STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11698	A. BUILDING _____ B. WING _____	08/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA BASIN MEMORY CARE	1001 NORTH MOUNTAIN STREET, CARSON CITY, NEVADA ,89703

(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 regrading survey and complaint investigation completed at your facility on 08/10/2026. The facility is licensed for 54 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 27. Ten resident records, one closed record, and ten employee records were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #14056 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of staff to resident interactions, resident appearance and grooming, dining, and a tour of the facility. Interviews were conducted with family members of residents, the Activities Director, Caregivers, and the Executive Director. Review of 11 resident records including the resident of concern. Document review included facility policies and procedures, activities of daily living, service plans, and history and physicals.			
Y 0053 SS= D	**NAC 449.194**	Y 0053	Employee #6 had a QuantiFERON TB test completed on 8-25-26. Results were placed in employee file. Audit was completed by Business Office	08/25/2026

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	4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, interview, and personnel record review, the facility failed to ensure an employee's file was accurate for 1 of 10 sampled employes (Employee #6). Findings include: Employee #6 Employee #6 was hired on 08/01/2024, as a Caregiver. Employee #6's personnel record documented a Tuberculosis (TB) two-step test. The first step was administered on 11/25/2025 and read negative on 11/28/2025. The second step was administered on 12/12/2025 and read negative on 12/15/2026. Located in a separate section of the employee personnel record was a second two-step TB test. The first step was administered on 11/24/2025 and read negative on 11/7/2025. The second step was administered on 12/08/2025 and read negative on 12/11/2025. On 08/10/2026 at 12:30 PM, the Executive Director explained all employees were required to complete a two-step TB test upon hire and a one-step TB test annually thereafter. The Executive Director was confused by two, two-step TB tests documented in Employee #6's personnel record and explained one of the documents appeared to be falsified. On 08/10/2026 at 12:35 AM, Employee #6 explained the facility Registered Nurse (RN) had worked in the facility for a few months and had administered a two-step TB test to the employee; however, could not recall the exact dates. Employee #6 verbalized the RN had only administered one step of the two-step TB test.		director to review all employee TB tests for compliance. Business Office Director to oversee monthly audit through QA process. Executive Director to monitor through QA process.	

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	On 08/10/2026 at 12:37 PM, the Executive Director confirmed one of the TB tests for Employee #6 had been falsified and verbalized that was not an acceptable practice for a licensed nurse or the facility. Severity: 2 Scope: 1			
Y 0100 Z SS= D	Personnel files. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; Records relating to the training received by the employee including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; Evidence that the references supplied by the employee were checked by the residential facility Inspector Comments: Based on personnel record review, Nevada Automated Background Check System (NABS) review,	Y 0100 Z	The Business Office Director reviewed all employee personnel files to identify missing or incomplete reference checks. Employee #2 and Employee #4 reference checks are completed and in their employee files. The Business Office Director will audit all new hire personnel files for completed reference checks and conduct monthly audits to ensure continued compliance. Executive Director will monitor through QA process.	08/31/2026

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	and interview, the facility failed to ensure 2 of 10 sampled employees (Employee #2 and #4) met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125. Findings include: Employee #2 Employee #2 was hired on 07/21/2025, as a Caregiver. Employee #2's personnel record lacked documented evidence of a NABS clearance letter. Employee #4 Employee #4 was hired on 07/07/2025, as a Caregiver/Medication Technician. Employee #4's personnel record lacked documented evidence of a NABS clearance letter. On 08/10/2026 at 12:20 PM, the Executive Director explained all employees were to obtain fingerprints to initiate a background check upon hire and every five years thereafter. The Executive Director confirmed Employee #2 and #4 lacked a NABS clearance letter and verbalized both employees actively work around residents during the shifts the employees were scheduled. Severity: 2 Scope: 1			
Y 0104 SS= D	NAC 449.200 Personnel files (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.	Y 0104	Employee #2 and Employee #4 was entered into NABS portal on 8-27-26. Employee #2 and Employee #4 were both sent to Carson City Sheriff's Department for their fingerprints. Once we receive the Clearance Letter showing "Sierra Basin Memory Care" we will put in employee file. Business Office Director completed an audit for all employee Clearance letters. Our findings will be added into NABS portal and sent to Carson City Sheriff's office for fingerprints.	08/27/2026

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	Inspector Comments: Based on personnel record review, Nevada Automated Background Check System (NABS) review, and interview, the facility failed to ensure 2 of 10 sampled employees (Employee #2 and #4) met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125. Findings include: Employee #2 Employee #2 was hired on 07/21/2025, as a Caregiver. Employee #2's personnel record lacked documented evidence of a NABS clearance letter. Employee #4 Employee #4 was hired on 07/07/2025, as a Caregiver/Medication Technician. Employee #4's personnel record lacked documented evidence of a NABS clearance letter. On 08/10/2026 at 12:20 PM, the Executive Director explained all employees were to obtain fingerprints to initiate a background check upon hire and every five years thereafter. The Executive Director confirmed Employee #2 and #4 lacked a NABS clearance letter and verbalized both employees actively work around residents during the shifts the employees were scheduled. Severity: 2 Scope: 1		Executive Director will manage all new hires and current employees in the NABS portal through QA process.	
Y 0850 SS= D	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.**	Y 0850	Resident #2 Annual H&P was completed on 8-29-26 and placed in Resident chart. Wellness Director will assure each Resident has a completed Annual H&P using our monthly QA process to audit. Executive Director to monitor through QA process.	08/29/2026

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	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 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			

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	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 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, interview and document review, the facility failed to ensure a resident had obtained an annual physical examination for 1 of 10 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility			

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	on 05/06/2024 with diagnoses including dementia, anxiety and hypothyroid. Resident #2's resident file contained an initial physical examination dated 05/02/2024. The resident's file lacked documented evidence a physical examination had been completed for 2025 and 2026. On 08/10/2026 at 9:08 AM, the Lead Medication Technician confirmed Resident #2's resident file lacked a physical examination for 2025 and 2026. On 08/10/2026 at 9:08 AM, the Lead Medication Technician confirmed an annual physical examination is important to document any change in a resident's condition, medication or care needs. Severity: 2 Scope: 1			