STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2175	A. BUILDING _____ B. WING _____	07/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	5935 W SADDLE AVE, LAS VEGAS, NEVADA ,89103

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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 of an annual State Licensure survey completed at your facility on 07/29/26. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and three employee files were reviewed. The facility received a grade of A.			
Y 0515 SS= E	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must	Y 0515	Tag y0515 Person Centered Care Plan The Administrator along with the staff and family members will ensure all PCCP will be done with careful consideration from all parties involved. Resident will also be a part of the person centered care plan and will be advised if any changes need to be made. This will done in a timely manner and place in the residents chart. See attached.	08/10/2026

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	include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 residents had an initial and/or annual person-centered service plan (PCP). (Resident #1 and # 2)			

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	Findings include: Resident #1 (R1) R1 was admitted on 01/31/26 with diagnoses including acute and chronic respiratory failure and other lower back pain. R1's record lacked documented evidence of an initial PCP. Resident #2 (R2) R2 was admitted on 05/03/24 with diagnoses including unspecified dementia and hypertension. R2's record documented a PCP dated 05/03/24. R2's record lacked documented evidence of an annual 2025 and 2026 PCP. On 07/29/26 in the morning, E2 confirmed the missing initial and/or annual PCPs for R1 and R2. Severity: 2 Scope:2			
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 medication or dietary supplement must be administered in accordance with the written	Y 0878	Tag Y 0878 Medication-OTC - Administrator and staff will ensure all medications will NOT be administered unless a physician's order is obtain prior to the resident moving into the home. Any changes with the resident will be communicated to the Physician for an additional order for the changes. All staff will be instructed to reach out the the Physician for the proper orders relating to the resident and administered the way the order was written. Please see attached.	08/10/2026

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	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 record review, document			

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	review and interview, the facility failed to ensure medications were administered per physicians orders for 1 of 5 residents. (Resident#3) Findings include: Resident #3 (R3) R3 was admitted on 06/12/26 on acute pulmonary embolism and chronic anxiety. On 07/29/26 in the morning, R3's medication bin contained a medication bottle labeled Amlodipine 10 Milligrams (mg) take one tablet by mouth every day. A physicians order dated 06/11/26, documented Amlodipine 10 mg take one tablet by mouth every day. A Medication Verification Review Form dated 06/29/26, documented Amlodipine 10 mg take one tablet by mouth every day. An Ultimate User Agreement dated 06/06/26, documented R3 required medication administration. R3's June 2026 and July 2026 Medication Administration Records (MAR) documented Amlodipine 10 mg take one tablet by mouth every day. On 07/29/26 in the morning, during medication review, R3's July 2026 MAR was observed as not initialed for the 07/29/26 morning medication administration of R3's Amlodipine 10 mg. On 07/29/26 in the morning, R3 was unsure if they had been administered the morning dose of the Amlodipine 10 mg tablet.			

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	On 07/29/26 in the morning, E3 confirmed they had not administered R3 's Amlodipine 10 mg during the morning medication administration. Severity: 2 Scope:1			
Y 0994 SS= F	**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 toxic and sharp objects were not accessible to residents. Findings include: On 07/29/26 in the morning, a razor blade was observed unsecured in a cabinet in bathroom #1. On 07/29/26 in the morning, the cabinet under the kitchen sink was observed as unsecure and contained a bottle of Comet cleanser with bleach, a bottle of	Y 0994	Tag 0994 Toxic Chemicals All staff members will be responsible for ensuring all chemicals are in a locked container or cabinet after purchasing supplies and after each use. Resident with Alzheimer's will not be allowed to have any toxic chemicals, razors, knives accessible to them at any time. All cabinets or containers will have a lock on them at all times.	08/10/2026

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	Lysol all-purpose cleaner, a window cleaning spray and a bottle of Pledge enhancing polish. On 07/29/26 in the morning, E2 acknowledged the sharp object and the chemicals were unsecure and should have been secured. Severity: 2 Scope:3			
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 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	Y 1825	Tag 1825 Training for Infection Control Prevention As Administrator and being a part of the Infection Control Committee, I will ensure to have all training done annually and on time. I will ensure my co partner's is done as well. Please see attached.	08/10/2026

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	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 record review and interview, the facility failed to ensure the secondary infection control staff completed 15 hours of infection control training annually (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 06/28/17 as the Administrator. E1 was identified as the secondary infection control manager for the facility. E1's file revealed infection control training dated 05/31/24 and lacked documented evidence of the required 15 hours of annual infection control training in 2025 and 2026. On 07/29/26 in the morning, E2 confirmed E1 was the secondary infection control manager and had not completed a total of 15 hours of annual approved infection control training. On 07/29/26 in the afternoon, E1 confirmed they did not complete the total of 15 hours of annual approved infection control training in 2025 and 2026.			

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