STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2916	A. BUILDING _____ B. WING _____	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE ASSISTED LIVING AT HENDERSON	1050 E LAKE MEAD PARKWAY, HENDERSON, NEVADA ,89015

(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 a mandatory State Licensure grading re-survey completed at your facility on 06/11/26. The facility is licensed for 70 Residential Facility for Group beds for elderly and/or disabled persons and/or persons with mental illness and/or persons with intellectual disabilities and/or persons with Alzheimer's disease, and provides assisted living services, Category II residents. The census at the time of survey was 46. Eight resident files and eight employee files were reviewed. The facility received a grade of B.			
Y 0065 SS= F	**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;	Y 0065	Corrective Action: Employees #3, #4, #6, #7, and #8 completed the initial caregiver training for the required annual caregiver training hours. Certificates were printed immediately upon completion of trainings. Personal files are updated with proof of completion. E3 and E4 were provided with an additional 1 hour of caregiver training. Employee files are updated. E6 was provided with an additional 4 hours and 15 minutes of caregiver training. Employee files are updated. E7 and E8 were provided with an additional 4 hours of caregiver training. Employee files are updated. Systemic Changes to Prevent Recurrence:	06/25/2026

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	(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, 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 5 of 8 sampled employees obtained 1) four hours of initial Caregiver training within the first 60 days of employment and/or 2) eight hours of annual Caregiver training (Employee #3, #4, #6, #7 and #8). Findings include: Employee #3 (E3) E3 was hired on 09/01/24 as a Caregiver. E3 received a total of three hours of Caregiver training on 05/16/26. E3's file lacked documented evidence E3 received an additional one hour of annual Caregiver training. Employee #4 (E4) E4 was hired on 09/01/24 as a Caregiver. E4 received a total of three hours of Caregiver training on 12/04/25. E4's file lacked documented evidence E4 received an additional one hour of annual Caregiver training. Employee #6 (E6) E6 was hired on 09/01/24 as a Caregiver. E6 received a total of 45 minutes of		The facility will implement a new- hire training checklist and anniversary training tracker. Staff may not work on the floor after hire until required onboarding training is verified. The Business Office lead will serve as the primary learning coordinator, and The Health and Wellness Director as the secondary. they both along with the Assistant Executive Director will verify before hire that employees meet all of the initial training requirements. the learning coordinators will be responsible to review logs posted in employee files monthly to ensure all training requirements are up to date and met. any employees out of compliance will not be abl to work on the floor until they are up to date with trainings. Monitoring Plan (who, how often, duration): The Business Office lead will serve as the primary learning coordinator, and The Health and Wellness Director as the secondary. They both along with the Assistant Executive Director will verify before hire that employees meet all of the initial training requirements at the time of hire and onboarding before working on the floor. The Learning coordinators will review the employee files monthly to assign trainings to those who are coming up on training expiration dates, in order to assign new training for employees to complete before falling out of compliance. Responsible Person/ Title: Business Office Lead, Health and Wellness Director and Assistant Executive Director. Date of Correction Completion: 06/25/2026	

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	Caregiver training on 12/01/25. E6's file lacked documented evidence E6 received an additional four hours and 15 minutes of annual Caregiver training. Employee #7 (E7) E7 was hired on 03/24/26 as a Caregiver. E7's file lacked documented evidence of four hours of initial Caregiver training. Employee #8 (E8) E8 was hired on 03/12/26 as a Caregiver. E8's file lacked documented evidence of four hours of initial Caregiver training. On 06/11/26 in the morning, the Administrator acknowledged the missing training and was unable to provide documented evidence. Severity: 2 Scope: 3			
Y 0102 SS= F	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 1) an initial two-step tuberculosis (TB) test was completed upon hire or 2) an annual TB test was completed for 5 of 8 sampled employees (Employee #2, #3, #4, #6, and #8). Findings include: Employee #2 (E2) E2 was hired on 05/09/24, as a Medication Technician. E2 had a positive TB test on 04/10/25 and negative chest x-ray on	Y 0102	Corrective Action: Employees #2, #3, #4, #6, and #8 received a current annual TB signs-and-symptoms review or QuantiFERON TB test. Personnel files are updated. Systemic Changes to Prevent Recurrence:The facility added TB due dates to the annual compliance matrix and implemented reminder checkpoints before the due month and at the due date. All new employees will receive the QuantiFERON TB test upon hire to simplify the process and ensure testing is completed. The business office lead will review any new employee file during onboarding before the employee is on the floor to ensure all TB requirements are up to date bfore the employee is allowed to work the floor. Monitoring Plan: The Assistant Executive Director and Business Office Lead will ensure that all new hires receive the	06/25/2026

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	04/28/25. E2's file lacked documented evidence of an annual signs and symptoms. Employee #3 (E3) E3 was hired on 09/01/24, as a Caregiver. E3 had a QuantiFERON blood test on 04/22/25. E3's file lacked documented evidence of an annual TB test for 2026. Employee #4 (E4) E4 was hired on 09/01/24, as a Caregiver. E4 had a QuantiFERON blood test on 04/23/25. E4's file lacked documented evidence of an annual TB test for 2026. Employee #6 (E6) E6 was hired on 09/01/24, as a Caregiver. E6 had a QuantiFERON blood test on 07/23/24. E6's file lacked documented evidence of an annual TB test for 2025. Employee #8 (E8) E8 was hired on 03/24/26, as a Caregiver. E8's file lacked documented evidence of a two-step TB test upon hire. On 06/11/26 in the morning, the Administrator acknowledged the missing TB tests and was unable to provide documented evidence. Severity: 2 Scope: 3		QuantiFERON TB test and review the TB tracking log this next week to uncover and correct any further deficiencies with current and updated testing or reviews. The business office lead as well as the Health and Wellness director will review any new employee file during onboarding before the employee is on the floor to ensure all TB requirements are up to date bfore the employee is allowed to work the floor. Responsible person/Title: Business Office Lead, Assistant Executive Director, and Health and wellness Director Date of correction completion: 6/25/2026	
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	Y 0930	Corrective action: R8 was provided with the QuantiFERON TB test. Results show negative. Resident files were updated. Systemic Changes to Prevent Recurrence: We implemented a resident admission checklist requiring TB compliance, admission assessment, ADL assessment, physician documentation, and file completeness before the	06/17/2026

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	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 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		admission files are considered closed. A separate chart-audit tool was implemented. The Assistant Executive Director, Community Sales Director, Health and Wellness Director and Business Office Lead will all audit and verify new admissions have completes files with all required information before admission of the resident. Monitoring Plan: The Assistant Executive Director, Community Sales Director, Health and Wellness Director and Business Office Lead will all audit and verify new admissions have completes files with all required information before admission of the resident. All employee files will be reviewed in the next week to ensure every resident is up to date with current TB testing. Responsible person/title: Assistant Executive Director, Community sales Director, Health and Wellness Director, and Business office lead Date of completion: 06/17/2026	

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	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 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			

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	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 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 and interview, the facility failed to ensure an initial two-step tuberculosis (TB) test was completed for 1 of 8 sampled residents (Resident #8).			

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	Findings include: Resident #8 (R8) R8 was admitted on 12/30/25, with a diagnosis including diabetes and cognitive impairment. R8's file revealed a one-step TB test was completed on 12/22/25. R8's file lacked documented evidence of a second-step TB test upon admission. On 06/11/26 in the morning, the Administrator acknowledged the missing TB test and was unable to provide documented evidence. Severity: 2 Scope: 1			
Y 1035 SS= F	NAC 449.2768 **Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training:** 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes, in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or	Y 1035	Corrective Action: Employees #3, #4, #6, #7, and #8 completed the initial dementia training for the required annual caregiver training hours. Certificates were printed immediately upon completion of trainings. Personal files are updated with proof of completion. E3 and E4 were provided with an additional 2 hours of dementia training. Employee files are updated. E6 was provided with an additional 2 hours and 30 minutes of dementia training. Employee files are updated. E7 and E8 were provided with an additional 1 hour and 30 minutes of dementia training. Employee files are updated. Systemic Changes to Prevent	06/25/2026

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	certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 8 sampled employees obtained 1) two hours of Alzheimer's training within the first 40 hours of employment or 2) three hours of Alzheimer's training annually (Employee #3, #4, #6, #7, and #8). Findings include: Employee #3 (E3)		Recurrence: The facility will implement a new-hire training checklist and anniversary training tracker. Staff may not work on the floor after hire until required onboarding training is verified. The Business Office lead will serve as the primary learning coordinator, and The Health and Wellness Director as the secondary. they both along with the Assistant Executive Director will verify before hire that employees meet all of the initial training requirements. the learning coordinators will be responsible to review logs posted in employee files monthly to ensure all training requirements are up to date and met. any employees out of compliance will not be able to work on the floor until they are up to date with trainings. Monitoring Plan (who, how often, duration): The Business Office lead will serve as the primary learning coordinator, and The Health and Wellness Director as the secondary. They both along with the Assistant Executive Director will verify before hire that employees meet all of the initial training requirements at the time of hire and onboarding before working on the floor. The Learning coordinators will review the employee files monthly to assign trainings to those who are coming up on training expiration dates, in order to assign new training for employees to complete before falling out of compliance. Responsible Person/ Title: Business Office Lead, Health and Wellness Director and Assistant Executive Director.	

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	E3 was hired on 09/01/24 as a Caregiver. E3 received a total of one hour of dementia training on 05/13/26. E3's file lacked documented evidence E3 received an additional two hours of annual dementia training. Employee #4 (E4) E4 was hired on 09/01/24 as a Caregiver. E4 received a total of one hour of dementia training on 05/08/26. E4's file lacked documented evidence E4 received an additional two hours of dementia training. Employee #6 (E6) E6 was hired on 09/01/24 as a Caregiver. E6 received a total of 30 minutes of dementia training on 04/07/26. E6's file lacked documented evidence E6 received an additional two hours and 30 minutes of annual dementia training. Employee #7 (E7) E7 was hired on 03/24/26 as a Caregiver. E7 received a total of 30 minutes of dementia training on 04/07/26. E7's file lacked documented evidence E7 received an additional one hour and 30 minutes of initial dementia training. Employee #8 (E8) E8 was hired on 03/12/26 as a Caregiver. E8 received a total of 30 minutes of dementia training on 04/07/26. E8's file lacked documented evidence E8 received an additional one hour and 30 minutes of initial dementia training. On 06/11/26 in the morning, the Administrator acknowledged the missing training and was unable to provide documented evidence. Severity: 2 Scope: 3		Date of Correction Completion: 06/25/2026	