Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2758	A. BUILDING _____ B. WING _____	10/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY MEMORY CARE	**8880 W TROPICANA AVE, LAS VEGAS, NEVADA ,89147-6000**

(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 0000- No 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, 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. The facility was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation, completed in your facility on 10/12/26. The census at the time of the survey was 61. The sample size was five. The facility received a grade of A. There were three complaints investigated. Substantiated without deficient Practice: 1. Complaint #14473 was substantiated with no deficient practice. Unsubstantiated: 2. Complaint #14487 was unsubstantiated. There were no deficiencies identified. 3. Complaint #14189 was unsubstantiated. There were no deficiencies identified. The investigation of the complaints included: Observation of grooming and physical appearance for residents, caregivers	RFG 0000- No Deficiencies		

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	interacting with residents, and a tour of the facility. Interviews were conducted with two residents of concern, residents, caregivers, a medication technician, the Wellness Director and the Executive Director. Clinical Record Review of five resident records, which included the residents of concern. Document Review included facility policy and procedures, admission documents, billing statements and incident reports.			