STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4126	A. BUILDING _____ B. WING _____	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

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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 05/21/2026. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files and three employee files were reviewed. The facility received a grade of A.			
Y 0870 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and	Y 0870	Tag 0870 The resident #2 had medication reviews signed by the provider Erichsen APN on Oct 2, 2025, Oct 30, 2025, Feb 12,2026 and April 15, 2026.The resident medication review signed by pharmacist was obtained for resident #2 on 6/9/2026 for medication review by Geriatric Specialty Pharmacist dated 11/8/25 and 5/5/2026 Please see attachments. The resident #4 had medication review signed by the provider Erichsen APN on Dec. 4, 2025, March 19, 2026, and April 15,2026. The resident medication review by Sierra Specialty pharmacist was obtained for resident #4 on 06/6/2026 dated 11/9/2025 and 05/09/2026. Please see attachments. The administrator of the facility will ensure that the medication review is done every 6 months by the provider, pharmacist and Registered RN with no affiliation to the	06/12/2026

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	appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least one every six months for 2 of 5 residents residing in the facility longer than six months (Resident #2 and #4). Findings include: Resident #2		facility as it was sent on above attachments. The administrator of the facility will continue to conduct a full audit of all residents' medication review to schedule every other month so no other residents will have no overdue for pharmacist reviews and to ensure pharmacist reviews are completed on time. The administrator has created tracking log list of each resident's next Medication Review due date for pharmacist and physician or RN reviews every six months. The Medication Review Policy been revised to clearly define required review frequency, required review frequency, responsible requirements and escalation steps if a review is not completed by the due date. The administrator provided staff re-training to lead caregivers and to all staff about importance of Resident's Medication Reviews as a requirement for Nevada Health Authority, Health Care Purchasing and Compliance Division to each resident to stay in the group home. The administrator of the facility will conduct monthly audits of all resident's medication review due dates and will use a tracking log to identify due dates of resident's medication review to avoid late or missed reviews.	

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	Resident #2 was admitted to the facility on 12/31/2018, with diagnoses including chronic obstructive pulmonary disease, congestive heart failure and hypertension. Resident #2's clinical record documented a six-month medication profile review dated 05/06/2026, the facility lacked evidence of a prior medication profile review. Resident #4 Resident #4 was admitted to the facility on 11/02/2023, with diagnoses including chronic kidney disease, hypertension and atrial fibrillation. Resident #4's record documented a six-month drug regimen review was completed on 05/06/2026. Resident #4’s record lacked documented evidence a drug regimen review was completed between November 2025 to April 2026. On 05/21/2026 at 10:21 AM, the Owner verbalized medication profile reviews were to be completed every six months. The Administrator confirmed Resident #2 and #4's clinical records lacked medication profile reviews. Severity: 2 Scope:1			
Y 0930 SS= D	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.**	Y 0930	TAG 0930 The facility did not complete the Activities of Daily Living (ADL) Assessment for resident #3 who was admitted to the facility on April 30, 2026.The assessment was due on admission and was not completed until identified by Nevada Health Authority, Health Care Purchasing and Compliance	06/12/2026

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	1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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;		Division survey personnel. The ADL Assessment for Resident #3 was partially completed immediately on 05/31/26 by delegated caregiver assigned on that day. The Standard Assessment for Cognitive Safety was completed by the administrator the following day. The resident's individualized service plan was updated to reflect current ADL's needs, safety risks, supervision level and required caregiver interventions. All caregivers were in-serviced on the residents updated care needs and documentation requirements and no resident harm was identified. Please see attachments of complete resident #3 ADL assessment and added on resident's record. The administrator had Revised the Admission Checklist and now includes mandatory completion of ADL assessment and individualized care plan initiation with in 24 hours. The administrator or designee must sign off that all admission assessments are completed before the resident is considered fully admitted. Please see new checklist attachment. The administrator will ensure a 72-hour post admission audit will be conducted for every new resident to verify ADL and individualized care completion and it is communicated to the caregiver. To monitor ongoing compliance the administrator will conduct a monthly audit of all resident's files to ensure ADL assessment is completed at admission and updated with any change of condition and individualized service plan reflect currents needs.	

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	(2) The method in which those services must be performed; and (3) A statement of whether the 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			

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	the resident or a representative of the resident. (i)The name and telephone 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:			

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	Based on clinical record review and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) Assessment was completed timely for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/30/2026, with diagnoses including chronic pain, vascular disease and dementia. Resident #3's clinical record lacked documented evidence of an initial ADL assessment upon admission. On 05/21/2026 at 11:10 AM, the Caregiver confirmed the ADL assessment was not completed timely. Severity: 2 Scope: 1			
Y 1700 SS= D	**NRS 449.1845** **Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment.** 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to	Y 1700	The Resident was immediately re-assessed using NALA compliant admission tool and Physician Determination Form. Based on physician documented determination, the resident #3 had dementia and the provider determined the patient is appropriate to current group home placement setting since the patient is not wandering risk, however there is no option or other selection above, about facility that can take care of dementia that does not need or equipped with wander control system so it is hard choice to the provider. Please see attachment Y 1700 A. Selecting the correct physician determination for patient #5 with complex, co-occurring needs such as both dementia and old stroke with left hemi is very complicated by the patient's varying physical, cognitive and safety needs. The patient is total care especially with transfer.	06/12/2026

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	conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to		The placement determination was already questioned from previous survey on Sept 21, 2022, related to determination complexity. Pt had stroke and he had total disability and can't transfer and cannot wander out. Patient is also old with disabilities. The administrator is able to make VA appointment until Sept 25, 2026, to request a new placement determination for the resident. Please see attachment Y 1700 B. Complexity of placement determination of patient. The facility administrator completed a facility -wide audit of all residents with dementia or neurocognitive disorders, physician determinations requiring specific placement and behavioral or supervision needs. No other residents were found to be in an inappropriate placement. The administrator has changed its admission and retention policy to include mandatory review of physician determination prior to admission to the facility and to fully personally assessed the patient face to face and interviews significant other or caregiver of the patient to find out if patient is appropriate placement criteria to the facility. The Administrator will be carefully reviewing patient's record for any other diagnosis aside from any form of dementia. The administrator had provided staff training to all caregivers about immediate reporting procedures for all new admitted residents to the facility with dementia if they are properly admitted to the right setting of the facility. To recognized early symptoms or concerns recognizing when new resident exceeds the facility's scope of care and placement appropriateness for residents with dementia. All staff including caregivers receive training on admission and retention requirements. All staff are trained about keeping a close observation to the new patient. If any concerns are observed to make and need immediate reporting procedure to the administrator for quick assessment and proper placement if needed.	

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	an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure a resident with the diagnosis of dementia and a determination by a physician the resident was placed in the appropriate setting within the facility endorsed for the care of the resident for 2 of 5		The administrator of the facility will conduct a monthly audit of all residents with dementia or high-risk diagnosis to ensure placement remains appropriate. Any change in patient condition will trigger an automatic placement re-assessment as soon as possible.	

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	sampled residents (Resident #3 and #5). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/30/2026, with diagnoses including chronic pain, vascular disease and dementia. The determination of the physician dated 04/29/2026 indicated the resident required a facility which provide care and protective supervision in accordance with the needs of a person suffering from old age or disabilities. Resident #5 Resident #5 was admitted to the facility on 03/28/2017, with diagnoses including dementia, neuropathy and cerebrovascular accident. The determination of the physician dated 05/11/2026, indicated the resident required a facility which provide care and protective supervision in accordance with the needs of a person suffering from old age or disabilities. On 05/21/2026 at 11:13 AM, the facility Owner confirmed Resident #3 and #5's had diagnoses of dementia and a standard placement determination had not been properly completed. Severity: 2 Scope: 1			