STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	116	A. BUILDING _____ B. WING _____	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF RENO	3201 PLUMAS STREET, RENO, NEVADA ,89509

(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 a mandatory re-grading survey completed at your facility on 04/07/2026. The facility is licensed for 45 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services, Category II residents. The census at the time of the survey was 33. Eight resident records and eight employee records were reviewed. The facility received a grade of B.			
Y 0850 SS= E	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.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's	Y 0850	1. Upon annual inspection that occurred on 9/11/2025, we were informed of this same issue. Residents #2 and #3 had their annual physical examination on 2/3/26 (#2) and on 2/24/26 (#3). Cannot reproduce missing documents from 2025. 2. Annual physical due dates have been loaded into EHR system for annual reminders for all residents prior to physical expiration date. 3. EHR will alert DHW of expiring physicals one month prior to expiration. A monthly audit will occur to ensure annual physicals are not missed. This will occur monthly for the next 12 months. 4. DHW or designee is repsonible 5.Completion date 4/07/2027 6. Supporting audit form attached 7. All residents have the potential to impacted by this alleged deficient practice. All residents were audited and corrected upon discovery after the 9/11/2025 survey.	05/10/2026

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	physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 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. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the			

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	resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination (exam) was completed annually for 2 of 8 sampled residents (Residents #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 12/04/2020, with diagnoses including dementia, bipolar disease, and chronic kidney disease stage three. Resident #2's record included a physical exam note dated 02/03/2026. The record lacked documented evidence of an annual physical exam for 2025. Resident #3 Resident #3 was admitted to the facility on 03/29/2024, with diagnoses including diabetes mellitus type two, osteoporosis, and hypertension. Resident #3's record included a physical exam note dated 02/24/2026. The record lacked documented evidence of an annual physical exam for 2025. On 04/07/2026 at 10:55 AM, the Wellness Director (WD) verbalized the facility went through a change of ownership in September 2025 and as a result, the facility			

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	no longer had access to any resident information prior to the change of ownership. The WD confirmed the facility did not have documentation of the completion of required annual physical exams for Residents #2 and #3 for 2025 and was not able to verify if the 2026 exams were completed timely. Severity: 2 Scope: 2			
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 supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility.	Y 0870	1. Upon annual inspection that occurred on 9/11/2025, we were informed of this same issue. Residents #2, #3, #5, and #8 all had their MRR completed on 3/2/2026. 2. Partnership with Omnicare pharmacy was established and their next MRR audit will occur on or before 9/2/2026. 3.A monthly audit will occur to MRRs are not missed. This will occur monthly for the next 12 months. 4. DHW or designee 5.Completion date 4/07/2027 6. Supporting audit form attached 7. All residents have the potential to impacted by this alleged deficient practice. All residents were audited and corrected upon discovery after the 9/11/2025 survey.	05/10/2026

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	(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 record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least once every six months for 4 of 8 sampled residents residing in the facility longer than six months (Residents #2, #3, #5, and #8). Findings include: Resident #2 Resident #2 was admitted to the facility on 12/04/2020, with diagnoses including dementia, bipolar disease, and chronic kidney disease stage three. Resident #2's record included six-month drug regimen reviews completed on 03/02/2026 and 07/29/2025, more than six months had elapsed between the reviews. Resident #3 Resident #3 was admitted to the facility on 03/29/2024, with diagnoses including diabetes mellitus type two, osteoporosis, and hypertension. Resident #3's record included six-month drug regimen reviews completed on			

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	03/02/2026 and 07/29/2025, more than six months had elapsed between the reviews. Resident #5 Resident #5 was admitted to the facility on 03/02/2020, with diagnoses including Alzheimer's, atrial fibrillation, and hypertension. Resident #5's record included six-month drug regimen reviews completed on 03/02/2026 and 07/29/2025, more than six months had elapsed between the reviews. Resident #8 Resident #8 was admitted to the facility on 09/16/2024, with diagnoses including hyperlipidemia, hypertension, and erectile dysfunction. Resident #8's record included six-month drug regimen reviews completed on 03/02/2026 and 07/29/2025, more than six months had elapsed between the reviews. On 04/07/2026 at 12:35 PM, the Wellness Director (WD) confirmed a medication regimen review for Residents #2, #3, -------- had not been completed between July 2025 and March 2026. The WD confirmed the reviews had not been completed at least once every six months as required. Severity: 2 Scope: 2			
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.	Y 0930	1. Upon annual inspection that occurred on 9/11/2025, we were informed of this same issue. Resident #1 had their annual TB test on 2/26/26, Resident #2 had their annual TB test on 2/2/26 and Resident #3 had their annual TB on 2/1/26. 2. Annual TB due dates have been loaded into EHR system for annual reminders for all residents prior to expiration date. 3. EHR will alert DHW of expiring TBs one month prior to expiration. A monthly audit will occur to ensure annual TB screening/tests are not missed. This will occur monthly for the next 12 months. 4. DHW or designee is responsible	05/10/2026

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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		5.Completion date 4/07/2027 6. Supporting audit form attached 7. All residents have the potential to impacted by this alleged deficient practice. All residents were audited and corrected upon discovery after the 9/11/2025 survey.	

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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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	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 3 of 8 sampled residents (Residents #1, #2, and #3) met the requirements for Tuberculosis (TB) screening in accordance with Nevada Administrative Code (NAC) 441A.			

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	Findings include: Resident #1 Resident #1 was admitted to the facility on 11/11/2025, with diagnoses including congestive heart failure, hypertension, and hypothyroidism. Resident #1's record included documentation of a Quantiferon-TB Plus laboratory test collected on 02/26/2026. The result was negative and the date reported was 03/03/2026. Resident #1's record lacked documented evidence of the completion of required TB screening prior to or upon admission to the facility. Resident #2 Resident #2 was admitted to the facility on 12/04/2020, with diagnoses including dementia, bipolar disease, and chronic kidney disease stage three. Resident #2's record included documentation of a Quantiferon-TB Plus laboratory test collected on 01/29/2026. The result was negative and the date reported was 02/02/2026. Resident #2's record lacked documented evidence of TB screening for 2025. Resident #3 Resident #3 was admitted to the facility on 03/29/2024, with diagnoses including diabetes mellitus type two, osteoporosis, and hypertension. Resident #3's record included documentation of a Quantiferon-TB Gold Plus laboratory test collected on 01/29/2026. The result was negative and the date reported was 02/01/2026. Resident #2's record lacked documented evidence of TB screening for 2025. On 04/07/2026 at 10:55 AM, the Wellness Director (WD) verbalized the facility went through a change of ownership in September 2025 and as a result, the facility			

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	no longer had access to any resident information prior to the change of ownership. The WD confirmed the facility did not have documentation of the completion of required initial TB screening prior to or upon admission to the facility for Resident #1. The WD could not verify if the 2026 screenings for Residents #2 and #3 were completed timely. Severity: 2 Scope: 2			
Y 1300 SS= C	**Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.]** 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national	Y 1300	1. Upon re-inspection that occurred on 4/7/2026, the noted deficiency was corrected to the correct State Agency phone number. 2. There is no systemic change required. The correction has been made. 3. The website will be monitored monthly to ensure contact information is accurate. 4. ED or designee is repsonible 5.Completion date 4/07/2027 6. Supporting audit form attached 7. All residents have the potential to impacted by this alleged deficient practice.	05/10/2026

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	origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure a non-discrimination statement with contact information for filing a complaint was included in marketing material including the Internet website. Findings include: On 04/07/2026 at 10:47 AM, the facility's Internet website, used to market the facility,			

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	lacked the State Agency's contact information for filing a discrimination complaint. On 04/07/2026 at 11:55 AM, the Administrator confirmed the facility's Internet website had a non-discrimination statement yet lacked the State Agency's contact information for filing a discrimination complaint. Severity: 1 Scope: 3			