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
	11041	A. BUILDING _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPENCER LUXURY CARE LLC	1951 PAPAGO LN, LAS VEGAS, NEVADA ,89169

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure inspection conducted at your facility on 05/29/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and six employee files were reviewed. The facility received a grade of D. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

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0102 SS= F	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 6 employees had evidence of a pre-employment physical examination and/or a two-step tuberculosis (TB) test at the time of hire, per the requirement. (Employee #2, #3, #4 and #6) Findings include: Employee #2 (E2) E2 was hired on 09/16/24 as a Caregiver. E2's record documented a pre-employment physical examination dated 01/15/25, four months after the hire date and a two-step TB test with a final read date of 02/07/25, five months after the hire date. Employee #3 (E3) E3 was hired on 12/05/23 as a Owner/Caregiver. E3's record documented pre-employment physical examination dated 12/07/23, after the hire date and a two-step TB test with a final read date of 11/24/23 and a negative result. E3's record lacked documented evidence of an annual 2024 TB test. Employee #4 (E4) E4 was hired on 12/18/23 as a Caregiver. E4's record documented a two-step TB test with a final read date of 06/19/23 and a negative result. E4's record lacked documented evidence of an annual 2024 TB test. Employee #6 (E6) E6 was hired on 06/08/24 as a Caregiver. E6's record documented a two-step TB test with an inject date of 05/10/24 and final read date of 06/04/24 and a negative result. E6's record lacked documented evidence of an annual 2025 TB test. On 05/29/25 at 3:25 PM, the Administrator confirmed the missing TB tests and late physical examinations for E2, E3, E4 and E6. The Caregiver confirmed E2, E3, E4 and E6 provided care for residents prior to completing their initial physical examination and/or TB tests. Severity: 2 Scope: 3	0102	1)E-2 , E-3 E-4 E-6 (Enclosed TB Screening of 4 Employees.)E-2 2-7-25 E-3 8-29-24 E-6-11-25 2) To make sure that this deficiency will not occur again, the owner will process the TB Screening and Physical Examination of new employee before the start of employment. The initial Physical Examination and TB test 2 Steps must be completed before starting to work in the facility. 3)The corrective action will be monitored by the administrator by checking every 6 months. 4) The responsible person to make sure the Plan of Correction is implemented are the Owners and the administrator. 5)The correction was done July 7, 2025 Corrected date 7-7-2025	07/13/2025

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0106 SS= E	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 record review and interview, the facility failed to ensure 3 of 6 employees met the requirements for first aid and cardiopulmonary resuscitation (CPR) training. (Employee #2, #4 and #6) Findings include: Employee #2 (E2) E2 was hired on 09/16/24 as a Caregiver. R2's record documented online CPR training dated 10/02/24. R2's record lacked documented evidence of hands on CPR training. Employee #4 (E4) E4 was hired on 12/18/23 as a Caregiver. E4's record documented online CPR training dated 08/05/23. E4's record lacked documented evidence of hands on CPR training and first aid training. Employee #6 (E6) E6 was hired on 06/08/24 as a Caregiver. E6's record documented online CPR training dated 09/07/24. E6's record lacked documented evidence of hands on CPR training and first aid training. On 05/29/25 at 3:30 PM, the Owner confirmed the online CPR training and missing first aid training for E2, E4 an E6. Severity: 2 Scope: 2	0106	1) E-2 E-4 E 6 Took CPR class together on July 10, 2025.(Attachment enclosed) E-2 CPR done 7-10-25 E-4 CPR done 7-7-25 E-6 CPR done 7-10-25 2) To make sure that this deficiency will not occur again, the owner and administrator will check the requirements of the incoming applicant and make sure Employee had CPR Certificate at the time of employment. 3)The corrective action will be monitored by administrator by checking the files of all caregivers every 6 months. 4)The responsible persons to make sure that the plan of correction is implemented are the owners and the administrator. 5) Corrective action was done on July 10, 2025 Corrected Date 7-10-2025	07/10/2025

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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 record review and interview, the facility failed to ensure an initial or annual person-centered service plan was completed for 2 of 8 residents. (Resident #1 and #7) Findings include: Resident #1 (R1) R1 was admitted on 11/25/20 with primary diagnoses including chronic kidney disease II, hypertension Alzheimer's disease and depression. R1's record lacked documented evidence of an initial person-centered service plan. Resident #7 (R7) R7 was admitted on 05/14/25 with primary diagnoses of Type II diabetes, hemiplegia following cerebral infarction, epilepsy and hypertension. R7's record lacked documented evidence of an initial person-centered service plan. On 05/29/25 at 3:20 PM, the Administrator confirmed the missing care plans for R1 and R7 and acknowledged the care plans should have been developed for R1 and R7. Severity: 2 Scope: 2	0515	1) R-1 and R7 Person Centered Service Care Plan are now in placed to R1 dated 6-7-25 and R7 dated 6-7-25. 2 attachments enclosed, 2)To make sure that this deficiency will not occur again, The Annual Person -Centered Service plan is completed upon admission and review once each year. 3)The corrective action will be monitored by Lead Caregiver and Administrator. by checking by at least quarterly. 4) Responsible person to make sure the Plan of Correction is implemented are Lead Caregiver and Administrator. 5)Corrective action was done June 7, 2025. Corrected Date 5-7-2025	07/07/2025

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0859 SS= D	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 1 of 8 residents had an initial and annual physical examination. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 12/30/24 with primary diagnoses including chronic heart failure, seizures, Type II diabetes and hypertension. R3's record documented an initial physical examination dated 04/24/23, one year and eight months prior to admission. R3's record lacked documented evidence of an annual physical for 2024 and 2025. On 05/29/25 at 3:15 PM, the Caregiver and Administrator confirmed the 2023 physical examination and missing annual physical examinations for R3. Severity: 2 Scope: 1	0859	1) Resident #3 Admitted 12-30-24 under the care of hospice. R-3 is discharged 6-30-25 at Spencer Luxury Care Found on her file Physical examination dated 7-30-24 and 1-29-25. 2) To make sure that this deficiency will not occur again, the owner and Lead caregiver will make sure that upon admission of new resident, must present the result of general physical examination to the facility. 3) The corrective action will be monitored by owner, lead caregiver and administrator periodically, and make sure physical examination are current. 4)Responsible persons to make sure that the plan of correction is implemented are the owners and the administrator. 5) Corrective action was done in July 24, 2025 Corrected Date 5-30-2025	07/10/2025
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician,	0878	1) R-3 exit the facility 5-30 25 R-4 exit 5-30-25 R-5 only one day No longer lives in the facility. R-5 leftover medications R-5 medications (Attachment Medication Destruction Log) R-8 Bisacodyl written in PRN MAR (2 Attachment) 2) To make sure that this deficiency will not occur again, the administrator and lead caregiver will check any leftover medications of discharged resident will be destroyed after 30 days, and all PRN medications must be written in PRN MAR. 3 The corrective action will be monitored by Administrator and lead caregiver by checking PRN MAR regularly. 4) The responsible person to make sure the Plan of Correction is implemented are	07/25/2025

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	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, 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 medications were on site to administer for 4 of 8 residents (Resident #3 and #8); over the counter medications had labels to identify the resident and physician on them for 1 of 8 residents (Resident #4); and medications for a discharged resident were not stored with another resident's medications, and not destroyed (Resident #5). Findings include: Resident #3 (R3) R3 was admitted on		Administrator and owners. 5) Corrective action was done June 25, 2025. Corrected Date 6-25-2025	

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	12/30/24 with primary diagnoses including chronic heart failure, seizures, Type II diabetes and hypertension. A 07/28/24 physician order for Bisacodyl suppositories 10 milligrams (mg) insert 1 daily as needed (PRN) if no bowel movement for 5 days, was not onsite to administer. The medication was listed on the May 2025 Medication Administration Record (MAR). The 04/18/25 Medication Review for R3 documented the medication list was "ok" and signed by a Registered Nurse (RN). The Review list included the Bisacodyl suppositories. On 05/29/25 at 2:30 PM, the Caregiver confirmed the Bisacodyl was not on site to administer and reported they had not ordered the medication. The Caregiver explained the RN relied on what the Caregiver sent them to review and did not check the medication packages. Resident #4 (R4) R4 was admitted on 05/15/25 with diagnoses including chronic heart failure, chronic kidney disease III and asthma. On 05/29/25 at 3:00 PM, observed Calcium 600 mg and Centrum Silver vitamins in R4's medication bin. The bottles had no label to identify the resident or ordering physician. On 05/29/25 at 3:00 PM, the Caregiver confirmed the medication bottles for R4 did not have labels on them. Resident #5 (R5) On 05/29/25 at 1:30 PM, observed medication for a discharged resident in R5's medication bin. The medication was 20 vials of Lorazepam 2 mg/milliliters (ml), dispensed on 04/05/25. On 05/29/25 at 1:30 PM, the Owner confirmed the observation and reported the Lorazepam belonged to a resident that was only at the facility for one night. The Owner and the Caregiver acknowledged the Lorazepam should not have been in R5's medication bin and should have been given to the resident upon discharge or destroyed after 30 days. Resident #8 (R8) R8 was admitted on 02/25/22 with diagnoses including atrial fibrillation, dementia and depression. A 04/30/24 physician order for Bisacodyl Suppositories 10 mg insert 1 rectally PRN if no bowel movement in 5 days. The medication was listed on the May 2025 MAR. The Bisacodyl was not on site to administer. On 05/29/25 at 2:05 PM, the Caregiver confirmed the Bisacodyl was not			

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	on site and had not ordered it yet. 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 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 record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete and accurate for 2 of 8 residents. (Resident #3 and #7) Findings include: Resident #3 (R3) R3 was admitted on 12/30/24 with primary diagnoses including chronic heart failure, seizures, Type II diabetes and hypertension. A 05/15/25 physician order for Senna Plus 50 milligrams (mg) 8.6 tablet take 1 tablet daily as needed (PRN), was not listed on the May 2025 MAR. On 05/29/25 at 2:20 PM, the Caregiver confirmed the Senna Plus was not listed on the May 2025 MAR and should have been. Resident #7 (R7) R7 was admitted on 05/14/25 with primary diagnoses of Type II diabetes, hemiplegia following cerebral	0895	1) Resident #3 No longer Live in the Facility. Resident #7 medications now on Month of MAY MAR.(3 Attachment enclosed) 2) To make sure this deficiency will not occur again the Lead caregiver and administrator will regularly check all PRN medications prescribed are written on PRN MAR.. 3)The corrective action will be monitored by lead caregiver and administrator. 4) The responsible persons to make sure thar the plan of correction is implemented are owners and administrator. 5)The corrective action was done July 7, 2025 Corrected 7-7-2025	07/07/2025

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	infarction, epilepsy and hypertension. On 05/29/25 at 1:55 PM, the May 2025 MAR did not list the following medications prescribed on 05/14/25 by a physician for R7: Tramadol HL 50 mg 1 tablet every 12 hours PRN for pain, dispensed on 05/14/25. IPRAT-Albuterol 0.5 mg/3 milliliters (ml) inhale 1 vial in nebulizer every 6 hours PRN for shortness of breath and wheezing, dispensed on 05/14/25. Polyethylene Glycol 3350 powder dissolve 17 grams of powder in 8 ounces of water PRN for constipation, dispensed on 05/14/25. On 05/29/25 at 1:55 PM, the Caregiver reported they had not written the PRN page yet for R7. The Caregiver explained their process for completing the MAR was to look at the medication, then the physician order, then add the medication to the MAR. Severity: 2 Scope: 2			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 8 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 09/20/23 with diagnoses including respiratory failure, dysphagia due to cerebral infarction and hypertension. R2's record documented a two-step TB test with a final read date of 09/30/23 and negative result. R2's record lacked documented evidence of an annual 2024 TB test. On 05/29/25 in the afternoon, the Administrator acknowledged the missing annual TB test for R2. Severity: 2 Scope: 1	0936	1) R2 had an incomplete TB step so the doctor ordered QuantiFERON-TB Gold Plus so only one application instead of 2 STEPS. 2)To make sure that the deficiency will not be occur again. The Lead caregiver will monitor when is the due date and schedule the TB Test to visiting Nurse. 3)The corrective action will be monitored by Lead Caregiver and Administrator.by checking every 6 months. 4)The responsible person to make sure that the plan of correction is implemented are the Owners and Lead Caregiver and Administrator. 5) Corrective action was done July 7, 2025 Corrected 7-7-2025	07/07/2025

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (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 initial Activities of Daily Living (ADL) Assessment was completed for 1 of 8 residents. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 12/30/24 with primary diagnoses including chronic heart failure, seizures, Type II diabetes and hypertension. R3's record documented an initial ADL Assessment dated 04/27/25, four months after the admission date. On 05/29/25 at 3:15 PM, the Caregiver confirmed the late ADL Assessment for R3 and acknowledged the ADL Assessment should have been completed at the time of admission for R3. Severity: 2 Scope: 1	0938	1) Resident #3 is no longer in the facility. R-3 Exit the facility on June 30, 2025. The ADL dated April 22, 2025, is enclosed. 2)To make sure that this deficiency will not occur again The ADL form is ready after the admission for the caregiver to fill up the following day. An evaluation of the resident's ability to perform the activities of daily living if he or she needs assistance to perform those activities. 3)The corrective actions will be monitored by lead caregiver and administrator. 4) The responsible person to make sure that the plan of correction is implemented are owners and lead caregiver. 5) Corrective action was done April 22, 2025 Corrected 5-30-2025	07/07/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11041	A. BUILDING _____ B. WING _____	05/29/2025

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents. Findings include: On 05/29/25 at 8:55 AM, two cabinet doors under the kitchen sink housed toxic substances, including multiple bottles of various types of cleaning products, was not locked. There were gates at both entrances to the cleaning and cooking area of the kitchen, however one gate was open at the time of the observation. On 05/29/25 in the morning, the Caregiver acknowledged the unsecured cabinet. Severity: 2 Scope: 3	0999	1)The administrator called for a meeting to all caregivers and owners regarding the TOXIC substances, that all Toxic substances are all locked in the cabinet at all times, including under the sink at all times. 2)To make sure the deficiency will not occur again made sure under the kitchen sink door are locked at all times and also the kitchen gates are locked at all times. 3) The corrective action will be monitored by lead caregiver and owners every day. 4) The responsible persons to make sure that the plan of correction is implemented are lead caregiver owners, and administrator. 5) Corrective action was done July 7, 2025 Corrected 7-7-2025	07/07/2025
1600 SS= C	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 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	1600	1) Preferred Name and Pronoun are in placed in the resident's contract of Resident #1 Admit date 11-25-20 R-2 Admit date9-20-23 R-5 Admit date 3-21-25 R-6Admit date 10-25-24 R-7 Admit date 5-14-25 R-8 Admit date 2-25-22. 2)The Policy are included in our Rights During admission and in our Non-Discrimination Policy included in the resident's contract. 3)How the corrective action will be monitored by Lead caregiver and Administrator. 4)The Administrator responsible for ensuring the Plan of correction is implemented. 5) The corrective action was implemented on July 7, 2025	07/17/2025

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	11041	A. BUILDING _____ B. WING _____	05/29/2025

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	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 there were policies developed and resident records revised in compliance with R016-20 Section 19, regarding resident records to reflect resident gender identity or expression and preferred name. Findings include: A review of residents records for #1, #2, #3, #4, #5, #6, #7 and #8, documented no revisions to the records to reflect gender identity or expression and preferred name. The facility had no revised policies to be in compliance with R016-20 Section 19 and R016-20 Section 20. On 05/29/25 in the afternoon, the Caregiver and Administrator confirmed there were no updated policies or changes to resident records to reflect the new regulations. Severity: 1 Scope: 3			