STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10764	A. BUILDING _____ B. WING _____	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING AT MOUNTAINS EDGE	9651 TRATTORIA STR, LAS VEGAS, NEVADA ,89178

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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 an annual survey completed in your facility on 06/30/26. The facility is licensed for nine 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 seven. Seven resident files and four employee files were reviewed. The facility received a grade of C.			
Y 0106 SS= D	**NAC 449.0113 and R089-24** 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 in accordance with the requirements of section 2 of R089-24; **Reference - R089-24 Sec. 2**. 1. A person who is required by this chapter to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation may complete any training, course or program to become certified or to renew certification, as applicable, through: (a) In-person instruction only;	Y 0106	How you will correct the specific finding(s) statedin the Statement of Deficiencies? Employees 1 did take the correct course howeverthe paperwork was improperly filed in the employee's binder. CPR and 1st Aid as the attacheddocumentation verifies. 1) Whatmeasures or systematic change (s) will be put into place to ensure the deficientpractice does not recur? The facility will be sure to file properly. 2) How thecorrective action(s) will be monitored to ensure that the deficient practicewill not recur? The facility will be sure to verify prior to surveywindow that all documents are filed properly. 3) The title of the person (position) responsible forensuring this is implemented? (JUST USE THE TITLE or POSITION)	06/27/2026

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	(b) A combination of in-person instruction and virtual or electronic instruction, if interactive, hands-on skills training or skills verification is provided in person; or (c) Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded. 2. If a certificate is earned in accordance with the requirements of subsection 1, the Division shall accept a certificate issued by the American Red Cross, the American Heart Association, the Health and Safety Institute or another similar nationally recognized organization as proof of certification or renewal of certification. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received an in-person cardiopulmonary resuscitation (CPR) training. (Employee #1) Findings include: Employee #1 (E1) E1 was hired on 08/21/24 as the Administrator. E1's file revealed CPR training was completed online on 05/01/25. E1's record lacked documented evidence of CPR training with an in-person component. On 06/30/26 in the morning, the Head Caregiver confirmed E1's online CPR training did not have an in-person component and acknowledged the in-person component was required to be in compliance. Severity: 2 Scope: 1		The Administrator 4) What datethe corrective action will be completed? By June 27, 2026 5) SupportingDocuments The documentation is attached.	
Y 0370 SS= F		Y 0370	1) How you will correct the specific finding	08/06/2026

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	NAC 449.224 Housing for staff members. 1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to 8, inclusive, of NAC 449.218 and the provisions of NAC 449.220 and 449.221. 2. Members of the staff of the facility and their families who live at the facility shall be deemed residents of the facility for the purposes of determining the number of toilets, lavatories and tubs or showers the facility is required to have pursuant to NAC 449.222. All toilets, lavatories and tubs or showers used by the members of the staff of the facility or their families must comply with the provisions of NAC 449.222. Inspector Comments: Based on observation and interview, the facility failed to install windows in 2 of 2 Caregiver rooms, per the requirement at NAC 449.218(2). Findings include: The garage had two separate enclosed Caregiver rooms with doors. There was no evidence there were any windows inside both of the rooms, which could be opened to the outside. Observation of personal belongings such as clothing, shoes, photos and other personal items were observed in both rooms. On 06/30/26 in the morning, the Head Caregiver indicated staff members lived in both Caregiver rooms located in the garage and acknowledged there were no windows.		(s) statedin the Statement of Deficiencies? One of these rooms was built years ago to houseand cool the fire panel. The second roomwas built during Covid. They serve as climate-controlled storage areas and forcaregivers to take breaks in. Theserooms were never intended to be used as caregiver rooms as they do not complywith the regulations. Moving forward, theserooms will be used as storage rooms. **2)** What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? The administrator will make sure they are not usedas living quarters. **3)** How the corrective action(s) will be monitored toensure the deficient practice will not recur? The administrator will verify on a bi-monthlybasis. **4)** The title of the person (position) responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator **5)** What date the corrective action will be completed? By August 6, 2026 **6)** Supporting Documents Photos are submitted asto prove they have been cleared out and no longer lived in.	

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	Severity: 2 Scope: 3			
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 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;	Y 0515	1) How you will correct the specific finding (s) statedin the Statement of Deficiencies? As the administrator, I have created a more concisePlan of Care packet of forms that will supply (moving forward) the necessaryinformation on summary pages. 2) What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? I will create a Plan of Care packet of forms thatwill be filled out in for all new future residents. I will have a meeting withall caregivers to go over the new form and regulations and make sure everyoneunderstands the regulation and understands the **reason** for theregulation. 3) How the corrective action(s) will be monitored toensure the deficient practice will not recur? The administrator will review resident bindersevery 2 months. 4) The title of the person (position) responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator 5) What date the corrective action will be completed? By August 6, 2026 6) Supporting Documents The documentation is attached	08/06/2026

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	(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 interview and record review, the facility failed to develop a person-centered service plan for 5 of 7 residents (Resident #2, #3, #4, #5, and #6). Findings include: Resident #2 (R2) R2 was admitted to the facility on 01/22/23, with a diagnosis of Alzheimer's. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 08/22/24 with a diagnosis of heart disease. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 01/13/25, with a diagnosis of senile degeneration of the brain. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 09/20/23, with a diagnosis of Alzheimer's.			

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	R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 11/02/25, with a diagnosis of Alzheimer's. R6's file lacked a person-centered service plan. On 06/30/26 in the afternoon, the Head Caregiver acknowledged person-centered service plans were not developed for R2, R3, R4, R5, and R6. Severity: 2 Scope: 3			
Y 0870 SS= E	NAC 449.2742 **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: (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	Y 0870	1) How you will correct the specific finding (s) statedin the Statement of Deficiencies? The administrator will develop a form that will beused in the future for the 6-months medication review which will be insertedinto each Residents Binder. 2) What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? The administrator will train the staff in the useof this form. 3) How the corrective action(s) will be monitored toensure the deficient practice will not recur? The administrator will verify on a monthly basis. 4) The title of the person (position) responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator	07/10/2026

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	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 facility 1) failed to ensure six-month medication reviews were initialed as reviewed by the Administrator for 2 of 7 sampled residents (Resident #4 and #6) and 2) failed to ensure a medication review was completed every six months for 1 of 7 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 01/22/23, with a diagnosis of Alzheimer's. On 06/30/26 in the afternoon, R2's file review revealed a documented medication review completed on 06/26/25 but lacked documented evidence of a completed medication review for the year 2026. On 06/30/26 in the afternoon, the Head		5) What date the corrective action will be completed? July 10, 2026 6) Supporting Documents The documentation is attached.	

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	Caregiver acknowledged R2's missing medication review and was unable to provide the documentation. Resident #4 (R4) R4 was admitted on 01/13/25 with a diagnosis of senile degeneration of the brain. R4's most recent medication review was performed on 02/09/26. There was no documentation of the Administrator's initials on R4's medication review. Resident #6 (R6) R6 was admitted on 11/02/25 with a diagnosis of Alzheimer's. R6's most recent medication review was performed on 03/25/26. There was no documentation of the Administrator's initials on R6's medication review. On 06/30/26 in the afternoon, the Head Caregiver acknowledged the Administrator's initials were not on R4's 02/09/26 medication review and R6's 03/25/26 medication review and should have been. Severity: 2 Scope: 2			
Y 0890 SS= D	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted	Y 0890	1) How you will correct the specific finding (s) statedin the Statement of Deficiencies? The Administrator will meet with and train the head caregiver. Resident #7s MAR was corrected. 2) What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? The administrator will continue to train all thestaff members on the importance of the documentation of the MAR. 3) How the corrective action(s) will be	07/01/2026

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	the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (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; and (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. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication		monitored toensure the deficient practice will not recur? The administrator will verify on a monthly basis. **4)** The title of the person (position) responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator **5)** What date the corrective action will be completed? July 15, 2026 **6)** Supporting Documents None	

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	Administration Record (MAR) included accurate documentation for 1 of 7 resident's medications (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 05/13/26, with diagnoses including chronic obstructive pulmonary disease and brain cancer. R7's medication container revealed a bottle of medication labeled Divalproex (generic for Depakote) 125 milligram (mg), take one tablet by mouth three times daily. A Physician's order dated 05/24/26 documented Depakote 125 mg, take 1 tablet orally three times daily for mood stabilization. On 06/30/26 in the afternoon, Divalproex (generic for Depakote) was not listed on R7's 2026 June MAR. On 06/30/26 in the afternoon, the Head Caregiver acknowledged R7's June MAR 2026 lacked documentation evidence the Divalproex was administered in the month of June 2026. The Head Caregiver verbalized the resident received the medication, but the Head Caregiver forgot to add the Divalproex to R7's June 2026 MAR. Severity: 2 Scope: 1			
Y 0930 SS= D	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 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.	Y 0930	1) How you will correct the specific finding (s) statedin the Statement of Deficiencies? This Resident was short term stay and moved out on7/15/2026. The hospice company did notprovide the step 2 test and in the future the administrator will follow-up withdocumentation. 2) What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? The administrator will train the staff to verifythat the step 2 TB is performed on	07/15/2026

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	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; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing		the residents. 3) How the corrective action(s) will be monitored toensure the deficient practice will not recur? The administrator will verify on a monthly basis. 4) The title of the person (position) responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator 5) What date the corrective action will be completed? July 15, 2026 6) Supporting Documents None	

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	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 the resident or a representative of the resident. (i)The name and telephone number of the vendors and			

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	10764	A. BUILDING _____ B. WING _____	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING AT MOUNTAINS EDGE	9651 TRATTORIA STR, LAS VEGAS, NEVADA ,89178

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	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 review and interview, the facility failed to ensure a two-step tuberculosis (TB) test was completed upon admission for 1 of 7 residents (Resident #7). Findings include:			

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	Resident #7 (R7) R7 was admitted on 05/13/26, with diagnoses including chronic obstructive pulmonary disease and brain cancer. R7's file lacked documented evidence of an initial two-step TB test completed upon admission. On 06/30/26 in the afternoon, the Head Caregiver was unable to provide documented evidence of an initial two-step TB completed upon admission for R7. The Head Caregiver acknowledged R7's TB tests had not been completed per the requirement. Severity: 2 Scope: 1			
Y 1600 SS= C	**NAC 449.011943 and R004-24** **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	Y 1600	1) How you will correct the specific finding (s) statedin the Statement of Deficiencies? The administrator will make sure the proper paperworkis properly filed in each Residents Binder. 2) What measures or systematic change (s) will be putinto place to ensure the deficient practice does not recur? The administrator created this change with thenew Rental Agreement. 5 of the 7 residents are on an old lease agreement thateach have an amendment to the agreement to rectify this problem. 3) How the corrective action(s) will be monitored toensure the deficient practice will not recur? There should be no actions needed as the information is and must be filled out in the rental agreement before the resident moves in. 4) The title of the person (position)	03/01/2025

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	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 subsection1, include, without limitation: (a) The preferred name and pronoun ofthe patient or resident; (b) The gender identity or expressionof 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		responsible forensuring the plan of correction is implemented? (JUST USE THE TITLE or POSITION) The Administrator **5)** What date the corrective action will be completed? March 2025 **6)** Supporting Documents The 7 resident documentations are attached	

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	(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 7 of 7 resident files included documentation of preferred name, pronoun, and gender expression. Findings include: Review of 7 of 7 resident files revealed the facility did not adapt written records to reflect residents' preferred name, pronoun, and gender expression. On 06/30/26 in the morning, the Head Caregiver acknowledged resident records			

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	were not adapted to reflect preferred name, pronoun and gender expression. Severity: 1 Scope: 3			