STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	333	A. BUILDING _____ B. WING _____	08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK PLACE ASSISTED LIVING	2305 IVES COURT, RENO, NEVADA ,89503

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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 survey completed at your facility on 08/20/2026. The facility is licensed for 60 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services, Category II residents. The census at the time of the survey was 47. Fifteen resident records and ten employee records were reviewed. The facility received a grade of A.			

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Y 0644 SS= C	**NRS 449.184** 1. A person who operates a residential facility for groups shall: (a) Post his or her license to operate the residential facility for groups; (b) Post the rates for services provided by the residential facility for groups; and (c) Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to ensure the license to operate the residential facility for groups were posted in a conspicuous place. Findings include: On 08/20/2026 at 9:36 AM, the license to operate the residential facility for groups was not posted in the facility. On 08/20/2026 at 9:36 AM, the Business Office Manager confirmed the license to operate was not posted in the facility. Severity: 1 Scope: 3	Y 0644	Deficiency: The facility failed to ensure the license tooperate the residential facility for groups was posted in a conspicuouslocation. **1.**Immediate correction: The current facility license was posted in aconspicuous public location within the facility and verified by theAdministrator/Executive Director. **2.**Residents potentially affected: Because the posting requirement appliesfacility-wide, all residents and visitors could potentially be affected. TheAdministrator/Designee will verify that the facility license and requiredadministrator/owner representative contact information are posted as required. **3.**Systemic correction: A regulatory checklist will be established andincorporated into monthly leadership/environmental rounds. The checklist willinclude verification that required licenses and contact information remaincurrent, legible, and conspicuously posted. **4.**Monitoring: The Administrator/Designee will audit required postings weeklyfor 4 weeks and monthly for 3 months. Any missing or outdated posting will becorrected immediately. **5.**Responsible person: Administrator/Executive Director or designee. **6.** Date of compliance: August 21, 2026.	09/05/2026
Y 0690 SS= D	**NAC 449.2712 Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a	Y 0690	**1.**Immediate correction: All oxygen cylinders identified as unsecured in RoomsD05 and D12 will be immediately placed in approved stands/racks or otherwisesecured to prevent tipping. Maintenance and clinical leadership will	09/05/2026

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	residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration		verifycorrection. **2.**Residents potentially affected: All resident rooms and storage areascontaining oxygen cylinders will be inspected to ensure every oxygen cylinderis secured. **3.**Systemic correction: Maintenance staff, caregivers, medication technicians,and clinical leadership will be re-educated on oxygen safety requirements,including securing cylinders, safe storage by 9/1/26. Oxygen safety will beadded to routine room/environmental rounds. **4.**Monitoring: The Maintenance Director or designee will complete weeklyoxygen-safety audits of all areas where oxygen is used or stored for 4 weeks,then monthly for 3 months. Any deficiency will be corrected immediately andreported to the Administrator/Designee. **5.**Responsible persons: Maintenance Director and Clinical Director/WellnessDirector, with oversight by the Administrator/Designee. **6.**Date of compliance: September 5, 2026.	

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	of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure: (a) The caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen; and (b) All caregivers are trained and knowledgeable regarding hazards and precautions to take when oxygen is in use. Inspector Comments: Based on record review, observation, interview, and document review, the facility failed to ensure oxygen tanks were secured for 1 of 5 resident rooms containing oxygen cylinders. Findings include: On 08/20/2026, the following oxygen concerns were identified: - at 10:38 AM, in Room D05, one b-sized cylinder was placed directly on the floor, and one b-sized cylinder was placed between cylinders on a metal rack, both unsecured. - at 10:44 AM, in Room D12, one b-sized cylinder was placed directly on the floor, unsecured. On 08/20/2026 at 10:38 AM and 10:44 AM the Maintenance Director confirmed the oxygen cylinders were not secured. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742	Y 0878	**1.**Immediate correction: Resident #8's Tamsulosin order, MAR, and pharmacylabel will be reconciled. The	09/05/2026

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	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 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,		medication container will be appropriatelyidentified to reflect the current physician order, and the pharmacy/prescriberwill be contacted as needed to ensure the label and order are consistent. Theresident's record will be reviewed for required documentation of the orderchange. **2.**Residents potentially affected: A 100% audit of current residentmedications with recent order changes will be completed to verify thatmedication containers, MARs, and physician orders match and that requiredchange-order documentation is present. **3.**Systemic correction: Medication technicians and clinical staff will bere-educated on NAC 449.2742 requirements for medication changes, includingcomplying with the new order, indicating a change on the medication container,documenting the change in the medication record, and obtaining required signedorders/interpretations within applicable timeframes all training will becompleted by 9/4/26. **4.**Monitoring: The Clinical Director/Wellness Director or designee will auditmedication-order changes weekly for 4 weeks and monthly for 3 months. Auditswill compare physician orders, MARs, and medication labels/containers. Anydiscrepancy will be corrected immediately and staff re-educated as indicated. **5.**Responsible person: Clinical Director/Wellness Director or designee. **6.**Alleged date of compliance: September 5, 2026.	

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	the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to ensure change order stickers were affixed to medications after a change in the physician order for 1 of 15 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 12/31/2025 with diagnoses including generalized age-related weakness and right femur neck fracture. Resident #8's August 2026 MAR and physician order dated 01/05/2026 documented Tamsulosin Hydrocholoride (HCl) 0.4 milligram (mg) capsule. Give one capsule by mouth two times a day for benign prostatic hyperplasia. The medication on-site documented Tamsulosin HCl 0.4 mg capsules. Take two capsules by mouth once a day 30 minutes after same meal each day. The medication on-site did not have a change order sticker indicating the medication was to be taken twice a day. On 08/20/2026 at 11:45 AM, the Medication Technician confirmed Resident #8's Tamsulosin medication on-site did not have a change order sticker applied to the bottle indicating a change of administration instructions. Severity: 2 Scope: 1			
Y 0920		Y 0920		09/05/202

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SS= D	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on record review, medication review and interview, the		.Immediate correction: Resident #8's Calcium and Vitamin D3 will be removedfrom use until it is in a properly labeled original container that identifiesthe contents, resident, and prescribing practitioner as required. Themedication order and MAR will be reconciled. **2.**Residents potentially affected: A 100% audit of all prescriptionmedications, over-the-counter medications, and dietary supplements will becompleted to verify required labeling and original-container requirements. **3.**Systemic correction: Medication technicians and wellness staff will bere-educated on medication storage and labeling requirements, includingrequirements for over-the-counter medications and dietary supplements. Staffwill be instructed not to administer medication from an improperly labeledcontainer and to immediately notify clinical leadership/pharmacy forcorrection. **4.**Monitoring: The Clinical Director/Wellness Director or designee willperform medication-cart and medication-storage audits weekly for 4 weeks andmonthly for 3 months. Any improperly labeled or stored medication will becorrected immediately. **5.**Responsible person: Clinical Director/Wellness Director or designee. **6.D**ate of compliance: September 5, 2026.	6

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	facility failed to ensure an over-the-counter medication was labeled with the resident and physician names for 1 of 15 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 12/31/2025, with diagnoses including generalized age-related weakness and right femur neck fracture. A physician order dated 12/29/2025 documented Calcium and Vitamin D3 500 milligram (mg) tablets. Take two tablets by mouth every morning for supplement. On 08/20/2026 at 11:45 AM, the Calcium and Vitamin D3 tablet bottle located in the medication cart for Resident #8 lacked a label documenting the resident's name and the name of the physician who ordered the medication. On 08/20/2026 at 11:50 AM, the Medication Technician confirmed the Calcium and Vitamin D3 bottle was for Resident #8. The Medication Technician confirmed the medication bottle should have had a label documenting the resident and physician names; however, it did not. Severity: 2 Scope: 1			