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 _____	12/02/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory re-grading survey and complaint (CPT) investigation completed at your facility on 12/02/2025. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was zero. Five closed resident files and four employee files were reviewed. The facility received a grade of B. CPT #12482 was substantiated (See Tags Y0670, Y0930, and Y1225).			
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or	Y 0172	1. On December 5, 2025 Employee 3 ordered a total clean up of the facility's exterior to make sure that they are cleaned, maintained and free of tips and hazards. Including in the cleaned up are the ff: a. Patio in the front of the building - cleaned and maintained - see attachment 1. b. Gate were permanently closed leading to the 1 acre area other backyard - see attachment 2. c. Accumulated trash, plastic bottles and wood piles near detached garage were removed, placed were cleaned and maintained. - see attachment 3. 2. On December 6, 2025 Employee 3 initiated a Facility Monitoring Checklist in the facility. The Checklist monitors the cleanliness and maintenance of the facility's interior and exterior premises. Scheduled employee initials specific premises they cleaned and maintained during a specific day and Employee 3 will inspect and monitors the premises thru the checklist every 15th and 30th of the month. see attachment no. 4	04/22/2026

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	medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 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 12/02/2025 at 10:40 AM, the following maintenance concerns were identified: -An accumulation of greater than 40 cigarette butts on the ground near a patio on the front of the building.		3. On December 15, 2025, Employee 3 monitored the internal and external premises of the facility to make sure that they are cleaned, maintained and free from all hazards. He will do this every 15th and 30th of every month. 4. In the absence of Employee 3 Employee no. 4 will do the monitoring.	

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	-A broken couch was on the ground next to the back fence. -An accumulation of trash including plastic bottles and wood piles was near the detached garage. On 12/02/2025 at 10:50 AM, the Caregiver/Manager confirmed the findings noted above. Severity: 2 Scope: 3			
Y 0250 SS= D	NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 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. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored.	Y 0250	1. On December 3, 2025 Employee 3 ordered a total inventory and inspection of the kitchen. Employee 3 made sure that all items are in excellent condition, not expired and labeled. Employee 3 made sure that all items that are expired and near expiration were discarded and replaced. see attachment 1, 2 and 3. 2. On December 3, 2025 Employee 3 trained Employee 1, 2 and 4 regarding FACILITY'S FOOD INVENTORY: PURCHASE, STORAGE, PREPARATION & USED. On the training - Employee 3 emphasized the use of - FIRST IN FIRST OUT METHOD in the facility food inventory. Facility inventory both frozen and non frozen items are labeled according to the date they are delivered to the facility. Employee must used inventory that are delivered first then the next delivery up to the last delivery. In this method goods that are delivered first must be used first, then the next delivery and so forth. see attachment no. 4 for the training. Employee 3 also ordered employee 2 to rotate and stack all items in the kitchen, pantry and cabinets as to: first delivery will be stacked in front and last delivery will stack at the end or bottom of the	04/22/2026

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	Inspector Comments: Based on observation and interview, the facility failed to discard expired food. Findings include: On 12/02/2025 at 10:00 AM, during an inspection of the facility's kitchen, the following items were found in various cabinets: -An expired Swiss Miss with a best buy date of 08/30/2025. -A seasoning bottle of red pepper flakes with a best by date of 07/24/2024. -A jar of pasta garlic herb sauce with a best by date of 11/22/2024. On 12/02/2025 at 10:11 AM, the Caregiver/Manager confirmed the best by dates on the items listed on the above had passed and the items should have been discarded. Severity: 2 Scope: 1		pantry/cabinets. In this case items that are delivered first will be stacked in front so as to be accessibly used first, then the next delivery up to the latest delivery - as seen on attachment 1 and 2. 3. On December 15, 2025 Employee 3 monitored the facility's cabinets, pantry and refrigerator - Employee 3 made sure that they are labeled, stacked correctly and according to the First In First Out Method to made sure that there are no more expired inventory. 4. Employee 3 will monitor the facility's Food inventory every 15th and 30th of every month. In Employee 3's absence Employee 4 will do the monitoring.	
Y 0670 SS= E	NAC 449.2708 **NAC 449.2708 Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior. (NRS 449.0302)** 1. A resident may be discharged from a residential facility without his or her	Y 0670	1. On December 6, 2025, Since Facility is unable to provide written notice of intent to discharge Residents no.1 and no. 4 as part of POC due to both residents having discharged from the facility prior to the inspection; The next step is to prevent this from happening again. Employee 3 decided to conduct an extensive reorientation training with all the employees of the facility - regarding	04/22/2026

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	approval if: (a) The resident fails to pay his or her bill within 5 days after it is due; (b) The resident fails to comply with the rules or policies of the facility; or (c) The administrator of the facility or the Bureau determines that the facility is unable to provide the necessary care for the resident. 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his or her approval pursuant to this section, the facility must provide the resident, his or her representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged. 3. A residential facility shall discharge a resident who is transferred pursuant to NRS 449A.100 and 449A.103 and admitted to another facility for a higher level of care. Written notice pursuant to subsection 2 that the resident will be discharged is not required if the condition of the resident necessitates immediate transfer to receive emergency care. 4. If the resident or any of his or her visitors are engaging in behavior which is a threat to the mental or physical health or safety of the resident or other persons in the facility, the facility may issue a notice to quit to the resident. The notice to quit must include: (a) The reasons for its issuance, with specific facts relating to the date, time and place of the incidents that posed a threat to the physical or mental health or safety of the resident or other persons in the facility; and (b) The names of persons who witnessed the incidents and the circumstances under which the incidents occurred. Ê If the resident or his or her visitors do not comply with the notice to quit, the resident may be discharged from the facility without his or her approval pursuant to subsection 2. NRS 449A.282 Limitations on transfer or involuntary discharge; opportunity to cure delinquency; duty to attempt to resolve circumstances with potential to result in involuntary discharge.		FACILITY'S POLICIES AND PROCEDURES (Resident Admittance, Plan of Care, ADL and Resident Discharge/Moving Out) in accordance with **NAC 449.2708 - SO AS TO PREVENT SAID DEFICIENCY FROM HAPPENING AGAIN.** In the said training, Employee 3 emphasized that resident/s that needs to be discharged in the facility must accord sufficient time and notice (30 days) before the transfer and it should be done thru written notice to be acknowledge by: a) the resident/s if the resident is coherent and no POA or legal representative/s is on record. b) the POA/Legal representative 30 days before the physical discharge of the resident to the facility c) Ombudsman/Social worker has to be notified by writing/email/fax regarding the transfer d) All parties involved has to agree that the transfer is for the best interest of the resident/s. In the case of immediate discharge such as : a) Health or life of the resident/s is compromised due to the need of higher level of care and the facility cannot provide such care b) Other resident/s of the facility's life/health is at risk due to the resident/s staying in the facility - following procedures has to be done: First, meeting has to be conducted between the family, POA, Representatives, Health Care Provider and Employee 3. Such meeting has to be communicated with the social worker and ombudsman. All of these has to be properly documented in writing and copy of which shall be given to everybody that is involved in the resident/s Plan of Care. All mentioned parties has to agree that said action is for the best interest of the resident/s and other resident/s of the facility. As a precautionary measures, Employee 3	

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	1. A residential facility for groups shall not transfer or involuntarily discharge a resident except where: (a) The health of the resident has improved sufficiently such that the resident no longer needs the services provided by the residential facility for groups; (b) The health or safety of any person in the residential facility for groups is endangered; (c) The resident has failed, after notice has been provided pursuant to subsection 2, to pay for contracted charges for a residency at or a service provided by the residential facility for groups; (d) The services available to the resident at the residential facility for groups are no longer adequate to meet the needs of the resident, as determined using information from the annual physical examination and assessment conducted pursuant to NRS 449.1845; or (e) The residential facility for groups ceases to operate. 2. At least 30 days before providing notice of intent to discharge a resident for failure to pay contracted charges pursuant to NRS 449A.114, a residential facility for groups shall notify the resident and any representative of the resident in writing of the delinquency. The facility shall allow the resident or his or her representative, as applicable, at least 15 days after such notice is provided to cure the delinquency. 3. Except as otherwise provided in this subsection, a residential facility for groups shall attempt to resolve with the resident or the representative of the resident, if applicable, any circumstances that, if not remedied, have the potential to result in an involuntary discharge of the resident. The facility shall document any such attempt in the file of the resident. All attempts at resolution pursuant to this subsection must occur before the resident is discharged, but may occur before or after the provision of notice pursuant to NRS 449A.114. A residential facility for groups is not required to comply with the requirements of this subsection in an emergency. 4. A residential facility for groups shall not transfer or involuntarily discharge a resident if such transfer or discharge presents an imminent danger of death to the resident.		also informed employee 1 that for future discharges; Employee 1 has to notify the Employee 3 first so that proper policies and procedures will be implemented. 3. At the training, All mentioned employees understood the said policies and procedures regarding NRS 449.2708 - Discharge of Residents, Notice of Discharge and its importance. They promised to uphold such policies and procedures immediately from the present residents to the future residents of the facility. see attachment for their training. 4. On December 15, 2025 Employee 3 monitors the residents and check their files. Employee 3 made sure that they are updated, complete and in compliance and no notice of moving-out had been issued without employee 3's approval and that they follow facility's policies and procedures in accordance with NAC 449.2708. 5. In Employee 3's absence, Employee 4 will monitor the facility's resident and their files.	

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	Inspector Comments: Based on record review and interview, the facility failed to provide written notice to residents, residents' representatives, and/or the person who paid the residents' bills on behalf of the residents of the facility's intent to discharge 2 of 5 residents (Resident #1 and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/16/2025, with diagnoses including schizophrenia and bipolar disorder. The resident was discharged from the facility on 10/05/2025. Resident #1's record included a Notice of Moving Out. The notice documented the date of proposed move out was 07/01/2025 and the notice was signed by the resident on 05/20/2025. The reason for the discharge was the resident's diagnoses of schizophrenia and bipolar disorder and the facility's lack of a mental illness endorsement. Resident #1's record lacked documented evidence of written notice provided to the resident's representative or Power of Attorney (POA) of the facility's intent to discharge the resident. Resident #4 Resident #4 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident and hypertension. Resident #4's record included a Resident Discharge Summary. The discharge summary documented the resident was discharged on 10/20/2025. On 12/02/2025 at 1:39 PM, the			

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	Caregiver/Manager verbalized the facility's discharge process included providing residents with a 30-day notice of the upcoming discharge. The notice was typically given verbally; however, the Caregiver/Manager verbalized the notice was required to be in writing. The facility would also notify the resident's family member and POA if the resident had one. On 12/02/2025 at 1:45 PM, the Caregiver/Manager verbalized Resident #1's representative was a family member, and the resident had a POA through the State of Nevada (NV). The Caregiver/Manager verbalized the resident's family member and POA were verbally notified of the intent to discharge the resident; however, denied either were provided written notice. On 12/02/2025 at 1:54 PM, the Caregiver/Manager verbalized Resident #4 had a POA through the State of NV who took over for the resident recently. Prior to the POA, the resident's family member was the resident's representative. The Caregiver/Manager verbalized Resident #4's family member was notified verbally at the end of September 2025 of the intent to discharge the resident. The Caregiver/Manager denied the facility provided written notice to the resident and the resident's representative of the intent to discharge. The Caregiver/Manager confirmed the facility was required to notify residents and their representatives in writing when the facility intended to discharge residents. CPT #12482 Severity: 2 Scope: 2			
Y 0930 SS= C	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.**	Y 0930	1. On December 5, 2025 Employee 3 had completed the Resident Discharge Summary of Resident 1 and Resident 2 and affixed Employee 3's signature on the Resident Discharge Summary of Resident 3 and Resident 4. Noted in the Resident Discharge Summary that those Resident	04/22/2026

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	1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services;		Summary were made on December 5, 2025 after it was cited on 12/02/25. Employee 3's signature were also affixed on the Resident Discharge Summary of Resident 3 and 4 on Dec. 5, 2025 after it was cited on 12/02/25. These were made in compliance of NAC 449.2749 that records of Residents 1, 2, 3, and 4 must be complete, accurate, in compliance and to be kept up to 5 years. see attachment 1. 2. So as not to repeat said deficiency - On December 8, 2025 Employee 3 asked the assistance of another Administrator to give training on the reorientation of the Facility's Maintaining Records and files. These were attended by all the facility's employees including the Employee 3 no exceptions. see attachment no. 2 The other Administrator that gave the training emphasized the importance of establishing resident files, records, maintenance and compliance up to the discharge of the residents. He reiterated the value of maintaining complete records that will serve as a basis for the resident accurate Personal Plan of Care for the facility and for other facility and institutions in case the resident/s decided to transfer to other facility. 3. On December 15, 2025 Employee 3 started monitoring the resident files to make sure that it is complete, accurate and in compliance. Employee 3 will do the monitoring every 15th and 30th of every month. 4. In employee 3's absence, Employee 4 will do the resident/s files monitoring.	

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	(2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he 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 ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and			

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	the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record			

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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
	review and interview, the facility failed to ensure records for 4 of 5 residents discharged from the facility (Residents #1, #2, #3, and #4) contained a document, signed by the Administrator, indicating the location to which the resident was transferred/discharged. Findings include: Resident #1 Resident #1 was admitted to the facility on 04/16/2025, with diagnoses including schizophrenia and bipolar disorder. The resident was discharged from the facility on 10/05/2025. Resident #1's record lacked documentation regarding the location to which the resident was discharged. Resident #2 Resident #2 was admitted to the facility on 09/01/2025, with diagnoses including end-stage renal disease and Crohn's disease. The resident was discharged from the facility on 10/05/2025. Resident #2's record included a blank Resident Discharge Summary form. Resident #3 Resident #3 was admitted to the facility on 08/21/2023, with diagnoses including schizophrenia and hypertension. The resident was discharged from the facility on 10/04/2025. Resident #3's record included a Resident Discharge Summary signed by the Caregiver/Manager on 10/04/2025. The document included the date the resident was discharged and the location to which the resident was discharged; however, lacked the Administrator's signature. Resident #4 Resident #4 was admitted to the facility on 10/20/2023, with diagnoses including			

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	9907	A. BUILDING _____ B. WING _____	12/02/2025

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	cerebrovascular accident and hypertension. The resident was discharged from the facility on 10/20/2025. Resident #4's record included a Resident Discharge Summary which documented the date the resident was discharged and the location to which the resident was discharged, however; lacked the Administrator's signature. On 12/02/2025 at 2:06 PM, the Caregiver/Manager confirmed the facility did not have a Resident Discharge Summary form for Residents #1 and #2 or other documentation signed by the Administrator indicating the date and location to which the residents were discharged. The Caregiver/Manager confirmed the Resident Discharge Summaries for Residents #3 and #4 lacked a signature from the Administrator as required. CPT #12482 Severity: 1 Scope: 3			
Y 1225 SS= F	**NRS 449A.114** Certain facilities to notify patient and State Long-Term Care Ombudsman of intent to transfer patient and provide opportunity for patient or representative to meet with administrator, exceptions. 1. Except as otherwise provided in subsection 2, before a facility for intermediate care, facility for skilled nursing or residential facility for groups transfers a patient to another medical facility or facility for the	Y 1225	1. On December 6, 2025, Since Facility is unable to provide written notice of intent to discharge Residents no.1 and no. 4 as part of POC due to both residents having discharged from the facility prior to the inspection; The next step is to prevent this from happening again. Employee 3 decided to conduct an extensive reorientation training with all the employees of the facility - regarding FACILITY'S POLICIES AND PROCEDURES (Resident Admittance, Plan of Care, ADL and Resident Discharge/Moving Out) in accordance with **NAC 449.2708 - SO AS TO PREVENT SAID DEFICIENCY FROM HAPPENING AGAIN.** In the said training, Employee 3 emphasized that resident/s that needs to be discharged in the facility must accord sufficient time and notice (30 days) before the transfer and it should be done thru	04/22/2026

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	dependent or discharges the patient from the facility, the facility shall: (a) At least 30 calendar days before transferring or discharging the patient, provide the patient and the Ombudsman with written notice of the intent to transfer or discharge the patient; and (b) Within 10 calendar days after providing written notice to the patient and the Ombudsman pursuant to paragraph (a), allow the patient and any person authorized by the patient the opportunity to meet in person with the administrator of the facility to discuss the proposed transfer or discharge. 2. The provisions of this section do not apply to: (a) A voluntary discharge or transfer of a patient to another medical facility or facility for the dependent at the request of the patient; or (b) The transfer of a patient to another facility because the condition of the patient necessitates an immediate transfer to a facility for a higher level of care. 3. As used in this section, "Ombudsman" means the State		written notice to be acknowledge by: a) the resident/s if the resident is coherent and no POA or legal representative/s is on record. b) the POA/Legal representative 30 days before the physical discharge of the resident to the facility c) Ombudsman/Social worker has to be notified by writing/email/fax regarding the transfer d) All parties involved has to agree that the transfer is for the best interest of the resident/s. In the case of immediate discharge such as : a) Health or life of the resident/s is compromised due to the need of higher level of care and the facility cannot provide such care b) Other resident/s of the facility's life/health is at risk due to the resident/s staying in the facility - following procedures has to be done: First, meeting has to be conducted between the family, POA, Representatives, Health Care Provider and Employee 3. Such meeting has to be communicated with the social worker and ombudsman. All of these has to be properly documented in writing and copy of which shall be given to everybody that is involved in the resident/s Plan of Care. All mentioned parties has to agree that said action is for the best interest of the resident/s and other resident/s of the facility. As a precautionary measures, Employee 3 also informed employee 1 that for future discharges; Employee 1 has to notify the Employee 3 first so that proper policies and procedures will be implemented. 3. At the training, All mentioned employees understood the said policies and procedures regarding NRS 449.2708 - Discharge of Residents, Notice of Discharge and its importance. They promised to uphold such policies and procedures immediately from the present residents to the future residents of the	

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	Long-Term Care Ombudsman appointed pursuant to NRS 427A.125. Inspector Comments: Based on record review and interview, the facility failed notify the Ombudsman of the facility's intent to discharge 4 of 5 residents (Residents #1, #2, #3, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/16/2025, with diagnoses including schizophrenia and bipolar disorder. The resident was discharged from the facility on 10/05/2025. Resident #2 Resident #2 was admitted to the facility on 09/01/2025, with diagnoses including end-stage renal disease and Crohn's disease. The resident was discharged from the facility on 10/05/2025. Resident #3 Resident #3 was admitted to the facility on 08/21/2023, with diagnoses including schizophrenia and hypertension. The resident was discharged from the facility on 10/04/2025. Resident #4 Resident #4 was admitted to the facility on 10/20/2023, with diagnoses including cerebrovascular accident and hypertension. The resident was discharged from the facility on 10/20/2025. On 12/02/2025 in the morning, the Caregiver/Manager verbalized no residents had resided in the facility for approximately one month due to a staff shortage. One resident had passed away and Residents #1, #2, #3, and #4 had been discharged to other residential facilities.		facility. see attachment for their training. 4. On December 15, 2025 Employee 3 monitors the residents and check their files. Employee 3 made sure that they are updated, complete and in compliance and no notice of moving-out had been issued without employee 3's approval and that they follow facility's policies and procedures in accordance with NAC 449.2708. 5. In Employee 3's absence, Employee 4 will monitor the facility's resident and their files.	

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	On 12/02/2025 at 1:39 PM, the Caregiver/Manager verbalized the facility's discharge process included providing a 30-day notice to the resident, notifying the resident's family member and notifying the Power of Attorney (POA) if the resident had one. The Caregiver/Manager denied it was the facility's usual practice to notify the Ombudsman of the facility's intent to discharge a resident as the facility did not have a specific person in the Ombudsman's office to contact directly. The Caregiver/Manager denied the Ombudsman was notified of Residents #1, #2, #3, and #4's discharges. CPT #12482 Severity: 2 Scope: 3			