

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER CORINTHIAN PLACE SOUTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5855 LONE HORSE DR, RENO, NEVADA ,89502		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

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: LISABETTE S TAPAWAN	Title: Administrator	Date: 05/02/2026
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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 an annual survey completed at your facility on 01/26/2026. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident records and five employee records were reviewed. The facility received a grade of A.			
Y 0515 SS= F	NAC 449.259 Supervision of residents. 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. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will	Y 0515	PLAN OF CORRECTION Date of Issue: March 12, 2026 Date of Correction: March 13, 2026 1. How will you correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); The Administrator will review and update the person-centered service plans for all residents to ensure compliance with Nevada Administrative Code 449.259: 1. by adding the required documentation describing how caregivers will be informed of the type of protective supervision for each resident; 2. by revising intake/admission documents to include preferred religious practice; how the facility will ensure residents have the opportunity to attend	03/20/2026

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	ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to develop complete person-centered service plans for 7 of 7 residents. Findings include: On 01/26/2026, during resident record review, service plans for 7 of 7 residents lacked the following: -the manner in which caregivers would be informed of the type of protective supervision for each resident. -the manner in which the facility will ensure that the resident has the opportunity to attend religious service. -the permission to leave and enter the facility, and the physical and mental capabilities for each resident do so. -laundry services for the resident, unless		religious services of their choice and receive pastoral counseling if desired; 3. the facility will revised its waiver form to inform the resident, relatives & other responsible individuals the assessed physical and mental capability of resident to leave and enter the facility in accordance with facility policies; 4. the provision of laundry services or written election for alternative arrangements and how clothing will be maintained clean, comfortable, and presentable; and 5. the steps taken to inform residents or their representatives on protecting personal valuables. All updated service plans will be verified as complete by the Administrator. <i>Refer to Attachment A, B, C, D and E</i> 2. What measure or systematic change (s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); The facility will implement an endorsement procedure of caregivers shift change, a revised person-centered service plan template, revised its admission documents to include religious practice, preference on laundry services, preferred safety of items of value, and checklist to ensure all required components under Nevada Administrative Code 449.259 are included, and the Administrator will provide re-education to the Lead Caregiver and staff responsible for completing service plans on regulatory requirements and documentation standards, with the Administrator reviewing and approving all new and updated service plans to ensure completeness and compliance. <i>Refer to Attachment B</i>	

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	the resident elects in writing to make other arrangements, and the manner in which each resident's clothes would be cleaned. -the steps to inform how each resident's valuables would be protected. On 01/26/2026 at 12:25 PM, the Lead Caregiver confirmed the residents service plans were not completed with the required information but should have been. Severity: 2 Scope: 3		3. How the correctiveaction(s) will be monitored to ensure the deficient practice will not recur(MUST ADDRESS) The Administrator will monitorcompliance by performing monthly audits of all resident person-centered serviceplans to verify that all required elements under Nevada Administrative Code449.259 are properly documented. Any deficiencies identified will be correctedimmediately and staff will receive additional training if needed. After theinitial monitoring period, audits will be conducted quarterly as part of thefacility's quality assurance process. Person-centered service plans will also be reviewed at least once a year and whenever there is a change in theresident's condition or care needs. 4. The title of theperson (position) responsible for ensuring the plan of correction isimplemented (DO NOT INCLUDE PERSONAL NAMES, JUST US THE TITLE or POSITION)(MUST ADDRESS); Administrator and Facility Owner 5. The date thecorrective action will be completed (MUST INCLUDE) March20, 2026	