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
	409	A. BUILDING _____ B. WING _____	10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORGET ME NOT HOME CARE I	5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130

(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 an annual survey initiated at your facility on 10/21/25. The facility is licensed for seven Residential for Group beds for elderly or disabled persons and/or Alzheimer's disease, two Category I and five Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0830 SS= F	NAC 449.2736 **Request to exempt certain resident from restrictions; contents of request.** 1. The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. 2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition; (b) A plan for ensuring that the	Y 0830	1) We are currently in the process of obtaining waivers for the three residents in question. We have requested updated physicals signed by the physician and care plans. As of this date we have not received these documents but are following up with the hospice/home health care agencies regularly. In addition, we will conduct interviews with hospice/home health agencies prior to placement and review all progress reports for existing residents. 2) The situation was the result of a lack of communication between the lead caregiver and administrator. The administrator and lead caregiver have met and reviewed the criteria for waivers, both new admission and existing residents. A closer review of medical documents will be conducted. New resident physical assessments will be reviewed by both. Existing resident medical notes will be reviewed. Visual observation will be conducted by the lead caregiver. 3) Monitoring will be done by both Administrator and lead caregiver. Monitoring will include document review, physical observation and discussion with each resident. 4)Administrator 5)10/21/25	10/21/2025

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	resident's medical need scan be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. 3. A written request submitted to the division pursuant to this section must be received: (a) Before the administrator admits a resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive. 4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive. 5. A residential facility may retain a resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1. Inspector Comments: Based on observation, interview and record review, the facility failed to submit medical		6)waivers, once obtained, will be emailed to the inspector conducting the survey	

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	exemption requests for for 3 of 6 residents (Residents #1, #3, and #4). Findings include: Resident #1 (R1) R1 was admitted on 01/10/25 with diagnoses including Dementia, muscle weakness, and pulmonary embolism. R1's file documented a wound care consent form dated 02/10/25 and signed by R1/R1's Representative. Facility Caregiver notes dated October 1, 2025 through October 7, 2025 documented a wound care professional provided wound care for R1 two times a week. In a phone call on 10/21/25 at 2:10 PM, a representative from the wound care company confirmed R1 had a Stage 4 wound in the sacral area, and that a nurse practitioner wound care specialist and a nurse each came once a week to tend to the wound. The wound care company's last visit was on 10/15/25, and the nurse practitioner was due back the day following the survey. R1's file lacked a medical exemption to retain R1 in the facility with a Stage 4 wound. Resident #3 (R3) R3 was admitted on 12/01/24 with a diagnosis of Stage 4 coccyx wound. On 10/21/25 at 10:34 AM, R3 was observed to have a Foley catheter bag hanging from the side of R3's bed. The bag contained brown-colored urine. In an interview on 10/21/25 in the morning, Employee #3 (E3) reported the caregivers emptied the catheter bag three times a day. R3 commented that they did not take care of their own catheter bag, and the nurse came and changed it. On 10/21/25 in the afternoon, Employee #2 (E2) demonstrated how they emptied the catheter bag and disposed of the contents.			

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	R3's file lacked a medical exemption to retain R3 in the facility with a Foley catheter. Resident #4 (R4) R4 was admitted on 02/16/22 with a diagnosis of senile degradation of the brain. On 10/21/25 in the morning, R4 was observed lying in bed. A certified wound care nurse from R4's Hospice company reported that they were on site to evaluate R4, who was bedbound. The certified wound care nurse explained R4 had an unstageable wound. The nurse came two times a week to tend to R4's wound. The nurse conducted skin prep every couple of days, which lasted three days at a time. R4's family member verbalized that R4 could not move their trunk, but could move their arms, and was getting weaker. Employee #3 (E3) confirmed the wound was on and off, and that R4's Hospice nurse took care of the wound. R4's file lacked a medical exemption to retain R4 in the facility with an unstageable wound. On 10/21/25 in the afternoon, Employee #3 (E3) acknowledged the facility had not submitted medical exemption requests for R1, R3, and R4. In a telephone interview on 10/29/25 in the morning, the Administrator agreed that R1, R3, and R4 required medical exemptions to be retained at the facility, and the facility should have submitted medical exemption requests. Severity: 2 Scope:3			