STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11848	A. BUILDING _____ B. WING _____	08/18/2026

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ASPEN HOME FOR SENIORS, LLC	2000 PALISADE DR, RENO, NEVADA ,89509

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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 ofan annual survey completedat your facility on 08/18/2026. 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 ten employee files were reviewed. The facility received a grade of A.			
Y 0878 SS= E	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	Y 0878	Y0878 Immediate Correction: Resident #4, #5, #7, #8 Over the Counter medication labelscorrections made on 8/19/2026 & 8/20/2026. How others were identified: A medication audit on all medications was conducted8/29/2026 by Designee. System Change: Monthly medication audits and reconciling medication uponmove-in and receipt. Implementingpre-made labels with resident & physician name for Over the Counter medications.	

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	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 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 record review and interview, the facility failed to ensure 1) over the counter medications had labels attached that included the resident name and physician name for 4 of 8 residents (Resident #7, #5, #8, and #4), and 2) medications were on-site to administer as prescribed for 1 of 8 residents (Resident #5). Findings include: Resident #7		Monitoring: Continue monthly medication audits by Administrator and/orDesignee.	

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	Resident #7 was admitted to the facility on 09/22/2025, with diagnoses including endocarditis and dementia. The Medication List for Resident #7 dated 08/18/2026, documented the following over the counter medications: -acetaminophen 325 milligram (mg) tablet oral pill, take two tablets (650 mg) by mouth every four to six hours as needed for headache/pain/fever, -ibuprofen 200 mg tablet oral pill, take one tablet by mouth every four to six hours as needed for headache/pain/fever, -antidiarrheal oral tablet, take one tablet one-time daily oral as needed for diarrhea, -colace oral tablet, take one tablet, one-time daily oral as needed for constipation. The acetaminophen, ibuprofen, antidiarrheal, and colace bottles for Resident #7 lacked documentation of the resident and/or physician name. On 08/18/2026 at 3:00 PM, the Medication Technician (MT) confirmed the lack of documentation on Resident #7's over the counter medications located in the resident's medication box. Resident #5 Resident #5 was admitted to the facility on 12/08/2025, with diagnoses including osteoarthritis and hypertension. The Medication List for Resident #5 dated 08/18/2026, documented the following over the counter medications: -zinc oxide 40% topical cream, take one milliliter (ml) (total of 0.4 grams (g)) four times daily topical as needed for itching, -Selsun Blue 1% topical shampoo, take 1 g one time daily topical as needed on shower days for dandruff, -zinc tablet 50 mg oral pill, take one tablet by mouth once daily as needed for illness (hospice). The zinc oxide cream tube and Selsun Blue shampoo lacked documentation of the resident and/or physician name and the			

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	zinc tablets were missing from the medication box for Resident #5. On 08/18/2026 at 3:07 PM, the MT confirmed the lack of documentation on Resident #5's over the counter medications and the missing zinc tablets from the resident's medication box. Resident #8 Resident #8 was admitted to the facility on 06/30/2026, with diagnoses including osteoporosis, right hip fracture, and dementia. The Medication List for Resident #8 dated 08/18/2026, documented the following: -stimulant laxative tablet 8.6-50 mg oral, take two tablets (17.2-100 mg) by mouth at bedtime for bowel management, -vitamin B1 tablet 100 mg oral, take one tablet by mouth once daily for vitamin deficiency, -acetaminophen tab 650 mg extended-release oral, take one tablet by mouth every six hours as needed for mild pain or fever. The acetaminophen, vitamin B1, and stimulant laxative bottles for Resident #8 lacked documentation of the resident and/or physician name. On 08/18/2026 at 3:14 PM, the MT confirmed the acetaminophen, vitamin B1, and stimulant laxative bottles lacked documentation of the resident and/or physician name on the medication bottles for Resident #8. Resident #4 Resident #4 was admitted to the facility on 11/03/2025, with diagnoses including arthritis and mild cognitive impairment. The Medication List for Resident #4 dated 08/18/2026, documented the following over the counter medications: - Lidocaine Pain Relief 4% Patch topical, apply one patch topically on skin at location			

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	of pain (knees, arms, shoulders, or back) every 24 hours as needed for arthritis, one for 12 hours, off for 12 hour, -acetaminophen 500 mg oral tablet, take one tablet (total of 500 mg) every six hours orally as needed, -Heat patch one-unit topical patch, take one patch (total of one unit), one-time daily topical as needed for pain in back. The Lidocaine patch box, acetaminophen bottle, and heat patch box for Resident #4 lacked documentation of the resident and/or physician name. On 08/18/2026 at 3:31 PM, the MT confirmed the lack of documentation on Resident #4's over the counter medications located in the resident's medication box. Severity: 2 Scope: 2			
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 Professionals in Infection Control and Epidemiology, Inc., the Centers for	Y 1825	Y1825 Designation of ICP Immediate Correction: Employee #2 began CDC Train Infection Preventionist training08/19/2026 with completion date of 09/11/2026. How others were identified: Both the primary and secondary IP Designee certificates arein each employee's file. System Change: Administrator and/or Designee will monitor files of primaryand secondary Designee monthly.	

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	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 personnel record review and interview, the facility failed to ensure the secondary employee responsible for infection control (Employee #2) completed 15 hours of training related to the control and prevention of infections from an approved organization. Findings include: Employee #2 Employee #2 was hired on 01/12/2026, as a Caregiver and Medication Technician. Employee #2 was designated as the secondary staff responsible for infection prevention and control.		Monitoring: Audit compliance on quarterly basis byAdministrator and/or Designee to ensure no expirations are scheduled in thefollowing months of the quarter.	

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	Employee #2's personnel record lacked documented evidence of 15 hours of training related to infection prevention and control. On 08/18/2026 at 1:37 PM, Employee #2 acknowledged Employee #2 did not complete the required training and verbalized being unaware of the requirement to complete the 15 hours of infection prevention and control training through an approved organization. Severity: 2 Scope: 1			