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
	6324	A. BUILDING _____ B. WING _____	08/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEVADA MEMORY CARE	2299 MONTESSOURI ST, LAS VEGAS, NEVADA ,89117

(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 State Licensure survey and Facility Reported Incident (FRI) follow-up, completed at your facility on 08/26/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A. There was one FRI investigated. Substantiated without deficient practice. FRI 14171 was substantiated with no deficient practice. The investigation of the FRI included: Observations of resident to resident interactions. Interviews were conducted with caregivers and the Administrator. Clinical record review of 10 resident records, including the resident of concern. Document review including facility policies and procedures and incident reports.			
Y 0430	**NAC 449.229 Protection from fire; plans for evacuation; emergency drills; testing, inspection and recordkeeping.**	Y 0430		08/31/2026

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	1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. 3. An exit door in a residential facility must not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his or her designee. Inspector Comments: Based on observation and interview, the facility failed to ensure the fire alarm and sprinkler system had been inspected annually. Findings include: On 08/26/26 in the morning, a check of the fire sprinkler system revealed the system was last assessed in 2024. There was no documentation the system had been check in the past 12 months. On 08/26/26 in the morning, a caregiver confirmed the facility fire system had not been checked in over a year, and they were waiting for a contractor to come out and evaluate the system.		**Y 0430 Protection from fire; plans for evacuation; emergency drills; testing, inspection and recordkeeping. NAC 449.229** 1. HOW TO IDENTIFY OTHER IRE SAFETY ISSUES **The fire system, sprinklers, detectors, and alarms will be inspected monthly by staff to ensure they are working properly. Administrator and owner will ensure that the systems are inspected by a professional either quarterly or annually (whichever is required) and that those services are provided prior to previous inspection expiration.** 1. SYSTEMIC CHANGES **Monthly audits will be performed to ensure that compliance is maintained.** 1. MONITORING PROCESS **The administrator and owner will stay in close communication during these monthly audits and as inspections are coming due.** IV. DATE COMPLETION **This plan of correction has been completed by 8/31/26.**	

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Y 0515 SS= D	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable;	Y 0515	Y0515 Supervision of Residents - NAC 449.259 1. HOW TO IDENTIFY OTHER RESIDENT CARE ISSUES Care plans for both residents involved in the 8/1/26 incident have been updated to include increased monitoring of both residents and interventions for new behaviors presented in both residents. 1. SYSTEMIC CHANGES Facility Owner and Administrator will ensure that, in the future, any significant changes in behavior of a resident is documented in the resident's care plan and the care plan is updated with interventions for that behavior. 1. MONITORING PROCESS This process will be monitored by the Facility Owner and Administrator by closely examining documentation on a regular basis and communicating changes closely with the staff.. IV. DATE COMPLETION	08/26/2026

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	(i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on interview and record review, the facility failed to ensure care plans were updated and accurately documented changes in residents' behaviors, following an incident involving 2 of 10 residents (Resident #1 and Resident #7). Findings include: Resident #1 (R1) R1 was admitted on 03/28/26 with diagnoses including Alzheimer's disease. Resident #7 (R7) R7 was admitted on 02/28/26 with diagnosis including Alzheimer's disease. Facility Reported Incident (FRI) dated 08/04/26 documented, on 08/01/26, R1 and R7 were found in R7's room together and both were unclothed from the waist down. Both R1 and R7 were on R7's bed when a staff member walked into the room. The staff member separated R1 and R7 and escorted R1 from the room. Review of R1's medical record documented a care plan dated 03/28/26 with no behaviors identified. No updated care plan was found in the record of R1 following the incident with R7 on 08/01/26 showing what the plan would be to handle the behaviors to prevent the incident from happening again.		**This plan of correction has been completed by 8/26/2026.**	

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	Review of R7's medical record documented a care plan dated 06/01/26 with no behaviors identified. No updated care plan was found in the record of R7 following the incident with R1 on 08/01/26 showing what the plan would be to handle the behaviors to prevent the incident from happening again. On 08/26/26 in the morning, the Administrator confirmed an updated care plan was not completed for R1 and R7 following an incident between R1 and R7 on 08/01/26. Severity: 2 Scope: 1			