

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3543	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2026
NAME OF PROVIDER OR SUPPLIER COTTAGES AT GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 E ROBINDALE ROAD, HENDERSON, NEVADA ,89074		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: JULIE MASON
REPRESENTATIVE'S SIGNATURE

Title: Executive Director

Date: 05/08/2026

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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 and Complaint Investigation completed at your facility on 04/28/26. The facility is licensed for 108 Residential Facility for Group beds for elderly and/or disabled persons and/or persons with Alzheimer's disease, and provides assisted living services, Category II residents. The census at the time of the survey was 76. Twenty-one resident files and ten employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Substantiated: 3. Complaint #12808 was substantiated. (See TAG Y0255) The investigation of the complaint included: Observations of tour of facility which included inspection of eight residential cottages. Interviews were conducted with Facility Maintenance Director, care staff, and the Administrator. Document Review included facility purchase order for replacement machines.			

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(X4) ID PREFIX TAG Y 0102 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on interview and document review, the facility failed to ensure a tuberculosis (TB) screening, was completed annually, for 1 of 10 employees (Employee #6). Findings include: Employee #6 (E6) E6 was hired on 10/28/16 as a Caregiver. Review of E6's employee record showed the last documented annual TB screening was completed on 08/31/24 with a negative result. A signs and symptoms assessment was completed on 09/02/25. There was no documented evidence E6 had a positive TB test, a negative chest X-ray, or a completed annual TB screening within the previous 12 months, as required. On the morning of 04/28/26, the Business Office Manager confirmed E6's employee record lacked documentation of a positive TB test, a negative chest X-ray, or an annual TB screening completed within the past 12 months. Severity: 2 Scope: 1	ID PREFIX TAG Y 0102	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee #6 was sent immediately to the clinic to have a TB test done. The negative results are attached. All employee files will be audited to ensure that TB tests are current. The Business Office Manager will conduct this audit. A ticker file which includes TB testing due dates has also been made for all employee files and will be maintained by the Business Office Manager	(X5) COMPLETION DATE 04/28/2026

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(X4) ID PREFIX TAG Y 0106 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NAC 449.0113 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees received an in-person cardiopulmonary resuscitation (CPR) training. (Employee #9) Findings include: Employee #9 (E9) E9 was hired on 08/14/25 as a Caregiver. E9's file revealed CPR training was completed online on 12/08/25. E9's record lacked documented evidence of the CPR in person component. On 04/28/26 in the morning, the Business Office Manager acknowledged the online CPR training did not have the in-person component for E9. Severity: 2 Scope: 1	ID PREFIX TAG Y 0106	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee #9 completed the required CPR course on 5/6/26. The Certificate is attached. All employee files will be audited to ensure that CPR Certifications are current. The Business Office Manager will conduct this audit. A ticker file which includes CPR Certification due dates has also been made for all employee files and will be maintained by the Business Office Manager	(X5) COMPLETION DATE 05/06/2026
Y 0255 SS= F	NAC 449.217 6. A residential facility with <u>more than 10 residents</u> must: (a) Comply with the standards prescribed in chapter 446 of NAC; and	Y 0255	The Certified Food Manager was in school on the day of the survey. All Cooks in the kitchen will be trained on overall food and safety knowledge by 5/15/26. The moldy and spoiled food was immediately discarded from the walk in cooler. Cooks will check items in the walk in cooler daily for expired items. The paper towels were placed in the hand washing areas and Maintenance will be notified if no paper	05/22/2026

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	(b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 04/28/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. A certified food protection manager was not onsite at the time of inspection to oversee food service operations and there was a lack of overall food safety knowledge and practices based on the amount and type of violations observed. b. In the walk-in cooler, a container of whole jalapenos had mold growth and a container of cut celery was spoiled. c. Paper towels were not available at two of two hand washing sinks in the kitchen which led to a lack of hand washing by food service staff. d. In the main kitchen, the low temperature dish machine reached a maximum of 95 degrees Fahrenheit (F) at the start of the inspection and did not reach the minimum required temperatures for the wash (110 degrees F) and rinse (120 degrees F) cycles; and there was no detectable level of chlorine sanitizer dispensed during the final rinse cycle. e. Dish machines were not dispensing a detectable level of chlorine sanitizer in the following cottage serving kitchens: Oak,		towels are available. Eco Lab came out to service the dish machines for proper sanitation levels. There was a spoon stuck in the dishwasher in the main kitchen preventing the sanitizer from flowing. This was corrected on 4/28/26. The dish machines in the other Cottages have been fixed and are sanitizing Correctly except for Red, Purple, and Maple. Paper Goods were instituted immediately and remained in use until the dish machines were corrected. Three new dish machines have been ordered for Red, Purple and Maple Cottages. A deep clean of the kitchen is scheduled to be completed by 5/18/26. A new Coffee Maker will be ordered for Purple Cottage. A new toaster has been ordered for Red Cottage. Three new microwaves have been ordered for Oak, Maple and Red Cottages.	

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	Elm, Green and Blue. f. Dish machines were indicated to be out of order in the following cottage serving kitchens: Yellow, Purple and Red. Caregiving staff indicated dishes were washed and dried by hand in the hand sink in the serving kitchen, which did not have the proper facilities to manually wash, rinse and sanitize ware by hand. 2. Major Violations: a. A scoop was stored in a bulk container of sugar with the handle touching the product. b. Dried beans were intermixed in a bulk container of flour in dry storage. c. There was no detectable level of sanitizer in the wiping cloth sanitizer buckets in the kitchen. d. The following food contact surfaces were soiled: there was grime build-up on the interior components of the ice machine; the can opener was heavily soiled with grime and spillage; and surfaces of preparation tables were soiled with debris. e. The following non-food contact surfaces were soiled with food debris and spillage throughout the kitchen: lower shelves on tables and equipment; shelving units; food storage bins; wall shelves; inside of reach-in units; the juice machine' microwave; and the interior of the chemical cabinet. f. The floors throughout the kitchen were soiled with food debris and spillage under equipment, tables and shelving, along the coving, and in the walk-in units. g. There was dust build-up around the ceiling air vents throughout the kitchen. 3. Equipment and Maintenance Violations: a. The coffee maker in the Purple cottage was not functioning and/or in disrepair. b. Microwaves in the following cottage			

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	serving kitchens were not rated for sanitation: Oak, Maple and Red. Severity: 2 Scope: 3			
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 observations and interviews the facility failed to ensure toxic substances were kept inaccessible to residents. Findings include: On 04/28/26 in the morning, toxic chemicals were observed unsecured and accessible to residents in the following areas of the facility: - - In the Oak cottage a closet accessible to residents was unsecured and contained toxic chemicals which included laundry detergent and cleaning supplies. - - In the White cottage the laundry area was not secured and contained laundry detergent and eye wash solutions that were accessible to residents - - In the Purple cottage the laundry area was not secured and contained	Y 0994	Employees have been in serviced regarding the locking of all chemicals so they are not accessible to residents. Locks have been ordered for the laundry soap dispensers over the washing machines for each Cottage. The eye wash solution in White Cottage has been removed. Managers will check for chemicals being licked up during daily routine rounds.	05/22/202 6

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	laundry detergent that was accessible to residents. - - In the Red cottage the supply closet and laundry area were not secured and both areas contained toxic cleaning chemicals and laundry detergent. On 04/28/26 in the morning, both the Maintenance Director and Executive Director acknowledged that toxic substances were not properly secured and were accessible to residents in the Oak, White, Purple, and Red cottages and verified the substances should have been secured in a locked closet. Severity: 2 Scope: 3			
Y 1840 SS= F	R063-21 Sec. 4. Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.	Y 1840	Employee #1 received the required training on 5/4/26; Employee #3 is no longer employed at Cottages at Green Valley; Employee #4 received the required training on 5/7/26; Employee #5 received the required training on 5/1/26; Employee #6 received the required training on 5/1/2026; Employee #8 received the required training on 5/5/26; Employee #10 received the required training on 5/5/26. All employee files will be audited to ensure that Infection Control Training is current. The Business Office Manager will conduct this audit. A ticker file which includes Infection Control Training due dates has also been made for all employee files and will be maintained by the Business Office Manager	06/30/2026

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 7 of 10 sampled employees completed the annual required infection control training for unlicensed caregivers (Employees #1, #3, #4, #5, #6, #8, and #10). Findings include: Employee #1 (E1) E1 was hired on 04/01/13 as a Medication Technician. E1 completed annual infection control training on 06/12/24. E1's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. Employee #3 (E3) E3 was hired on 12/13/16 as a Medication Technician. E3 completed annual infection control training on 02/03/25. E3's file lacked documented evidence of 2026 annual infection control training through a nationally recognized organization. Employee #4 (E4) E4 was hired on 03/06/17 as a Caregiver. E4 completed annual infection control training on 02/03/25. E4's file lacked documented evidence of 2026 annual infection control training through a nationally recognized organization. Employee #5 (E5) E5 was hired on 08/31/21 as a Medication Technician. E5 completed annual infection control training on 02/03/25. E5's file lacked documented evidence of 2026 annual infection control training through a nationally recognized organization. Employee #6 (E6) E6 was hired on 10/28/16 as a Caregiver. E6 completed annual infection control training on 02/03/25. E6's file lacked documented evidence of 2026 annual			

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	infection control training through a nationally recognized organization. Employee #8 (E8) E8 was hired on 06/06/24 as a Caregiver. E8 completed annual infection control training on 02/04/25. E8's file lacked documented evidence of 2026 annual infection control training through a nationally recognized organization. Employee #10 (E10) E10 was hired on 08/23/18 as a Caregiver. E10 completed annual infection control training on 06/22/24. E10's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 04/28/26 in the morning, the Business Office Manager acknowledged E1, E3, E4, E5, E6, E8, and E10's missing infection control training and was unable to provide the documentation. Severity: 2 Scope: 3			