STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12222	A. BUILDING _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE VALLEY MEMORY CARE	6155 STONE VALLEY DR, RENO, NEVADA ,89523

(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 survey completed at your facility on 06/03/2026. The facility is licensed for seven 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 37. Ten resident files and 15 employee files were reviewed. The facility received a grade of C.			
Y 0065 SS= D	**NAC 449.196 & R043-22** **Qualifications of caregivers:** 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156to 449.27706,inclusive, *and sections 2 to 16,inclusive, of this regulation* and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and *(f) Not later than 60 days after commencing employment with the residential facility,*	Y 0065	Employee #5 completed four hours of dementia training. Employee #7 is no longer with the company. An audit of all employees was done to ensure that every employee has completed the required dementia training. An in-service training will be conducted by the Governing Body to the Administration team on the requirements for dementia training. The Executive Director will audit 5 randomly selected employees monthly to ensure that the required dementia training is completed. This audit will be completed for a period of three months. At the end of the three-month period, the Administration will determine if additional interventions are necessary.	06/04/2026

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	receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and *(g)*Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training *must include, without limitation, at least 2 hours of tier 2 training*. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 15 sampled employees, required to complete training for the care of the elderly/disabled, completed at least four hours of initial and eight hours of annual training (Employee #5 and #7). Findings include: Employee #5 Employee #5 was hired by the facility as a Medication Technician with a start date of 02/20/2026. Employee #5's personnel file lacked documented evidence of initial training for the care of elderly/disabled. Employee #7 Employee #7 was hired by the facility as a Caregiver with a start date of 02/20/2026. Employee #7's personnel file lacked documented evidence of initial training for the care of elderly/disabled. On 06/03/2026 at 12:41 PM, the Administrative Assistant confirmed the lack of initial training for the care of elderly/disabled for Employee #5 and #7. The Administrative Assistant verbalized four hours was required to be completed upon hire. The facility policy titled "Mandatory			

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	employee Training Requirements, State," dated 11/2025, documented all direct caregiver employees received training for caregiver training. Caregivers received no later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents in the facility. Severity: 2 Scope: 1			
Y 0104 SS= C	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on employee record review, Nevada Automated Background Check System (NABS) review, interview, and document review, the facility failed to maintain a current list of the facility's employees and conduct employee background checks through the facility's current NABS account. Findings include: On 06/03/2026 at 9:00 AM, the facility's current NABS account for license number 12222, Stone Valley Memory Care documented no employees had been listed or processed through the account. A NABS account for license number 7616, Stone Valley Alzheimer's Specialty Care documented a list of current facility employees for license number 12222, Stone Valley Memory Care. On 06/03/2026 at 9:30 AM, the facility license posted in the facility documented license number 12222, with an issue date of 03/20/2026 for Stone Valley Memory Care.	Y 0104	The facility NABS access is now active for the new company. An in-service training will be conducted for the Administration team who check NABS, showing them the new account for the new company. The Executive Director will check the NABS document for new employees to ensure the correct account is used.	06/03/2026

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	On 06/03/2026 at 1:16 PM, the Administrative Assistant verbalized having been responsible for conducting employee background checks through the facility's NABS account. The Administrative Assistant confirmed having access to license number 7616 in the NABS system however, did not have access to the facility's current license number account of 12222 to process employee background checks. On 06/03/2026 at 1:18 PM, the Regional Director of Human Resources and Payroll, verbalized the facility had completed a Change of Ownership on 03/20/2026 and confirmed the facility had received instructions from the Division on how to utilize the facility's current NABS account for the new license number 12222, however; they had not completed the process to active the new account. The Regional Director of Human Resources and Payroll confirmed the facility had still been using the previous owners NABS account of 7616 to process employee background checks. The facility policy titled, "Background Screening Investigations," dated 02/01/2019, documented the personnel or human resources director, or designee, would conduct employment background checks as required by State law. Severity: 1 Scope: 3			
Y 0878 SS= D	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	Y 0878	Resident #8 medication order discrepancy was corrected immediately. Resident #9 medication order error was discontinued and corrected also. Hospice/Physician was immediately notified of the error, and the incorrect order was DC'd. Order to EMAR and Med to EMAR audits were completed for all residents by the following	07/02/2026

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	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 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, interview and		day. An in-service training will be conducted for the Wellness Director and, the Resident Care Coordinator regarding medication orders. All new orders will be reviewed and matched to the EMAR to ensure accuracy. A monthly audit of orders, EMAR, and Med Cart will be completed by the Wellness Director and/or Resident Care Coordinator to ensure no discrepancies have occurred. The audit will be done for three months.	

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	document review, the facility failed to ensure medications were administered as prescribed for 2 of 10 sampled residents (Residents #8 and #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 01/29/2024, with diagnoses including Alzheimer's disease and chronic obstructive pulmonary disease. A physician order dated 10/11/2024 documented senna 8.6 milligram (mg) tablet, give 17.2 mg (two pills) by mouth daily for constipation. Hold for loose stool. Resident #9's May and June 2026 Medication Administration Record (MAR) documented the following: -senna 8.6 mg tablet, take two tablets by mouth daily for constipation. The scheduled administration time was 8:00 AM and the MAR documented the medication was administered from 05/01/2026-06/03/2026. -senna 8.6 mg tablet, take two tablets by mouth daily at bedtime as needed for constipation. The scheduled administration time was 8:00 PM and the MAR documented the medication was administered from 05/01/2026-06/03/2026. -senna 8.6 mg tablet, take two tablets by mouth daily at bedtime as needed for constipation. The MAR indicated the medication was given on an "As Needed" basis. On 06/03/2026 at 11:27 AM, during a review of Resident #9's medications, a bubble pack containing senna 8.6 mg tablets was stored in the medication cart. The label on the bubble pack included instructions to administer two tablets by mouth daily for constipation. On 06/03/2026 at approximately 11:30 AM, the Resident Care Coordinator (RCC) acknowledged senna 8.6 mg tablets were administered twice daily at 8:00 AM and 8:00 PM as scheduled administrations. The RCC confirmed administering the			

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	medication regularly, twice per day, was not following the physician's order of once per day. On 06/03/2026 in the afternoon, the Wellness Director (WD) verbalized when the facility changed electronic medication administration record systems in February 2026, the senna for Resident #9 was entered incorrectly and the resident had been receiving twice daily doses of the medication since the change in system. Resident #8 Resident #8 was admitted to the facility on 09/10/2025, with diagnoses including dementia, hypothyroidism, and gastroesophageal reflux disease. A physician order dated 06/01/2026 documented quetiapine (Seroquel) 100 mg tablet, take one tablet by mouth two times per day. Resident #8's June 2026 MAR documented quetiapine 100 mg tablets, one tablet by mouth twice daily; however, the scheduled administration times were 8:00 AM, 1:00 PM, and 7:00 PM (three times daily). The MAR indicated the medication was administered at all three scheduled administration times on 06/02/2026. On 06/03/2026 at 11:37 AM, during a review of Resident #8's medications, a bubble pack containing quetiapine 100 mg tablets was stored on the medication cart. The label on the bubble pack included instructions to administer one tablet by mouth twice daily. On 06/03/2026 at approximately 11:40 AM, the RCC confirmed Resident #8's MAR and the label on the bubble pack of quetiapine 100 mg tablets included instructions to administer one tablet twice daily. The RCC acknowledged the MAR included scheduled administrations three times daily. On 06/03/2026 at approximately 11:45 AM, the WD reviewed Resident #8's MAR, confirmed the quetiapine 100 mg was			

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	administered three times on 06/02/2026, and confirmed the frequency of administration did not match the physician's order. The facility policy titled “Medication Management,” dated 02/01/2026, documented medications were to be administered in accordance with the written orders of the resident’s physician. All current drugs and dosage schedules were to be recorded on the resident’s 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. 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	Y 0930	Resident #1 currently resides in the facility. A TB skin test was performed immediately. The results were placed in the resident’s medical records. An audit of all current residents was conducted to ensure that each resident has an annual TB test on their record. An in-service training will be conducted for the employee responsible for Infection Prevention, Resident Care Manager and Wellness Director to ensure that a TB test is performed annually. The test results will be placed in the medical records. The Executive Director will audit 5 randomly selected resident files to ensure that the required annual TB test is completed. This audit will be completed for a period of three months. At the end of the three-month period, the Administration will determine if additional interventions are necessary.	06/17/2026

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	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 those activities. The facility shall			

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	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 document must include the time			

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	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, interview and document review, the facility failed to ensure 1 of 10 sampled residents (Resident #1) met the requirements for tuberculosis (TB) testing in accordance with the Nevada administrative code NAC 441A. Findings include: Resident #1 Resident #1 was admitted to the facility on 10/29/2024, with diagnosis including Parkinson's disease, dementia, and hypertension. Resident #1's record documented an annual QuantiFERON TB test completed October 2024, however; lacked an annual TB test for 2025 and 2026. On 06/03/2026 at 1:25 PM, the Wellness Director confirmed Resident #1's record lacked an annual TB test for 2025 and 2026. The Wellness Director verbalized each resident was to have an annual TB test. Severity: 2 Scope: 1			

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Y 0994 SS= D	**NAC 449.2756** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous and toxic substances were inaccessible for 2 of 38 residents. Findings include: On 06/03/2026, the following dangerous and toxic items were stored unsecure: - at 9:34 AM, in Room 34, a 7.5-ounce container of Dial hair and body wash and an 8-ounce container of DawnMist hair conditioner were stored in the bathroom drawer. - at 9:59 AM, in Room 17, a corkboard was hanging on the wall with push pins holding up pictures. On 06/03/2026 at 9:34 AM and 9:59 AM, the Maintenance Director confirmed the items should be stored securely. The facility policy, Activities of Daily Living (ADL's), effective January 1, 2026, documented, "Secure hazardous and dangerous materials, such as cleaning agents and sharp objects, personal care items, out of residents' reach."	Y 0994	The cork board pushpins holding photos and shampoo substances were immediately discarded and secured. An immediate audit of all rooms was conducted by the Maintenance Director. No other unsecured items were found that could cause harm. Reminders about dangerous and toxic substances were provided during shift change crossover meetings and the monthly all-staff meeting. Room rounds will be performed. The Wellness Director, Resident Care Coordinator, and shift leads will select a division of rooms weekly for the next three months to actively monitor compliance.	06/26/2026

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	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 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	Y 1600	An option for gender expression was promptly added to our current ECP Resident software. Every POA for our residents was sent a notification and a link to complete to ensure facility-wide compliance. During the admission process, new residents will each have the option to indicate their gender expression. The Executive Director will conduct annual software audits to ensure gender expression options remain available.	06/16/2026

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	12222	A. BUILDING _____ B. WING _____	06/03/2026

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STONE VALLEY MEMORY CARE	6155 STONE VALLEY DR, RENO, NEVADA ,89523

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	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 (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			

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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, interview and document review, the facility failed to ensure records for 10 of 10 sampled residents were adapted to reflect the residents' gender identity or expression.

Findings include:

On 06/03/2026 in the morning, the records for 10 of 10 sampled residents lacked documented evidence of the residents' gender identity or expression.

On 06/03/2026 at 1:10 PM, the Wellness Director (WD) verbalized the facility's system (health record for residents) was only able to capture residents' sex, pronouns, and nicknames. The WD denied the facility's records for residents had a place to document residents' gender identity or expression.

The facility policy titled "Preferred Names & Pronouns, Health Equity," dated 02/01/2026, documented the facility would ensure residents were addressed by his or her preferred name and pronoun in accordance with his or her gender identity or expression, and records would reflect such preferences. Upon admission, staff would ask each resident or the resident's representative whether they wished to provide the following: preferred name and pronoun, gender identity or expression, gender assigned at birth, sexual orientation,

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	and if applicable, a history of gender transition, current anatomy, and an organ inventory. Records would be adapted to reflect the preferred name, pronoun, and gender identity or expression of the resident, both in electronic systems and paper records, to the extent practicable. Severity: 1 Scope: 3			
Y 1825 SS= F	**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 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	Y 1825	The secondary infection control designee has completed all of the remaining hours on the CDC train website for infection control. Both the primary and secondary IP designee certificates are in each employee's file. The HR Admin Assistant will monitor files of primary and secondary designees monthly to prevent expiration of previous years' training. The IP certification will be added to the electronic HR tracker to indicate that it must be completed annually for the assigned infection control staff. The Executive Director will perform a quarterly audit to ensure no expirations are scheduled in the following months of the quarter.	07/01/2026

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	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 employee record review, interview and document review, the facility failed to ensure the designated secondary person responsible for the infection control program of the facility (Employee #11), had completed the required 15-hours of annual training. Findings include: Employee #11 Employee #11 was hired on 02/20/2026 with a title of Resident Care Coordinator. Employee #11's record documented the employee had completed the 15-hour Infection Preventionist Training Course on 02/20/2025. Employee #11's record documented the employee had completed two hours of infection control training on 03/03/2026 and one hour of training on 03/05/2026. On 06/03/2026 at 1:05 PM, the Administrator confirmed Employee #11 had been designated the secondary person responsible for the infection control program. On 06/03/2026 at 1:06 PM, Employee #11 confirmed having been designated the secondary person responsible for the infection control program however, had only completed three hours of training for 2026. Employee #11 confirmed not having completed the required 15-hours of annual training for the infection control program. The facility policy titled, "In-Service Training, Infection Prevention," dated 11/06/2025, documented the persons designated responsible for the infection			

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	control program were to have completed not less than 15-hours of infection control training annually. Severity: 2 Scope: 3			
Y 1860 SS= D	**AB 368 Sec. 9. NRS 449A.182 is hereby amended to read as follows:** 1. A patient in a covered facility or the representative of the patient may request the installation and use of an electronic communication device in the living quarters of the patient by submitting to the covered facility: (a) A completed form prescribed by the facility pursuant to subsection 3; or (b) If the facility has not prescribed a form pursuant to subsection 3, a written request that meets the requirements of subsection 2. 2. A request submitted pursuant to subsection 1 must include or be accompanied by: (a) Information regarding the type, function and expected use of the electronic communication device which will be installed and used; (b)The name and contact information for any person other than the patient or his or her representative who is authorized to view or listen to the images or sounds which are displayed, broadcast or recorded by the electronic communication device pursuant to subsection 3 of NRS 449A.186; (c) An agreement by the patient or the representative of the patient to, except as otherwise provided by NRS 449A.186: (1) Waive the patient's right to privacy in connection with use of the electronic communication device; and (2) Release the covered facility and any employee of the facility from any administrative, civil or criminal liability for a violation of the patient's right to privacy in connection with use of the electronic communication device; (d) If the patient has a roommate: (1) The written consent of the roommate or the representative of the roommate to the installation and use of an electronic communication device in the living quarters of the patient; and	Y 1860	Resident #9's camera is currently non-functional. An audit of all resident rooms was completed by the Maintenance Director to ensure no other family members had installed personal cameras. An In-service training will be conducted for all staff. When a family member requests the installation of a personal camera, they must sign the written consent form confirming that they have read it and will comply with our recording policies. An In-service training will be conducted for all staff. Monthly monitoring will be conducted by the Maintenance Director to ensure that no cameras are installed or placed in rooms. The IT department will conduct a quarterly audit of all guest Wi-Fi connections to ensure that no cameras are connected.	07/02/2026

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	(2) An agreement by the roommate or the representative of the roommate to, except as otherwise provided in NRS 449A.186: (I) Waive the roommate's right to privacy in connection with use of the electronic communication device; and (II) Release the covered facility and any employee of the facility from any administrative, civil or criminal liability for a violation of the roommate's right to privacy in connection with the use of the electronic communication device; and (e) If the request is submitted by the representative of the patient, proof that the representative of the patient meets the requirements of NRS 449A.180. 3. A covered facility may prescribe a form for use by a patient or the representative of a patient to request to install and use an electronic communication device in the living quarters of the patient. To the extent practicable, such a form must be provided in a language chosen by the patient or the representative of the patient. Such a form must include, without limitation: (a) An explanation of the provisions of NRS 449A.170 to 449A.192, inclusive, and sections 3 to 6, inclusive, of this act; and (b) Places to record the information, agreements and consent described in paragraphs (a) to (d), inclusive, of subsection 2. 4. A covered facility shall approve a request by a patient or the representative of a patient pursuant to this section if the request meets the requirements of this section. 5. If the roommate or the representative of the roommate of a patient who wishes to submit a request pursuant to subsection 1, or whose representative wishes to submit such a request, refuses to provide consent and enter into the agreement required by paragraph (d) of subsection 2, the covered facility shall make reasonable attempts to accommodate the patient. Such reasonable attempts may include, without limitation, moving either the patient or his or her roommate to different living quarters with the consent of the person being moved or his or her representative. 6. A patient or the representative of a patient who has submitted a request			

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	pursuant to subsection 1, a roommate who has provided consent pursuant to paragraph (d) of subsection 2 or the representative of such a roommate may withdraw the request or consent at any time, including, without limitation, after the request has been approved or after an electronic communication device has been installed, by submitting a written revocation to the covered facility. Not later than 24 hours after the submission of such a written revocation, the covered facility shall cause the removal of any electronic communication device that has been installed. Inspector Comments: Based on observation, interview, and record review, the facility installed an electronic recording device in a shared room for 1 of 10 sampled residents (Resident #9) without written request from resident or representative and without written consent from the resident. Resident #9 Resident #9 was admitted to the facility on 01/29/2024, with diagnoses including dementia and hypothyroid. Resident #9's record lacked documented evidence of a written request for the use of an electronic recording device and obtained consent. On 06/03/2026 at 1:20 PM, the Administrator explained the process for a resident to use an electronic recording device, was for the resident or representative to notify the facility and obtain consent. The Administrator confirmed there was no written request or documented consent from Resident #9 or the representative. The facility policy titled “Electronic Communication Device, Right to Use,” effective 10/01/2023, documented the			

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	facility would allow electronic communication devices once a resident or representative submits a written request and receives consent from the resident. Scope: 2 Severity: 1			
Y 1890 SS= C	**Sec. 13. NRS 449A.190 is hereby amended to read as follows:** 1. A covered facility shall post a notice in a conspicuous place at the entrance to the living quarters of a patient which contains an electronic communication device stating that such a device is in use in that living quarters. 2. An employee of a covered facility [of skilled nursing] shall not refuse to enter the living quarters of a patient which contains an electronic communication device installed pursuant to NRS 449A.182 or fail to perform any of the duties of the employee on the grounds that such a device is in use. Inspector Comments: Based on observation and interview, the facility failed to post a notice at the entrance to resident living quarters containing electronic recording device for 1 of 10 sampled residents (Resident #9). Resident #9 Resident #9 was admitted to the facility on 01/29/2024, with diagnoses including dementia and hypothyroid. On 06/03/2026, during room inspections, an electronic recording device was in Resident #9's private bedroom. There were no postings outside Resident #9's primary apartment entry door. On 06/03/2026 at 1:20 PM, the Administrator verbalized Resident #9 had a camera inside the room and no signage posted outside of resident room of	Y 1890	Resident #9's camera is currently non-functional. An audit of all resident rooms was completed by the Maintenance Director to ensure no other family members had installed personal cameras. An In-service training will be conducted for all staff. When a family member requests the installation of a personal camera, they must sign the written consent form confirming that they have read it and will comply with our recording policies. At that time, the camera will be connected and running, and a noticeable sign will be placed so that anyone entering the room will know they are being recorded. The Executive Director will make weekly rounds to ensure that the installed electronic devices have obtained consents and have posted signs. This audit will be performed for three months.	07/02/2026

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	electronic recording device. The facility policy titled “Electronic Communication Device, Right to Use,” effective 10/01/2023, documented the facility would post a notice in a conspicuous place at the entrance to the living quarters of a resident which contains an electronic communication device stating such a device was in use in the living quarters. Scope: 1 Severity: 3			