STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10831	A. BUILDING _____ B. WING _____	02/26/2026

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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 complaint investigation completed in your facility on 02/26/26. The census at the time of the survey was ten. The sample size was six. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #13037 was substantiated. (See TAGs Y053, Y740 and Y820) The investigation of the			

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	Complaint included: Observation of residents, including residents with a catheter and residents with bedrails. Interviews were conducted with residents and Caregivers. Clinical Record Review of six records, including the resident of concern.			
Y 0053 SS= D	**NAC 449.194** 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on record review and interview, the facility	Y 0053	1. The Resident had already been discharged and transferred to another facility at the time of review and the Resident's records had been transfered to storage. The Administrator and Facility Owner retrieved the records, reviewed them and ensure all documents were complete, organized, and readily available for review. 2. The Administrator and Facility Owner will conduct quarterly or as needed audits to make sure all documentation requirements are met and in compliance. 3. Complete Date: 04/30/2026 4. See Attached :	04/30/2026

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	failed to ensure there was a complete record available for 1 of 6 residents, to allow for a full complaint investigation. (Resident #2) Findings include: Resident #2 (R2) R2 had an approximate admission date of 12/29/25 with diagnoses including malignant neoplasm of colon, perforation of intestine, anorexia and a stage IV sacral pressure injury. On 02/26/26 at 11:30 AM, a Caregiver confirmed R2 was			

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	bedfast and had a colostomy, however the Caregiver reported there was no record for R2 onsite to confirm the information. The Caregiver explained R2's file was given to the facility R2 was transferred to. On 02/26/26 at 3:13 PM, A face sheet, admit and discharge date, Physician Assessment; facility Activities of Daily Living Assessment; diagnoses, evidence of HCQC waivers, evidence of colostomy/urostomy care and a transfer/discharge form was requested by the surveyor from the facility by email for a return date of 02/27/26 at 5:00 PM. As of 04/14/26, no			

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	information was received for R2. Severity: 2 Scope: 1 Complaint #13037			
Y 0740 SS= F	NAC 449.272 **Residents requiring use of indwelling catheter.** 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling	Y 0740	1. The Administrator and Facility Owner reviewed the records of the three Residents to ensure required waivers are submitted. The waiver applications are currently pending approval. All supporting documentations is in their records and follow up will continue until approval is received. 2. The Administrator and Faciliity Owner will check Resident conditions and waiver status monthly, keep track of all pending waivers, and follow up until they're approved. Any issues will be fixed right away. 3. Complete Date: 04/30/2026 4. See Attached: TAG Y 0740	05/30/2026

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	catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver; or (2) A medical professional who has been trained to provide that care; (b) Waste from the use of the catheter is disposed of properly; (c) Privacy is afforded to the resident while care is being provided; and (d)The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration. Inspector Comments: Based on observation, record review and interview, the Administrator failed to ensure 3 of 3 residents who were either bedfast and/or had a catheter had an approved HCQC waiver. (Resident #1, #2 and#5) Findings include: Resident #1 (R1)			

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	R1 was admitted on 10/11/25 with diagnoses including encephalopathy, dementia and hemiplegia on the right side. R1's file documented R1 was on Home Health and had a suprapubic catheter. On 02/26/26 in the morning, observed R1 had a catheter and 1/3 bedrail, with the bed against the wall. An Activities of Daily Living (ADL) Assessment dated 10/11/25 documented full assistance. On 02/26/26 in the morning, a Caregiver reported R1 had a catheter and there was no HCQC waiver. The Caregiver confirmed a			

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	nurse came in three times a week to provide care for the catheter. On 02/26/26 in the morning, R1 was not available for interview about the catheter. An HCQC Waiver for R1's suprapubic catheter was requested by the surveyor from the facility by email on 02/26/26 at 3:13 PM for return by 02/27/26 at 5:00 PM. As of 04/14/26, no waiver was received for R1. The HCQC medical exemption log lacked documented evidence that the facility had an approved waiver for R1's catheter. Resident #2 (R2) Per the hospice record, R2 was admitted to the			

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	facility on 12/29/25, with diagnoses including malignant neoplasm of colon, perforation of intestine, anorexia and a stage IV sacral pressure injury. R2's Hospice file documented R2 was bedfast. On 02/26/26 at 11:42 AM the Hospice Plans of Care dated 01/07/26 and 01/14/26 documented R2's inability to perform ADLs such as ambulation, transfer, toileting, feeding dressing and bathing. R2’s Hospice Plan of Care documented a colostomy and a nephrostomy. Hospice services included a Hospice Aide five times per week and skilled			

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	nursing once a week plus three as needed (PRN). Hospice Plans of Care dated 01/07/26 and 01/14/26, documented the Registered Nurse (RN) may empty colostomy bag every visit. The Caregiver demonstrated competency of colostomy care and emptying bag. The RN may empty the Jackson-Pratt (JP) drain every RN visit. The Caregiver may empty the drain. The RN to perform a colostomy change once a week and PRN. On 02/26/26 in the morning, the HCQC medical exemption log for R2 revealed a Provisional Approved Waiver for a 02/06/26 – 02/26/26 timeframe with information being requested for the waiver			

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	application request for bedfast, colostomy, Hospice and urostomy. There was no certification period or physician signature and the application didn't mention bedfast and more information on nephrostomy was needed. On 02/26/26 in the afternoon, there was no documented evidence of information submitted to the Bureau to complete the provisional approved waiver that expired on 02/26/26. On 02/26/26 at 11:30 AM, a Caregiver confirmed R2 was bedfast and had a colostomy, however the Caregiver reported there was no record for R2 onsite to confirm the information.			

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	An HCQC Bedfast waiver for R2 was requested by the surveyor from the facility by email on 02/26/26 at 3:13 PM for return by 02/27/26 at 5:00 PM. As of 04/14/26, no waiver was received for R2. Resident #5 (R5) R5 was admitted on 03/20/24 with diagnoses including chronic kidney disease Stage II, chronic obstructive pulmonary disease, debility, dementia and encephalopathy. The 09/09/25 ADL Assessment documented a full assist for R5, except for eating. On 02/26/26 in the morning, R5's file documented an undated HCQC waiver			

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	application for bedfast and Hospice. There was no approval in R5's file. The HCQC medical exemption log lacked documented evidence that the facility had an approved bedfast waiver for R5. R5 refused a surveyor interview on 02/26/26. On 02/26/26 in the morning, a Caregiver confirmed there was no HCQC waiver approval. At the time of the investigation, the facility Manager was not available for an interview. An HCQC Bedfast waiver was requested from the facility by email for R5 on 02/26/26 at 3:13 PM for return by 02/27/26 at 5:00 PM. As of 04/14/26, no waiver was received. Severity: 2 Scope: 3			

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	Complaint #13037			
Y 0820 SS= D	NAC 449.2734 **Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers.** 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; (b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must have been diagnosed by a physician; (b) The condition must be cared for by a medical professional who is trained to	Y 0820	1. The Resident has been discharged and transfered to another facility. The record was reviewed and is complete and placed in storage. 2. Moving forward, the Administrator provided the facility with a list of medical conditions that require exemption waivers. All submitted applications will be tracked and followed up until approval is received. 3. Complete Date: 04/30/2026 4. See Attached:	04/30/2026

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	provide care for and reassessment of that condition; and (c) Before a caregiver provides care to a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on record review and interview, the facility failed to apply for an HCQC waiver for 1 of 6 residents who required wound care. (Resident #2) Findings include: Resident #2 (R2)			

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	Per the Hospice record, R2 was admitted to the facility on 12/29/25 with diagnoses including malignant neoplasm of colon, perforation of intestine, anorexia and a stage IV sacral pressure injury. R2 was bedfast and on Hospice. On 02/26/26 at 11:42 AM, review of the Hospice Plans of Care dated 01/07/26 and 01/14/26 documented a stage IV sacral pressure injury. Hospice services included a Hospice Aide five times per week and skilled nursing once a week plus three as needed (PRN). Skilled Nursing to			

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	perform wound care on sacral area and abdominal wound every visit. On 02/26/26 in the morning, the HCQC medical exemption log for R2 revealed a Provisional Approved Waiver for a 02/06/26 – 02/26/26 timeframe with information being requested for the waiver application request for bedfast, colostomy, Hospice and urostomy. Wound care was not included in the waiver application. Information was requested for the waiver application, including to add wounds and oxygen. On 02/26/26 in the afternoon, there was no documented evidence of information submitted to the Bureau to complete the provisional approved waiver that expired on 02/26/26.			

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	An HCQC Waiver for R2 was requested by the surveyor from the facility by email on 02/26/26 at 3:13 PM for return by 02/27/26 at 5:00PM. As of 04/14/26, no waiver was received for R2. Severity: 2 Scope: 1 Complaint #13037			