| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 176 | A. BUILDING _____ B. WING _____ | 08/04/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF SHARON | 355 EVAN PICONE, HENDERSON, NEVADA ,89014 |

| (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 |
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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.<br><br>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.<br><br>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.<br><br>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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| | 176 | A. BUILDING _____ B. WING _____ | 08/04/2026 |

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| | of Nevada pursuant to NAC 433.384, and other applicable local and state laws.<br><br>Inspector Comments:<br><br>The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility on 08/04/26, in accordance with Nevada Administrative Code, chapter 449, and Nevada Revised Statutes chapter 449, Residential Facility for Groups.<br><br>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents.<br><br>The census was five residents. Five resident and four employee files were reviewed.<br><br>The facility received the grade of A.<br><br>The following regulatory deficiencies were identified. | | | |
| Y 0104 SS= F | **NAC 449.200**<br><br>**Personnel files**<br>(1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.<br><br>Inspector Comments:<br><br>Based on document review, record review and interview, the Administrator failed to ensure 4 of 4 employees had | Y 0104 | E1: Fingerprinting done 9/01/2026, See attachment.<br>In the future I will make sure fingerprinting clearance be done on time, preventing from getting the same deficiencies, also administrator will monitor for compliance.<br>E2: Clearance letter obtained 8/22/2026. See attachment.<br>In the future I will make sure fingerprinting clearance be done on time, preventing from getting the same deficiencies, also administrator will monitor for compliance.<br>E3: Clearance letter obtained 8/22/2026. See attachment.<br>In the future I will make sure fingerprinting clearance be done on time, preventing from getting the same deficiencies, also administrator will monitor for compliance.<br>E4: Clearance letter obtained 8/22/2026. | 09/12/2026 |

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| | 176 | A. BUILDING _____ B. WING _____ | 08/04/2026 |

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| | current Nevada Automated Background Check System (NABS) Clearance Letters. (Employee #1, #2, #3 and #4)<br><br>Findings include:<br><br>Employee #1 (E1)<br><br>E1 has a 01/01/12 hire date as the Administrator. E1's last fingerprints had been taken on 08/13/20 per the NABS Website. E1's file lacked documented evidence of a NABS Clearance Letter for this facility. E1's file lacked documented evidence of a 5-year background check renewal.<br><br>Employee #2 (E2)<br><br>E2 had a 05/06/06 hire date as the Owner/Caregiver. E2's file documented a NABS Clearance Letter dated 05/09/16. E2's file lacked documented evidence of a 5-year background check renewal.<br><br>Employee #3 (E3)<br><br>E3 had a 12/01/24 hire date as a Caregiver. E3's file documented a NABS Clearance Letter dated 05/03/16. E3's file lacked documented evidence of a 5-year background check renewal.<br><br>Employee #4 (E4)<br><br>E4 had a 08/17/12 hire date as a Caregiver. E4's file documented a NABS Clearance Letter dated 04/11/17. E4's file lacked documented evidence of a 5-year background check renewal.<br><br>As of 08/05/26, the NABS database documented E1, E2, E3 and E4 were documented as Eligible-Expired. E1 on 08/13/20 and E2, E3 and E4 on | | See attachment.<br>In the future I will make sure fingerprinting clearance be done on time, preventing from getting the same deficiencies, also administrator will monitor for compliance. | |

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| | 06/07/21.<br><br>The Owner confirmed the lack for current NABS Clearance Letters for E1, E2, E3 and E4.<br><br>Severity: 2 Scope: 3 | | | |
| Y 0930 SS= F | **NAC 449.2749**<br><br>**Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.**<br><br>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:<br><br>(a) The full name, address, date of birth and social security number of the resident.<br><br>(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. | Y 0930 | R3 Chest X-ray result obtained see attach, administrator will monitor for compliance. R4 TB readings dates done. See attach, administrator will monitor for compliance. R5 TB readings dates done. See attach, administrator will monitor for compliance. R3: X-ray was done 9/03/2026. Will ensure every patient with positive TB test will have x-ray and also follow up x-ray after, administrator will monitor for compliance. | 09/12/2026 |

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| | (c) A statement of the resident's allergies, if any, and any special diet or medication he requires.<br><br>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:<br><br>(1) A description of any medical conditions which require the performance of medical services;<br><br>(2) The method in which those services must be performed; and<br><br>(3) A statement of whether the resident is capable of performing the required medical services.<br><br>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.<br><br>(f) The types and amounts of protective supervision and personal services needed by the resident.<br><br>(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:<br><br>(1) Upon the admission of the | | | |

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| | resident;<br><br>(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<br><br>(3) In any event, not less than once each year.<br><br>(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.<br><br>(i)The name and telephone number of the vendors and medical professionals that provide services for the resident.<br><br>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.<br><br>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 | | | |

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| | contacted to inform him of the death.<br><br>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.<br><br>Inspector Comments:<br><br>Based on record review and interview, the facility failed to ensure 3 of 5 residents had current tuberculin (TB) or QuantiFERON tests, per the requirement. (Resident #3, #4 and#5)<br><br>Findings include:<br><br>Resident #3 (R3)<br><br>R3 was admitted on 02/25/18 with diagnoses including cerebral palsy and back/neck/shoulder pain.<br><br>R3's file documented a TB test dated 10/23/19 with a positive result of 30 millimeters. R3's record lacked documented evidence of a negative x-ray after the 10/23/19 positive TB test.<br><br>Resident #4 (R4)<br><br>R4 was admitted on 02/12/26 with diagnoses including atrial fibrillation and hypertension.<br><br>R4's file documented a first step TB test dated 01/07/26 with a negative result. There was a second step TB test dated | | | |

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| | 01/14/26 with a negative result. The first and second step TB tests lacked documented evidence of read dates.<br><br>Resident #5 (R5)<br><br>R5 was admitted on 11/22/25 with diagnoses including anasarca, dermatitis and anemia.<br><br>R5's file documented a first step TB test dated 11/03/25 with a negative result. There was a second step TB test dated 11/10/25 with a negative result. The first and second step TB tests lacked documented evidence of read dates.<br><br>On 08/04/26 in the morning, the Owner confirmed the incomplete TB tests for R3, R4, and R5.<br><br>Severity: 2 Scope: 3 | | | |
| Y 1700 SS= F | **NRS 449.1845**<br><br>**Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.**<br>1. The administrator of a residential facility for groups shall:<br>(a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; | Y 1700 | R1 Placement determination done. See attached, Administrator will monitor for compliance<br>R2 Placement determination done. See attached, Administrator will monitor for compliance<br>R3 Placement determination done. See attached, Administrator will monitor for compliance<br>R4 Placement determination done. See attached, Administrator will monitor for compliance<br>R5 Placement determination done. See attached, Administrator will monitor for compliance<br>R1, R2, R3, R4, R5 are completed upon admission, Administrator will monitor for compliance | 08/22/2026 |

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| | (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and<br>(c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2:<br>(1) Upon admission of the resident to the facility; and<br>(2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that:<br>(I) The resident may meet those criteria; or<br>(II) The condition of the resident has significantly changed.<br>2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident:<br>(a) Suffers from dementia to an extent that the resident may be a danger to himself or herself | | | |

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| | or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia.<br>(b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups.<br>3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031.<br>(Added to NRS by 2019, 2594)<br><br>Inspector Comments:<br><br>Based on record review and interview, the Administrator failed to ensure Placement Determinations were acquired for 5 of 5 residents, per the regulation. (Resident #1, #2, #3, #4 and#5)<br><br>Findings include:<br><br>Resident #1 (R1)<br><br>R1 was admitted on 0/02/22 with diagnoses | | | |

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| | including congestive heart failure, weakness and hypertension. R1's file lacked documented evidence of a Placement Determination.<br><br>Resident #2 (R2)<br><br>R2 was admitted on 11/19/19 with diagnoses including debility, anxiety and hypertension. R2's file lacked documented evidence of a Placement Determination.<br><br>Resident #3 (R3)<br><br>R3 was admitted on 02/25/18 with diagnoses including cerebral palsy and back/neck/shoulder pain. R3's file lacked documented evidence of a Placement Determination.<br><br>Resident #4 (R4)<br><br>R4 was admitted on 02/12/26 with diagnoses including atrial fibrillation and hypertension. R4's file lacked documented evidence of a Placement Determination.<br><br>Resident #5 (R5)<br><br>R5 was admitted on 11/22/25 with diagnoses including anasarca, dermatitis and anemia. R5's file lacked documented evidence of a Placement Determination.<br><br>On 08/04/26 in the afternoon, the Owner confirmed there were no Placement Determinations completed for R1, R2, R3, R4 and R5.<br><br>Severity: 2 Scope: 3 | | | |