 05/19/2025 at 4:42 PM, the Medication Technician/ Manager verbalized CPR training was supposed to be done within 10-15 days of starting employment. The Medication Technician/ Manager confirmed Employee #1's personnel record lacked documented evidence CPR training was completed within 30 days of hire and was unable to provide the documentation. Severity: 2 Scope: 1	0450	1. On May 20, 2025 Administrator reviewed all the files of the employee and the residents. employee 3 made sure that after employee 1 citation of non-compliance (Late CPR & FIRST AID TRAINING AFTER HIRE) that all facility files are updated and in compliance. 2. On May 25, 2025 to refreshen Employee 3's knowledge regarding over-all facility's policies and procedures. Employee 3 had asked the assistance of another Administrator to retrain employee 3 regarding Facility's Policies and Procedures that includes - requirements, policies and maintenance of records of the facility. see attachment no. 1 3. On May 26, 2025 Administrator trained employee 2 (manager) of the facility regarding Facility Record keeping - its requirements, policies and procedures. see attachment 2 3. On May 30, 2025 Administrator monitors the files and records of the facility. Employee 3 made sure that all files are current, updated and in compliance. Employee 3 will do this every 15th and 30th of the month. 4. In Employee 3's absence employee 4 will do the monitoring.	09/10/2025

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0515 SS= E	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 interview and record review, the facility failed to annually review person-centered service plans for 2 of 5 residents (Residents #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 08/21/2023, with diagnoses including hypertension, type two diabetes mellitus, and schizophrenia. Resident #1's record contained a person-centered service plan dated 08/21/2023. Resident #1's record lacked documented evidence of an annual review of the resident's service plan. Resident #2 Resident #2 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident with right sided hemiparesis and hypertension. Resident #2's record contained a person-centered service plan dated 10/20/2023. Resident #2's record lacked documented evidence of an annual review of the resident's service plan. On 05/19/2025 at 3:38 PM, the Medication Technician (MedTech)/ Manager confirmed the person-centered service plan for Resident #4 was completed the day after the resident was admitted to the facility and acknowledged the person-centered service plans for Residents #1 and #2 had not been reviewed annually as required. Severity : 2 Scope: 3	0515	1. On May 20, 2025 Administrator asked employee 2 to make and review Person Centered Service Plan for Resident 1 and 2. Administrator emphasized to employee 2 the importance of having an annual review of the resident's Person Centered Service Plan. This will serve as the Facility's basis for their individual ADL's so that facility can give proper daily care assistance to each residents and provide the utmost care for the residents tailored for its individual needs and wants. Employee 2 agreed - see attachment 1 & 2 2. On May 26, 2025 To avoid repeat deficiency administrator retrained employee 2 regarding: Facility's Recordkeeping. Its requirements Policies and procedures. In the seminar it tackles the records necessary the Facility should have when admitting residents. Monitoring the files daily, weekly, monthly, 6 months and on a yearly basis. see attachment no. 3 3. On May 30, 2025 Administrator inspected and monitor all the files of the facility. Employee 3 made sure that all employee files, resident files, MAR and other files are updated and in compliance and in proper folders. After that Employee 3 will continue monitoring the files every 15th and 30th of the month. 4. In employee 3's absence, employee 4 will do the monitoring.	09/11/2025

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0644 SS= C	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the Administrator failed to ensure the current facility license was posted in a conspicuous place. Findings include: On 05/19/2025, during an initial tour of the facility, the facility license posted had an effective date of 01/01/2023, and an expiration date of 12/31/2023. On 05/19/2025 at 10:21 AM, the Medication Technician (MedTech)/ Manager confirmed the posted facility license had expired and the current facility license was not posted. The MedTech/Manager verbalized the license was renewed every year and the updated license was supposed to be posted upon renewal. Severity: 1 Scope: 3	0644	1. On May 20, 2025 as soon as the Administrator learned about the Facility License not posted. Employee 3 instructed employee 2 to post such license. see attachments 2. To avoid repeat deficiency, On May 26, 2025 Administrator gave a retraining course to employee 2 regarding Facility's Record Keeping. It includes in the seminar all documents needed by the facility to be posted in a conspicuous place such as licenses, grades, menus, activities , survey grade, etc. see attachment no. 2 3. On May 30, 2025 Administrator inspected all the documents that needed to be posted in the facility. Employee 3 made sure that all are updated, in compliance and posted in a clear view place. Employee 3 will continue monitoring it every 30th of the month. 4. In Employee 3's absence, employee 4 will do the monitoring.	09/12/2025
0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure a recent initial physical examination was completed before admission to the facility for 2 of 5 residents (Resident #3 and #5) and an annual physical examination was completed timely for 1 of 5 residents	0859	1. On May 20, 2025 Administrator requested the following to their Health Care Provider. a. Resident 2: History and Physical for 2024 and 2025 see attachment. see attachment b. Resident 3: History and Physical prior to admission and Current History and Physical. see attachment c. Resident 5: History and Physical prior to admission and current. see attachment 2. To avoid repeat deficiency; On May 26, 2025 Administrator gave a retraining course to employee 2 regarding Facility Record keeping. it requirement, policies and procedures. see attachment 3. On May 30, 2025 Administrator monitors the Facility File to make sure that file is accurate, complete and in compliance. Employee 3 will do this every 15th and 30th of the month.	09/12/2025

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	(Residents #2). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/16/2025, with diagnoses including bipolar disorder and schizophrenia. Resident #3's record lacked documented evidence of a recent initial physical examination completed prior to the resident's admission to the facility. Resident #5 Resident #5 was admitted to the facility on 12/15/2024, with diagnoses including pressure ulcer of sacral region, unspecified stage and unspecified severe protein-calorie malnutrition. Resident #5's record documented a physical examination completed on 03/25/2024. The resident's record lacked documented evidence of a physical examination completed within the six months prior to the resident's admission to the facility and within one year of the last documented physical examination. Resident #2 Resident #2 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident with right sided hemiparesis and hypertension. Resident #2's record documented an initial physical examination completed on 10/20/2023. The resident's record lacked an annual physical examination for 2024. On 05/19/2025 at approximately 3:41 PM, the Medication Technician (MedTech)/ Manager verbalized the facility did not have documentation of a recent physical examination for Resident #3 prior to admission to the facility. The MedTech/Manager explained the facility had assisted the resident in establishing with a new doctor after admission to the facility and the facility had not yet received a copy of the visit note. The MedTech/Manager verbalized Resident #5's hospice provider was supposed to provide documentation of a physical exam however the facility had not received any documentation. The MedTech/Manager confirmed the facility did not have documentation of a recent physical examination for Resident #5 prior to admission. The MedTech/Manager denied the facility had documentation of an annual physical examination for 2024 for Resident #2. Severity : 2 Scope: 3		4. In Employee 3's absence employee 4 will do the monitoring.	
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of	0870	1. Administrator called Medical Provider of both Resident 1 and 2 and it took them	09/12/2025

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	medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the Administrator failed to ensure a review of residents' medications was conducted at least every six months by a physician, pharmacist, or registered nurse for 2 of 5 residents (Residents #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 08/21/2023, with diagnoses including hypertension, type two diabetes mellitus, and schizophrenia. Resident #1's record contained a review of the resident's medications dated 01/30/2025. The record lacked documented evidence a review of the resident's medications was completed in 2024. Resident #2 Resident #2 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident with right sided hemiparesis and hypertension. Resident #2's record lacked documented evidence a review of the resident's medications for accuracy and appropriateness had been completed. On 05/19/2025 at 4:15 PM, the Medication Technician (MedTech)/ Manager verbalized a review of residents' medications was supposed to be done every six months. The		sometimes before they handed the facility the Medication List for review. see attachments for Resident 1 and Resident 2 Medication Review. 2. Administrator asked a Certified Medication Management instructor to give employee 1 an 8-hour retraining seminar for Medication Management see attachment for their certification. 3. In order not to repeat said deficiency; Administrator also retrained employee 2 regarding maintaining and monitoring Facility Records and files. see attachment. 4. Administrator will monitor the files every 15th and 30th of the month to ensure that resident files are complete, updated and in compliance. 5. In Employee 3's absence employee 4 will do the monitoring.	

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	MedTech/Manager confirmed Resident #1's record lacked documentation of a medication review prior to 01/30/2025 and confirmed Resident #2's record lacked documentation of a review of the resident's medications at any time. Severity : 2 Scope: 2			
0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure the annual medication management training was completed for 1 of 3 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired on 09/19/2019, as the Administrator. Employee #3's personnel record documented Employee #3 completed eight hours of medication management training on 10/13/2023, the certificate had an expiration date of 10/13/2024. The record lacked documented evidence of medication management training from an approved course was completed on or before the expiration date. Severity: 2 Scope: 1	0872	1. On May 20, 2025 as soon as the Administrator learned about employee 3's missing Medication Management Training; Employee 3 instructed employee 2 to go to other folders in the cabinet, as employee 3 already submitted this before and instructed employee 2 to file it in employee 3's folder. It turn out that all current files of employee 3 was kept in another manila folder and was not filed. Employee 3 instructed employee 2-manager to place all employee 3's current records in employee 3's file. see attachment 2. On May 26, 2025 Administrator gave a retraining course to employee 2 (manager) regarding Facility's Record Keeping - policies and procedures. see attachment 3. On May 30, 2025 Administrator inspected and monitor all the files of the facility. Employee 3 made sure that all employee files, resident files, MAR and other files are updated, in compliance and in proper folders. Employee 3 will continue monitoring the files every 15th and 30th of the month. 4. In Employee 3's absence, employee 4 will do the monitoring.	09/13/2025
0878	Medication/OTCS, Supplements, Change	0878	1. Administrator together with employee 1	09/12/202

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SS= E	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 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,		and 2 had corrected the following: a. Resident. 3 - Saline Spray 0.65% two sprays to affected nostril four times a day. MAR had been corrected in such as way that specific time has been reflected in the MAR -7AM, 11AM, 5PM AND 8PM. Starting on the 19th 8PM medication has been administered and signed at 7AM, 11AM, 5PM, AND 8PM by employee2. see attachment 1 b. Resident 3 - Hydrocortisone 25mg suppository. Administrator called the Medical provider to clarify this Medication as this medication has to be administered by a Medical Provider only. On May 26, 2025 They verbally said it is discontinued as It is not needed by the resident but Medical Provider only gave a Discontinue Order at a later date. see attachment 2 c. Resident 5 - Oxycodone Hydrochloride 10mg tablet to be taken four times a day. Administrator made sure that employee 2 follows the order in the bottle which is administering it four times a day. see attachment 3. 2. Administrator asked Medication Management instructor to give an 8-hour retraining course for employee 1 so that such Medication errors will not be repeated. see attachment 3. On May 30, 2025 Administrator monitors the Medications of the residents - its prescription, its bottle for expiration and the MAR for accurate administration of Resident's Medications. Employee 3 will continue monitoring the Facility MAR every 15th and 30th of the month. 4. In Employee 3's absence employee 4 will do the monitoring.	5

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	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, record review and interview, the facility failed to ensure medication was administered as prescribed for 2 of 5 residents (Resident #5 and #3) and a medication was available on site to administer as prescribed for 1 of 5 residents (Resident #3). Findings include: Resident #5 Resident #5 was admitted to the facility on 12/15/2024, with diagnoses including pressure ulcer of sacral region, unspecified stage and unspecified severe protein-calorie malnutrition. On 05/19/2025 at 1:47 PM, during a review of Resident #5's medications and in the presence of the Caregiver, a bottle of Oxycodone Hydrochloride (HCl) Immediate Release (IR) 10 milligram (mg) tablets was found. The pharmacy label documented take one tablet by mouth four times per day. Resident #5's May 2025 Medication Administration Record (MAR) documented Oxycodone HCl IR 10 mg tablet, take one tablet by mouth four times daily. The administration times were listed as 7:00 AM, 11:00 AM, 6:00 PM, and 9:00 PM. The 9:00 PM administration was blank from 05/01/2025 through 05/18/2025. The Caregiver confirmed Resident #5's May 2025 MAR documented the Oxycodone HCl was to be administered four times per day and lacked documentation the medication was administered to the resident at 9:00 PM. The Caregiver verbalized the Caregiver sometimes gave the medication three times per day and sometimes gave the medication four times per day. The Caregiver denied the facility had an order to administer the medication three times per day and confirmed the administration frequency of three times per day did not match the pharmacy label or the MAR. Resident #3 Resident #3 was admitted to the facility on 04/16/2025, with diagnoses including bipolar disorder and schizophrenia. On 05/19/2025 at 2:01 PM, during a review of Resident #3's medications and in the presence of the Caregiver, a bottle of Saline 0.65 percent			

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	(%) spray was found. The pharmacy label documented two sprays to affected nostril four times per day. Two Hydrocortisone Acetate 25 mg suppositories were stored with the resident's medications. The expiration date printed on the packaging was 02/2025. No other suppositories were observed during the review. Resident #3's May 2025 MAR documented the following: -Saline 0.65%, administer two sprays to affected nostril four times per day. The administration times were listed as AM, AM, PM, and hours of sleep (HS). The first AM administration and the HS administrations from 05/01/2025 through 05/18/2025 were blank. -Hydrocortisone 25 mg, unwrap and insert one suppository per rectum at bedtime as needed. The Caregiver confirmed Resident #3's May 2025 MAR documented the Saline spray was to be administered four times per day and lacked documentation the medication was administered at the ordered frequency. The Caregiver confirmed the Hydrocortisone Acetate suppositories had expired and denied the facility had any suppositories which had not expired available in the facility. Severity : 2 Scope: 2			
0895 SS= E	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	0895	1.On May 20, 2025 Administrator inspected the MAR of the facility and corrected the ff: a. Resident 1: Double entry for Empgaliflozin was corrected leaving just one entry. see attachment b. Resident 4: Senna entry was corrected and completely listed as - SENNA-PLUS 8.6 -50MG TAB Gen for COLACE. 2. In order not to repeat said deficiency Employee 1 got a Medication Management retraining course see attachment. 3. On May 30, 2025 Administrator Monitors the MAR and Medications of the residents. Employee 3 made sure that Medications are being accurately administered and properly documented in the MAR. Employee 3 will do this every 15th and 30th of the month. 4. In Employee 3's absence employee 4 will do the monitoring.	09/12/2025

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	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, record review, and interview the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 5 residents (Resident #4 and #1). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/31/2025, with diagnoses including anxiety and depression. On 05/19/2025 at 1:36 PM, during a review of Resident #4's medications and in the presence of the Caregiver, a supply of Senna-Plus was found. The label on the container indicated a combination medication of Sennosides (Senna) 8.6 milligrams (mg) per tablet and Docusate Sodium (Docusate) 50 mg per tablet was inside. Resident #4's MAR documented Senna-Plus 50 mg, take one tablet by mouth daily as needed to prevent constipation. The MAR lacked the dose of Senna Resident #4 was to receive. A Physician's Order dated 01/30/2025, documented Senna Plus 8.6 mg-50 mg tablet, one tab daily as needed, hold if loose stool. Indication: prevent constipation. On 05/19/2025 at 1:46 PM, the Caregiver acknowledged Senna-Plus was a combination medication and confirmed Resident #4's MAR did not include the intended dose of both medications contained in the tablets. Resident #1 Resident #1 was admitted to the facility on 08/21/2023, with diagnoses including hypertension, type two diabetes mellitus, and schizophrenia. On 05/19/2025 at 2:12 PM, during a review of Resident #1's medication and in the presence of the Caregiver, a supply of Sitagliptin 100 mg tablets was found. Resident #1's MAR documented two entries for Empgaliflozin 25 mg, take one tablet by mouth every morning for diabetes. The MAR did not include Sitagliptin. The Caregiver reviewed Resident #1's MAR and confirmed the MAR did not include Sitagliptin. The Caregiver explained when the Sitagliptin was ordered			

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	for the resident, an additional entry for Empagliflozin was added in error. The Caregiver verbalized the Caregiver had been administering the Sitagliptin and had been documenting the administration on the second entry of Empagliflozin. Severity : 2 Scope: 2			
0920 SS= E	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 and interview, the facility failed to ensure medications were stored appropriately for 2 of 5 residents (Resident #4 and #5). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/31/2025, with diagnoses including anxiety and depression. On 05/19/2025 at 1:36 PM, during a review of Resident #4's medications, the Caregiver retrieved a bottle of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) from a locked storage container inside the refrigerator. The bottle was cold to touch. The side of the manufacturer box and the package insert documented the medication was to be stored between 68 and 77 degrees Fahrenheit. Resident #5 Resident #5 was admitted to the facility on 12/15/2024, with	0920	1. On May 20, 2025 Administrator orders employee 1 to do the ff: a. Resident 4 - Morphine Sulfate 100 milligrams (mg)/5 milliliters (ml) to be placed back in the resident's medication cabinet to maintain its needed room temperature between 68 to 77 degrees. see attachment b. Resident 5 - Morphine Sulfate 100 milligrams (mg)/5 milliliters (ml) to be placed back in the resident's medication cabinet to maintain its needed room temperature between 68 to 77 degrees. see attachment 2. In order not to repeat said deficiency - Employee 1 got a retraining course on Medication Management. see attachment 3. On May 30, 2025 Administrator monitors the Facility MAR and Medications. Employee 3 made sure that all Medications are complete and properly stored in its designated storage place. Employee 3 will do this every 15th and 30th of the month. 4. In Employee 3's absence employee 4 will do the monitoring.	09/12/2025

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	diagnoses including pressure ulcer of sacral region, unspecified stage and unspecified severe protein-calorie malnutrition. On 05/19/2025 at 1:47 PM, during a review of Resident #5's medications, the Caregiver retrieved a bottle of Morphine Sulfate 100 milligrams (mg)/ 5 milliliters (ml) from a locked storage container inside the refrigerator. The bottle was cold to touch. The side of the manufacturer box and the package insert documented the medication was to be stored between 68 and 77 degrees Fahrenheit. The Caregiver acknowledged the manufacturer box and package insert for Resident #4 and #5's Morphine Sulfate indicated the medication was supposed to be stored between 68 and 77 degrees Fahrenheit and confirmed the medication had been stored in the refrigerator. Severity : 2 Scope : 2			
0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure an over-the-counter (OTC) medication was labeled with the physician's name for 1 of 5 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident with right sided hemiparesis and hypertension. On 05/19/2025 at 1:54 PM, during a review of Resident #1's medications and in the presence of the Caregiver, an OTC bottle of Vitamin D3 and Aspirin were found. Neither bottle was labeled with the prescriber's name. The Caregiver acknowledged the bottles were missing the prescriber's name as required. Severity: 2 Scope: 1	0923	1. On May 2025 Administrator inspected the Medications of Resident 2 and asked employee 1 to relabel the ff: medications. Vitamin D3 and Aspirin. Employee 3 made sure that on the label - it is complete and has the prescriber's name see attachment 1 and 2. 2. In order to avoid repeat deficiency - employee 1 got a retraining seminar on Medication Management. see attachment 3. On May 30, 2025 Administrator monitors the MAR and Medications of the facility. Employee 3 made sure that medications are complete, accurate and OTC medications are properly labeled. Employee 3 will do this every 15th and 30th of the month. In Employee 3's absence, employee 4 will do the monitoring.	09/12/2025
0938 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident;	0938	1. On MAY 20, 2025 Administrator together with employee 2 did the Annual assessment of resident 1 and 2. see attachment	09/12/2025

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	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: (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 an annual Activities of Daily Living (ADL) assessment was completed for 2 of 5 residents (Resident #1 and #2) and an initial ADL assessment was completed timely for 1 of 5 residents (Resident #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 08/21/2023, with diagnoses including hypertension, type two diabetes mellitus, and schizophrenia. Resident #1's record included an ADL assessment dated 08//21/2023. The record lacked an ADL assessment for 2024. Resident #2 Resident #2 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident with right sided hemiparesis and hypertension. Resident #2's record included an ADL assessment dated 10/20/2023. The record lacked an ADL assessment for 2024. Resident #4 Resident #4 was admitted to the facility on 01/31/2025, with diagnoses including anxiety and depression. Resident #4's record included an ADL assessment dated 02/01/2025, one day after the resident's admission to the facility. On 05/19/2025 at 3:38 PM, the Medication Technician (MedTech)/ Manager		2. Administrator also informed Employee 2 that Resident Assessment has to be done initially prior/or during admission and after that It has to be done annually. In order not to repeat said deficiency, Employee 2 got a retraining seminar on Facility Recordkeeping. see attachment 3. On May 30, 2025 Administrator monitors the Resident file of the facility and made that everything is complete and updated. Employee 3 will do this every 15th and 30th of the month. 4. In Employee 3's absence, employee 4 will do the monitoring.	

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	acknowledged ADL assessments were to be completed upon admission and annually. The MedTech/Manager confirmed the most recent ADL assessments for Residents #1 and #2 were completed in 2023 and had not been completed annually afterward. The MedTech/Manager confirmed the ADL assessment for Resident #4 was completed late. Severity : 2 Scope: 3			
0950 SS= D	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. Inspector Comments: Based on record review and interview, the facility failed to ensure a current hospice Plan of Care (POC) was onsite and available for 1 of 2 hospice residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/31/2025, with diagnoses including anxiety and depression. On 05/19/2025, the Caregiver verbalized Resident #4 was receiving hospice services. Resident #4's record and hospice coordination binder and lacked a current hospice POC. On 05/19/2025 at 2:53 PM, the Caregiver denied the facility had Resident #4's current hospice POC onsite and available for review, upon request from the State Survey Agency. Severity : 2 Scope: 1	0950	1. On May 20, 2025 Administrator requested an updated Hospice Plan of Care for Resident 4 see attachment. 2. In order not to repeat said deficiency, On May 26, 2025 Administrator retrained employee 2 regarding Facility Record Keeping. In the seminar it includes - monitoring each resident file records to make sure that they are complete and updated. see attachment 3. Administrator will monitor the files of the facility every 15th and 30th of the month to make sure that files are complete and updated. 4. In Employee 3's absence, employee 4 will do the monitoring.	09/12/2025
1010 SS= E	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the	1010	1. On May 20, 2025 Administrator talked to employee 2 (manager) regarding two residents of the facility that has Mental Illness diagnosis - resident 1 & 3. Administrator explained to employee 2 that when she is admitting residents - she should only get residents that the facility has endorsements. 1. On May 20, 2025 Administrator talked to Resident 1 and Resident 3 and explained that the facility does not have the endorsement (Mental Illness) to take care of their ADL's; thus, we have to give them a 30	09/12/2025

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	grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review and interview, the facility failed to ensure the facility obtained a mental illness endorsement to care for a resident with mental illness for 2 of 5 residents (Residents #1 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 08/21/2023, with diagnoses including hypertension, type two diabetes mellitus, and schizophrenia. Resident #1's record contained a Physician Progress Note dated 03/21/2023. The Progress Note documented Resident #1 had a past medical history including schizophrenia. Resident #3 Resident #3 was admitted to the facility on 04/16/2025, with diagnoses including bipolar disorder and schizophrenia. Resident #3's record contained a History and Physical (H&P) dated 07/14/2023. The H&P documented Resident #3 had an extensive psychiatric history. Diagnoses listed included bipolar disorder, current episode, mixed. A Physician's Medical Evaluation for Assisted Living, undated, documented Resident #3 had a history of schizophrenia. The facility's license, effective from 01/01/2025 through 12/31/2025, lacked a mental illness endorsement and a review of applications submitted by the facility indicated the facility had not obtained or applied for an endorsement to provide care to persons with mental illness. On 05/19/2025 at approximately 4:00 PM, the Medication Technician (MedTech)/ Manager confirmed the facility did not have a mental illness endorsement on the facility's license and acknowledged the presence of mental illness diagnoses in Residents #1 and #3's records. The MedTech/Manager recalled facility staff had a discussion about Resident #1's diagnosis and a lack of a mental illness endorsement, issued the resident a 30-day notice with intent to transfer the resident to another facility, and the resident had expressed wanting to remain in the facility. The facility did not pursue applying for a mental illness endorsement afterward. Severity : 2 Scope: 2		DAY notice to move-out. see attachments. 2. On May 26, 2025 Administrator gave a reorientation seminar to employee 2 (manager) regarding Facility Record Keeping & Policies and Procedures. Included in the seminar the licenses of the facility and its endorsements to the elderlies. Administrator emphasized that these are the only endorsements that the facility can admit and take care of. 3. On May 30, 2025 Administrator monitors the residents of the facility and made sure that all their diagnosis can be taken cared of by the facility thru the BHCQC endorsement. He will monitor this on a monthly basis - every 30th of the month. 4. In Employee 3's absence - employee 4 will do the monitoring.	

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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, 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 personnel record review and interview, the Administrator failed to ensure 1 of 3 employees completed at least two hours of required dementia training within 40 hours of hire (Employee #1). Findings include: Employee #1 Employee #1 was hired on 01/22/2024, as a Caregiver. Employee #1's personnel record lacked documented evidence dementia training had been completed. On 05/19/2025 at 4:44 PM, the Medication Technician/ Manager confirmed Employee #1 lacked two hours of dementia training within the first 40 hours of employment as required. Severity : 2 Scope : 1	1035	1. On May 24 and 25, 2025 Administrator gave employee 1 Dementia training. see attachment 1 2. In order not to repeat deficiencies such as employees inadequate training, employee requirements not on time, and others. Administrator asked the assistance of another Administrator to retrain employee 3 in the over-all operations of the facility. Employee 3 did this on May 25, 2025. see attachment 2 Since employee no. 2 is the manager and manages the facility with its daily operations. Administrator also retrained employee 2 on May 26, 2025. see attachment no. 3 3. From now on Administrator will monitor all facility files especially the employee files. Employee 3 is going to make sure that it is complete, on time, accurate and in compliance. Employee 3 started it on May 30, 2025 and will do this every 15th and 30th of the month. 4. In Employee 3's absence, employee 4 will do the monitoring.	09/11/2025
1600 SS= F	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems	1600	1. On May 20, 2025 Administrator together with employee 2 had asked all the residents of the facility regarding their gender preferences and how Resident's wants to be addressed. Residents got interested in the topic and express their wishes. see attachment no. 1 2. On May 26, 2025 Administrator retrained employee 2 regarding all the Facility - Requirements, Policies and Procedures in	09/11/2025

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	in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 5 resident records included documentation of residents' preferred pronoun, gender identity or expression and sexual orientation (Resident #1, #2, #3, #4, and #5). Findings include: On 05/19/2025, Residents #1, #2, #3, #4, and #5's records lacked documentation of residents' preferred pronoun, gender identity or expression and sexual orientation. On 05/19/2025 at 3:56 PM, the Medication Technician/Manager confirmed Residents #1, #2, #3, #4, and #5's records had not been adapted to include the residents' preferred pronoun, gender identity or expression and sexual orientation. Severity		admitting a residents to the facility these includes asking residents their gender preferences and names/pronoun they wish to be called. 3. On May 30, 2025 Administrator monitored the resident files of the facility and made sure that they are complete, on-time, accurate, in compliance and reflected their wishes on how they are going to be addressed. Monitoring will be done every 15th and 30th of every month. 4. In Employee 3's absence employee 4 will do the monitoring.	

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	: 2 Scope : 3			
1700 SS= D	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 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	1700	1. On May 20, 2025 Administrator had asked the medical provider of Resident 3 for a placement assessment. Medical provider did Resident 3's Placement Assessment on 06/03/2025. see attachment 2. Administrator gave a retraining seminar to employee 2 regarding Facility Record Keeping. This is to make sure that residents being admitted to the facility should have a Placement Assessment and Determination prior to admission next time employee 2 admitted residents. see attachment. 3. Administrator will monitor the files every 15th and 30th of the month to make sure that Resident files are complete, accurate and in compliance. 4. In Employee 3's absence, employee 4 will do the monitoring.	09/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9907	A. BUILDING _____ B. WING _____	05/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY OF GOLDEN AGES	**2680 MARGARET DR., RENO, NEVADA ,89506**

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	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 Administrator failed to ensure a placement assessment determination was completed upon admission to the facility for 1 of 5 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/16/2025, with diagnoses including bipolar disorder and schizophrenia. Resident #3's record lacked documented evidence of a placement assessment and determination prior to or upon admission to the facility. On 05/19/2025 at 3:44 PM, the Medication Technician (MedTech)/ Manager verbalized the facility did not have a placement assessment and determination for Resident #3. Severity : 2 Scope: 1			