STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11167	A. BUILDING _____ B. WING _____	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC-CENTENNIAL	8204 CABIN SPRINGS AVENUE, LAS VEGAS, NEVADA ,89131

(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 an annual State Licensure survey completed at your facility on 09/23/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, 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 C. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			
Y 0102 SS= E	NAC 449.200 and R043-22 (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 3 of 6 employees had initial and/or annual tuberculin (TB)	Y 0102	1.All appropriate documents was at the facility prior to survey and have been submitted for our rehires 2.Management reviews all employee packets to be sure all are up to date. Will be available when surveyor request 3.We have a spreadsheet checklist of all required documents that are checked per each employee 4.General Manager 5.1/16/26 6.Documents have been submitted	01/16/2026

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	tests. (Employee #4, #5 and #6) Findings include: Employee #4 (E4) E4 had a 02/02/24 hire date as a Caregiver. E4's record documented a two-step TB test with a final read date o 01/14/24 and a negative result. E4's record documented an annual TB test with a 02/22/25 read date and negative result, beyond 364 days from the previous test. Employee #5 (E5) E5 had a 01/25/24 hire date as a Caregiver. E5's record documented a two-step TB test with a final read date of 01/14/24 and a negative result. E5's record documented an annual TB test with a 02/22/25 read date and negative result, beyond 364 days from the previous test. Employee #6 (E6) E6 had a 09/15/25 hire date as a Caregiver. E6's record documented a one-step TB test with a 06/28/24 read date and negative result. E6's record lacked documented evidence of a second step TB test. On 09/23/25 at 2:40 PM, the Manager confirmed the lapses in annual TB tests for E4 and E5 and the lack of a second step TB test for E6. Severity: 2 Scope: 2			
Y 0106 SS= D	NAC 449.0113 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	Y 0106	1.All employees are required to take cpr/first aid in person 2.Assign all employees to in person cpr registration 3.Spreadsheet created for each employee to keep up with cpr and renewals 4.General Manager 5.1/16/26 6.CPR for in person completed for listed employees	01/16/2026

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	cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 6 Caregivers maintained cardiopulmonary resuscitation (CPR) and/or first aid training, per the requirement. (Employee #2 and #3) Findings include: Employee #2 (E2) E2 had a 04/15/23 hire date as a Manager/Caregiver. E2's record documented first aid and CPR training that expired on 12/22/23. E2's record documented online first aid and CPR dated 01/26/24. There was no hands-on CPR component documented. E2's record documented updated first aid and CPR training dated 04/10/25, 16 months after the last complete training. Employee #3 (E3) E3 had a 01/25/24 hire date as a Caregiver. E3's record documented first aid and CPR training that expired on 06/10/24. E3's record documented first aid and CPR renewal dated 03/04/25, nine months after the last first aid and CPR training. On 09/23/25 at 1:45 PM, the Manager confirmed the online CPR training for E2 and lapse of training for E2 and E3. Severity: 2 Scope: 1			
Y 0515 SS= F		Y 0515	1.All residents care plans will be re done every six months	01/16/2026

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	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; (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		2.Correct and update all resident care plan every six months 3.Files are checked weekly to be sure this does not recur again 4.General Manager 5.1/16/26	

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	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 ensure initial and/or annual Person-Centered Care Plans were completed for 6 of 9 residents. (Resident #1, #2, #6, #7, #8 and #9) Findings include: Resident #1 (R1) R1 was admitted on 04/19/22 with primary diagnoses including chronic kidney disease Stage 3, cerebral infarction, atrial fibrillation, COPD and depression. R1's record documented a Person-Centered Care Plan (PCP) dated 04/01/25. The form was blank. Resident #2 (R2) R2 was admitted on 09/30/24 with primary diagnoses including pulmonary embolism, hypotension and hypokalemia. R2's record lacked documented evidence of an initial PCP. The first documented PCP for R2 was dated 02/01/25. Resident #6 (R6) R6 was admitted on 11/26/23 with primary diagnoses including prolapsed uterus, dementia and hypertension.			

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	R6's record lacked documented evidence of an initial PCP. The first documented PCP for R6 was dated 02/01/25. Resident #7 (R7) R7 was admitted on 03/21/24 with primary diagnoses including Type II diabetes, dementia and atrial fibrillation. R7's record lacked documented evidence of an initial PCP. The first documented PCP for R7 was dated 02/01/25 and was blank. Resident #8 (R8) R8 was admitted on 11/06/24 with diagnoses including Type II diabetes, Bell's palsy, chronic kidney disease Stage 3 and major depressive disorder. R8's record lacked documented evidence of an initial PCP. The first documented PCP for R8 was dated 02/01/25. Resident #9 (R9) R9 was admitted on 03/04/24 with diagnoses including type II diabetes, chronic obstructive pulmonary disease, dementia and alcohol liver disease. R9's record documented a PCP dated 08/06/24, five months after admission. The next PCP was dated 03/01/25. R9's record lacked documented evidence of an annual PCP. On 09/23/25 in the morning, the Manager confirmed the late, blank or missing PCPs for R1, R2, R6, R7, R8 and R9. Severity: 2 Scope: 3			

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Y 0878 SS= F	NAC 449.2742 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 , 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	Y 0878	1.All orders for medications are in residents folder 2.Monitor residents medications closely 3.All medications including over the counter will have a physicians order 4.General Manager 5.1/16/26 6.Documents attached	01/16/2026

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	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 there were physician orders for medications for 5 of 9 residents. (Resident #2, #3, #7, #8 and #9) Findings include: Resident #2 (R2) R2 was admitted on 09/30/24 with primary diagnoses including pulmonary embolism, hypotension and hypokalemia. On 09/23/25 in the afternoon, observed a package of Famotine 20 milligrams (mg), take 1 tablet twice daily, in R2's medication bin. The medication was dispensed on 09/12/25. The Famotine was not listed on the Physician Orders document printed on 09/23/25 and was not listed on the September 2025 Medication Administration Record (MAR). R2's file lacked documented evidence of a physician order. The Physician			

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	Order document printed on 09/23/25 lacked an order date for the Famotine and was not proof of a physician order. Resident #3 (R3) R3 was admitted on 01/11/25 with primary diagnoses including atherosclerosis of native arteries of the right leg and depression. On 09/23/25 in the afternoon, observed a medication package of Methocarbamol 500 mg dispensed on 01/07/25, that documented take ½ tablet (250 mg) every 6 hours for muscle spasms. Review of a Physician Order document printed on 09/23/25 documented Methocarbamol 500 mg take 1 tablet at bedtime. There was no evidence of a second package of Methocarbamol with a physician order to take 1 tablet at bedtime in R3's medication bin. On 09/23/25 in the afternoon, the Physician Order document printed on 09/23/25 for Centrum Silver 1% oral was listed as 1tablet daily at noon. The medication bottle was labeled as take 1 tablet daily. The Centrum Silver was not listed on the September 2025 MAR. R3's file lacked documented evidence of physician orders for the Methocarbamol and Centrum Silver. The Physician Order document printed on 09/23/25 lacked an order date for the Methocarbamol and Centrum Silver and was not proof of a physician order. Resident #7 (R7) R7 was admitted on 03/21/24 with primary diagnoses including Type II diabetes, dementia and atrial fibrillation.			

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	On 09/23/25 in the afternoon, observed a medication package of Lisinopril 25 mg take 1 tablet daily, dispensed on 08/26/25, in R7's medication bin. The medication was not listed on the Physician Orders document printed on 09/23/25. On 09/23/25 in the afternoon, observed a medication package of Acetaminophen 325 mg take 2 tablets three times daily as needed for pain, dispensed on 04/10/25, in R7's medication bin. The medication was not listed on the Physician Orders document printed on 09/23/25. R7's file lacked documented evidence of physician orders for Lisinopril and Acetaminophen. The Physician Order document printed on 09/23/25 lacked an order date for the Lisinopril and Acetaminophen and was not proof of a physician order. Resident #8 (R8) R8 was admitted on 11/06/24 with diagnoses including Type II diabetes, Bell's palsy, chronic kidney disease Stage 3 and major depressive disorder. On 09/23/25 at 9:40 AM, observed Tylenol, Focus Factor Brain Supplement and Nervive on the bedside table in R8's room unsecured. R8 confirmed the medications belonged to them. Observed Truplus Lancets in R8's room on a table. The Physician Orders document printed on 09/23/25 for R8, lacked documented evidence of physician orders for the Tylenol, Focus Factor Brain Supplement, Nervive and the Truplus Lancets and were not listed on the			

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	September 2025 MAR. R8's file lacked documented evidence of physician orders for Tylenol, Focus Factor Brain Supplement and Nervive. The Physician Order document printed on 09/23/25 lacked an order date for the Tylenol, Focus Factor Brain Supplement and Nervive and was not proof of a physician order. Resident #9 (R9) R9 was admitted on 03/04/24 with diagnoses including Type II diabetes, chronic obstructive pulmonary disease, dementia and alcohol liver disease. On 09/23/25 in the afternoon, observed a tube of Aspercreme in R9's medication bin. The Aspercreme was not listed on the Physician Orders document printed on 09/23/25. R9's file lacked documented evidence of a physician order. The Physician Order document printed on 09/23/25 lacked an order date for the Aspercreme and was not proof of a physician order. Due to the lack of documentation on the September 2025 MARs for R2, R3, R7, R8 and R9, it could not be determined if the residents were receiving medications without the missing physician orders. On 09/23/25 in the afternoon, the Manager confirmed the observations and medications named for R2, R3, R7, R8 and R9 did not have physician orders. Severity: 2 Scope: 3			

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Y 0874 SS= C	**NAC 449.2742** **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure the Administrator initialed the six-month Medication Reviews for 7 of 8 residents in the facility for more than six months. (Resident #1, #2, #3, #5, #6, #7 and #8) Findings include: Resident #1 (R1) R1 was admitted on 04/19/22 with primary diagnoses including chronic kidney disease Stage 3, cerebral infarction, atrial fibrillation, COPD and depression. R1's record documented medication reviews dated 02/13/25 and 06/17/25. The reviews were not initialed by the Administrator. Resident #2 (R2) R2 was admitted on 09/30/24 with primary diagnoses including pulmonary embolism, hypotension and hypokalemia. R2's record documented a medication	Y 0874	1.Every six months all med reviews are signed by admin and physician. Admin initialed page 1 and signed last page of each med review. 2.To be sure all documents are signed correctly and within the time frame 3.Follow up with admin and physician when forms come in 4.General Manager 5.1/16/26 6. Med reviews uploaded.	02/25/2026

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	review dated06/17/25. The review was not initialed by the Administrator. Resident #3 (R3) R3 was admitted on 01/11/25 with primary diagnoses including atherosclerosis of native arteries of the right leg and depression. R3's record documented a medication review dated 06/18/25. The review was not initialed by the Administrator. Resident #5 (R5) R5 was admitted on 04/5/23 with primary diagnoses including Type II diabetes, dementia, chronic kidney disease Stage 3 and hypertension. R5's record documented medication reviews dated 02/18/25 and 06/18/25. The reviews were not initialed by the Administrator. Resident #6 (R6) R6 was admitted on 11/26/23 with primary diagnoses including prolapsed uterus, dementia and hypertension. R6's record documented medication reviews dated 02/18/25 and 08/07/25. The reviews were not initialed by the Administrator. Resident #7 (R7) R7 was admitted on 03/21/24 with primary diagnoses including Type II diabetes, dementia and atrial fibrillation. R7's record documented a medication review dated 06/18/25. The review was not initialed by the Administrator. Resident #8 (R8) R8 was admitted on 11/06/24 with diagnoses including Type II diabetes, Bell's palsy, chronic kidney disease Stage 3 and major depressive disorder.			

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC-CENTENNIAL	8204 CABIN SPRINGS AVENUE, LAS VEGAS, NEVADA ,89131

(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
	R8's record documented a medication review dated 06/18/25. The review was not initialed by the Administrator. On 09/23/25 in the morning, the Manager acknowledged the missing initials on the medication management reviews for R1, R2, R3, R5, R6, R7 and R8. Severity: 1 Scope: 3			
Y 0930 SS= E	**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. 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	Y 0930	1.All documents are submitted and up to date 2.Monitor residents annuals closely to be sure they do not expire 3.Spreadsheet created for annuls to monitor closely 4.General Manager 5.1/16/26	01/16/2026

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	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 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			

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	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 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			

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	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: 1) There were initial Activities of Daily Living (ADL) Assessments admission for 2 of 9 residents (Resident #2 and #3); 2) There was an initial physical examination for 1 of 9 residents had (Resident #4); and 3) There were complete tuberculin (TB) tests for 1 of 9 residents, per the requirement. (Resident #9) Resident #2 (R2) R2 was admitted on 09/30/24 with primary diagnoses including pulmonary embolism, hypotension and hypokalemia. R2's record documented an initial ADL			

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	Assessment dated 02/01/25, four months after admission. Resident #3 (R3) R3 was admitted on 01/11/25 with primary diagnoses including atherosclerosis of native arteries of the right leg and depression. R3's record documented an initial ADL Assessment dated 06/11/25, five months after admission. Resident #4 (R4) R4 was admitted on 08/11/25 with primary diagnoses including bilateral hearing loss. R4's record lacked documented evidence of an initial physical examination. Resident #9 (R9) R9 was admitted on 03/04/24 with diagnoses including Type II diabetes, chronic obstructive pulmonary disease, dementia and alcohol liver disease. On 09/23/25 in the morning, R9's record documented a one-step TB test with a 02/12/24 inject date and negative result, and a second step TB test with a 02/20/24 inject date and negative result. The two TB tests lacked documented evidence of read dates for the two tests. On 09/23/25 in the afternoon, the Manager confirmed the two TB tests for R3 were not accurate and confirmed the incomplete TB tests for R9. The Manager acknowledged the late ADL Assessments for R2 and R3 and reported the ADL Assessments were completed every six months. The			

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	Manager confirmed the missing physical examination for R4 and acknowledged the requirement of a physical examination upon resident admission. Severity: 2 Scope: 2			
Y 0920 SS= F	**NAC 449.2748** **Medication Storage.** 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary	Y 0920	1.All orders for over the counter medications are in residents folder 2.Monitor residents medications closely 3.Medications are checked daily and residents rooms are also checked to be sure no medications are kept in the bedrooms and are only kept in office in locked cabinet 4.General Manager 5.3/27/26 6.All orders were submitted	03/27/2026

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	supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications were secure. Findings include: Resident #8 (R8) R8 was admitted on 11/06/24 with diagnoses including type II diabetes, Bell's palsy, chronic kidney disease Stage 3 and major depressive disorder. On 09/23/25 at 9:40 AM, observed Tylenol, Focus Factor Brain Supplement and Nervive on the bedside table. R8 confirmed the medications belonged to them. Observed Truplus Lancets in R8's room. The physician orders for R8 dated 09/23/25, lacked documented evidence of orders for the Tylenol, Focus Factor Brain Supplement, Nervive and the Truplus Lancets. R8's Ultimate User Agreement dated 11/01/24, documented the facility would manage R8's medications. Resident #9 (R9) R9 was admitted on 03/04/24 with diagnoses including type II diabetes, chronic obstructive pulmonary disease, dementia and alcohol liver disease. On 09/23/25 at 9:50 AM, observed a tube of Aspercreme on R9's dresser.			

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	R9's Ultimate User Agreement dated 02/29/24, documented the facility would manage R9's medications. On 09/23/25 in the morning, Aspercreme for R9 was not listed on the physician orders documented on a medication list dated 09/23/25. The September 2025 Medication Administration Records (MAR)for R8 and R9 were requested at the time of survey, but was not provided. On 09/23/25 in the morning, a Caregiver confirmed the observation of the unsecured medications in R8's and R9's rooms. Severity: 2 Scope: 3			
Y 1825 SS= D	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for	Y 1825	1.Modules for infection control was completed before survey and compliant 2.Complete all appropriate assignments for infection control 3.Check website for any updates to be sure all lessons are updated when mandated 4.General Manager 5.1/16/26 6.Modules submitted	01/16/2026

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	Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the Administrator failed to ensure the Infection Control and Prevention Designee acquired the required 15 hours of Infection Control training. (Employee #2) Findings include: Employee #2 (E2) E2 had a 04/15/23 hire date as a Manager/Caregiver. E2 was documented as the facility's Infection Control Designee. E2's record documented an approved Bureau training for unlicensed caregivers dated 03/12/25. E2's record lacked documented evidence of the required 15 hours of Infection Control training for the Infection Control Designee. On 09/23/25 in the afternoon, E2 confirmed being the Infection Control Designee and that the 15 hours of Infection Control training had not been completed.			

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	Severity: 2 Scope: 1			