STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12370	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCH OF LAS VEGAS LLC	9483 LIGHTNING BAY CT, LAS VEGAS, NEVADA ,89123

(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 initiated at your facility on 08/06/26. The facility is licensed for six 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 six. Six resident files and five employee files were reviewed. The facility received a grade of A.			
Y 0620 SS= D	NAC 449.2702 and R089-24 4. Except as otherwise provided in this section and NAC 449.2736 and 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services;	Y 0620	The facility has taken immediate corrective action to address the cited deficiency. A Bedfast Medical Exemption request was submitted to the Bureau immediately on August 6, 2026. The resident's care plan was immediately reviewed and updated to reflect the current level of assistance required, including repositioning at least every two (2) hours, routine skin integrity monitoring, assistance with mobility and activities of daily living, and ongoing observation for changes in condition. To prevent recurrence, the facility has strengthened its change-in-condition process by requiring the Administrator to promptly evaluate any resident experiencing a significant decline in mobility. If there is any question as to whether a resident may meet the regulatory definition of bedfast, the facility will immediately obtain an appropriate clinical assessment, consult the resident's physician/hospice/home health agency when indicated, and submit a Bedfast Medical Exemption request to the Bureau before continued retention if required. All caregivers have been re-educated on recognizing and reporting changes in mobility, the definition of a	08/06/2026

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	(h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical		bedfast resident, and the facility's responsibility to ensure all required Bureau approvals and documentation are obtained in a timely manner. To ensure the deficient practice does not recur, the Administrator/Operator will conduct monthly audits of resident mobility assessments, care plans, and regulatory documentation. The audits will verify that changes in resident mobility are promptly identified, appropriate clinical assessments are completed, care plans are updated, and all required Bureau documentation is submitted and maintained when applicable. A review of all current residents was completed to identify any other residents who may be affected by the same deficient practice, and no additional residents requiring a Bedfast Medical Exemption were identified. The facility will continue to monitor all residents for changes in condition through routine assessments and upon any significant change in functional status. Corrective actions and bedfast exemptions were completed on **August 6, 2026**,. **Date Corrected:** August 6, 2026 **Responsible Person:** Administrator/Operator	

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	symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body. **Reference - R089-24 Sec. 9.** "Bedfast" means: 1. Incapable of changing his or her position in bed without the assistance of another person; or 2. Immobile. Inspector Comments: Based on interview and record review, the facility failed to obtain a medical exemption to maintain one resident who was bedfast (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 03/15/24 with diagnoses including visual impairment and hypertension. On 08/06/26 in the morning, R2 was unable to demonstrate the ability to turn from side to side in bed without assistance. On 08/06/26 in the morning, a Caregiver confirmed R2 was unable to turn from side to side in bed without assistance. R2's file lacked documented evidence of an approved bedfast medical exemption from the Bureau.			

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	On 08/06/26 in the morning, the Operator acknowledged R2 did not currently have an approved bedfast medical exemption on file. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 sampled employees completed the required infection control training for unlicensed caregivers through a nationally recognized organization (Employee #2). Findings include: Employee #2 (E2)	Y 1840	**Plan of Correction** Upon identification of the deficiency on **August 6, 2026**, Employee #2 was enrolled to complete a unlicensed caregiver infection control training via HCQC Neo Gov a nationally recognized organization. Employee #2 registered for an account and awaiting for verification set up email via Neo Gov. E2 has alternatively completed Option#2 via CDC Training and obtained certificates to suffice the unlicensed caregiver infection control training requirement based on topics: 1) hand Heigene 2) The use of protective equipment 3) Environmental cleaning and disinfection 4) The goal of infection control 5) Review of how pathogens including without limitations of virus spread 6) The use of source control to prevent pathogens. These have all been successfully completed and provide proof of certification on **August 7, 2026.** Documentation of successful completion by a national recognized organization will be maintained in the employee's personnel file. To identify any other areas that may have been affected by the same deficient practice, the Administrator conducted a review of all employee personnel files to verify that infection control training was completed through a nationally recognized	08/07/2026

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	E2 was hired on 07/18/22 as a Lead Caregiver. E2 completed infection control training on 02/10/26. E2's file lacked documented evidence of infection control training through a nationally recognized organization. On 08/06/26 in the morning, the Operator acknowledged E2's 02/10/26 infection control training was not completed through a nationally recognized organization. Severity: 2 Scope: 1		organization and that supporting documentation was present. The facility has updated its training verification process by implementing a training compliance checklist to ensure all newly hired and current unlicensed caregivers complete infection control training through a nationally recognized organization and that documentation is verified before personnel files are considered complete. To ensure continued compliance, the Administrator/Operator will conduct quarterly audits of all personnel files current and new hire to verify required infection control training remains current, is completed through a nationally recognized organization, and is properly documented. Any deficiencies identified during the audits will be corrected promptly. **Responsible Position:** Administrator/Operator **Completion Date:** August 6, 2026	