STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7637	A. BUILDING _____ B. WING _____	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME III	795 SIENNA STATION WAY, RENO, NEVADA ,89512

(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 a mandatory re-grading survey completed at your facility on 04/13/2026. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents, and one Resident Facility for Group bed for elderly and disabled persons, Category I resident. The census at the time of the survey was six. Six resident files and three employee files were reviewed. The facility received a grade of B.			

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure a pre-employment physical examination was completed timely for 1 of 4 employees (Employee #4). Findings include: Employee #4 Employee #4 was hired as a caregiver, hire date unknown. On 04/13/2026 at 11:45 AM, the facility lacked a personnel record for Employee #4. On 04/13/2026 at 11:45 AM, the Caregiver confirmed the personnel record was not onsite. Severity: 2 Scope:1	Y 0104	Tag Y 0104 The Administrator of the facility failed to ensure a pre-employment physical examination of Employee #4's file, the Physical exam was completed but there was a delay in obtaining the physical results to be on resident's file. The missing pre-employment physical for employee #4 was completed on April 10,2026. The physical exam documentation has been obtained and placed in the employee's personnel file. The employee was re-evaluated to ensure compliance with all health and safety requirements. Please see attachment Tag Y 0104 for Employee #4 The administrator of the facility will do a monthly full personnel file audit of all employees. All personnel files will be review for pre-employment physicals. Any missing physicals will be immediately addressed, scheduled and completed to ensure compliance. The administrator of the facility has implemented following measures to prevent recurrence. The administrator of the facility has revised hiring checklist and added Pre-employment Health Screening section was added on hiring checklist. A new file compliance binder was initiated for new employees. A new tracking log was created to document completion dates of physical exams test, tuberculosis test, background checks and other on boarding requirements needed. The administrator will do monthly Personnel File audits of all employee's file to ensure continued compliance. Please see personnel hiring checklist attachments Tag Y 0104 for tracking completeness of personnel files. On July 3, 2026, Employee # 4 had separated from the company.	07/26/2026
Y 0172 SS= D	**NAC 449.209**	Y 0172	Tag Y 0172 The facility failed to ensure the interior	07/26/2026

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	2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.		environment was maintained in a clean, sanitary and safe condition. During the survey it was observed, the master shower room is with accumulation of soap residue and grime and hallway restroom with fecal matter on the floor. Upon notification of the surveyors the shower room was immediately deep cleaned including walls, floors, fixtures and all high touch surfaces. The hallway restroom was immediately disinfected including removal of all fecal smears, sanitizing of toilet, sinks, grab bars and door handles. A full environmental sanitation check of all resident-use bathrooms and shower rooms was completed the same day to ensure no additional areas were affected. The administrator of the facility had conducted a facility - wide environmental audit the following day. All residents' bathrooms, shower rooms, hallways, and common areas were inspected for cleanliness, sanitation and maintenance issues. Any areas requiring additional cleaning or repair were addressed immediately. The hallway restroom floor with fecal smear was cleaned immediately after the findings. Re-educated the staff about cleanliness, decontamination, infection control and maintenance of the bathroom, shower room, master shower room, residents room and the rest of the interior surroundings of the facility. Resident's bathroom and shower room should be rounded throughout the day and checked for cleanliness and sanitation for resident safety usage. Please see tag Y 0172 hallway bathroom. To ensure the facility maintains a clean and sanitary environment at all times, the following changes were implemented by the administrator. Revised housekeeping cleaning schedule, shower room and resident rest room will be clean and rounded three times daily, (AM, mid-day, evening) Deep cleaning will occur every Wednesday, and Saturday. A new environmental cleaning task schedule for designated staff is assigned to monitor	

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	Inspector Comments: Based on observation and interview, the Administrator failed to ensure the interior of the facility was maintained. Findings include: On 04/13/2026, the following concerns were identified: -At 9:06 AM, the master shower had an accumulation of grime and soap residue in the corners. -At 9:06 AM, the hallway restroom had smears of fecal matter on the floor. On 04/13/2026 at 9:25 AM, the Caregiver acknowledged the master shower had built up grime and residue. The Caregiver verbalized, “we tried to get it up, but the dirt just comes back.” On 04/13/2026 at 11:04 AM, the Caregiver acknowledged the fecal matter on hallway restroom floor. The Caregiver verbalized, “the poop could be tracked around the house and get other residents sick.” Severity:2 Scope:1		cleanliness of shower room, toilet and bathroom floors and sinks and completion of duties daily with administrator's supervision. The staff are re-educated and re-trained about infection control, sanitation standards and proper procedures. The training included identification and immediate reporting of fecal contamination, soap buildup and environmental hazards. The administrator had educated all staff member about rapid response procedure that if any staff member observes fecal matter, bodily fluids should immediately clean and disinfect the area for safety use of other residents or if unsafe environmental conditions like hard grimes build up and difficult to be clean, needs to be reported to the administrator for immediate maintenance and clean up. The hallway bathroom, please see attachment Tag Y 0172 Please see attachments Tag Y 0172A for Inservice of caregivers for continuity of cleanliness and sanitation and maintenance of room, bathroom and shower room. The master bathroom was cleaned and accumulation of grime and soap suds residues in the corners were cleaned and removed. Please see attachment Tag Y 0172B. The team lead caregiver of the facility will do daily environmental rounds and discrepancy findings which needs to be reported to the administrator daily. The administrator will conduct weekly walk-throughs of all resident - use areas. Any deficiencies corrected with in 24 hours and trends of repeated issues will result in additional staff training. The facility administrator acknowledges the importance of maintaining a clean, sanitary and safe environment for all residents and the facility ensures prevent recurrence of this issue.	
Y 0878 SS= E	NAC 449.2742	Y 0878	Y 0878 The facility failed to ensure that medications	07/26/2026

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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,		dispense by the pharmacy accurately reflected the physician's orders on the resident's Medication Administration Record (MAR) resulting in discrepancies between prescribed orders and the MAR. The Administrator of the facility immediately reviewed the resident's physician orders, pharmacy dispense records and MAR. All discrepancies were corrected the same day after the survey result findings was received, ensuring the MAR fully matched the current physician orders. The physician order on resident's file was reviewed and confirmed the correct medication order. The staff involved were re-educated immediately on verifying medication orders against the MAR before administration. Resident #3 MAR was corrected, a physician order dated 10/2025 documented, about Lidocaine 5% patch, apply two patches to skin once a day to lower back for pain. Apply and press firmly for 10 to 15 seconds, keep for 12 hours. Lower back and left shoulder. Please see attachment about corrected MAR for resident #3. Resident #4 Mar was corrected, A physician order dated 01/20/26 documented Levothyroxine (Synthroid)125 micrograms (mcg). Take one tablet by mouth every morning on empty stomach. Please see attachment about corrected MAR for resident #4. Resident#4 Mar was corrected, A physician order dated 07/07/2025 documented Ventolin HFA inhale two puffs by mouth every four hours as needed for shortness of breath. Please see attachment about corrected Mar for resident #4. Resident #5 Mar was corrected, A physician order dated 3/30/26 documented Polyethylene glycol 3350 powder, take one heaping tablespoon (17 g) by mouth twice a day for constipation (Mix in glass of water /juice). Please see attachment about corrected Mar for resident #5. Resident #5 The dates in Mar was highlighted with different colors so the	

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	within 5 days after the change is ordered, 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, record review, and interview, the facility failed to ensure medications dispensed by the pharmacy accurately reflected the physician's orders for 1 of 6 residents (Resident #3), the Medication Administration Record (MAR) accurately reflected physician's orders for 1 of 6 residents (Resident #4), and a medication was administered as ordered by the physician for 1 of 6 residents (Resident #5). Findings include: Resident #3 Resident #3 was admitted to the facility on 10/02/2018 with diagnoses including respiratory distress, type 2 diabetes and bilateral pulmonary embolism. A physician order dated 10/2025 documented Lidocaine 5 percent (%) patch. Apply two patches to skin once a day to lower back for pain. Apply and press firmly for 10-15 seconds, keep on for 12 hours, then remove for 12 hours. Lower back and left shoulder. Resident #3's April 2026 MAR documented Lidocaine 5% patch. Apply two patches to skin once a day to lower back and shoulder for pain.		caregiver can pay more attention and identify particular dates and not to sign daily. Coal tar 2.5%. Apply a small amount to hair and wash on Monday, Wednesday and Friday. Please see attachment Mar for highlighted days of shampoo application for resident #5. The facility administrator did a wide audit of all current medication orders, pharmacy dispense records and MAR of other residents the next day for potentially affected residents, and no other discrepancies were identified. The administrator of the facility implemented verification medication process in the facility to prevent recurrence. The caregiver assigned to medication will verify the physician order upon receipt, confirms pharmacy dispense information matches the order and verifies the MAR manual entry matches the physician order before the medication is available for administration. A dual caregiver verification of all high-risk medications and all handwritten updates. Re-educated the staff about pharmacy communication protocol updates if any discrepancies must be clarified with the pharmacy before medication administration. Re-educated staff about open communication that all new orders need to be communicated with the administrator for following and verifying correct carrying out of physician orders and Mar accuracy. The administrator of the facility will conduct weekly MAR-to-order -audit for all residents weekly for few weeks and every 3 months. Any discrepancies will be corrected immediately and reviewed with the responsible staff member. The administrator of the facility will ensure ongoing compliance to ensure medication dispense by pharmacy is accurately reflected on MAR by conducting MAR audit weekly for the first 8 weeks and every 4 months after. The administrator will pay special attention to all new receive physician orders in the facility to ensure doctor's orders are carried out correctly to	

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	On 04/13/2026 at 10:17 AM, during a review of Resident #3's medications, a medication label documented Lidocaine 5%. Apply two patches to skin once a day to the lower back. On 04/13/2026 at 10:17 AM, the Medication Technician (MT) confirmed Resident #3's Lidocaine medication label did not match the resident's April 2026 MAR and physician order. Resident #4 Resident #4 was admitted to the facility on 01/25/2018 with diagnoses including schizophrenia, hypothyroidism and depression. A physician order dated 01/20/2026 documented Levothyroxine (Synthroid) 125 micrograms (mcg). Take one tablet by mouth every morning on an empty stomach. A physician's order dated 07/07/2025 documented Ventolin HFA (Hydrofluoroalkane). Inhale 2 puffs by mouth every four hours as needed for shortness of breath. Resident #4's April 2026 MAR documented the following: -Levothyroxine 125 mcg. Take one tablet by mouth every morning on an empty stomach and wait 30 minutes before eating or taking other medications. -Ventolin HFA. Inhale two puffs by mouth every hour as needed for shortness of breath. On 04/13/2026 at 9:50 AM, the MT confirmed Resident #4's April 2026		the MAR. The administrator ensures resources are available to the caregivers and continues training provided.	

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	MAR did not accurately reflect Resident #4's physician order for Levothyroxine and Ventolin. Resident #5 Resident #5 was admitted to the facility on 01/25/2017 with diagnoses including hyperlipidemia and hypotension. A list of Resident #5's physician orders, dated 03/30/2026 documented the following: -Polyethylene Glycol 3350 powder. Take one heaping tablespoon in water by mouth twice a day for constipation. -Coal Tar 2.5%. Apply a small amount to hair and wash on Monday, Wednesday, and Friday. Resident #5's April 2026 MAR documented the following: -Polyethylene Glycol 3350 powder. Take one heaping tablespoon by mouth twice a day for constipation. Initials were present on the MAR twice daily from 04/01/2026 through 04/12/2026. -Coal Tar 2.5%. Apply a small amount to hair and wash on Monday, Wednesday, and Friday for antidandruff. Initials were present on the MAR daily from 04/01/2026 through 04/12/2026. On 04/13/2026 at 10:26 AM, during a review of Resident #5's medications, the following were present: -Polyethylene Glycol 3350 powder. Take one heaping tablespoon one time a day for constipation. -Coal Tar 2.5%. Apply a small amount to hair and wash on Monday, Wednesday, and Friday. On 04/13/2026 at 10:26 AM, an MT confirmed Resident #5's Polyethylene Glycol container label and MAR did not match. The MT verbalized the facility administered the Polyethylene Glycol twice per day as indicated on the MAR and explained the medication label should be updated. The MT confirmed Resident #5's Coal Tar medication label and MAR			

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	documented the Coal Tar would be administered on Monday, Wednesday and Friday. The MT verbalized facility staff assisted Resident #5 with showers daily and explained signatures on the MAR indicated a medication was administered. The MT explained the Coal Tar was administered daily. Severity: 2 Scope: 2			
Y 0885 SS= D	**NAC 449.2742** **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure an expired medication was removed and destroyed for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 was admitted 10/02/2018	Y 0885	Tag Y 0855 The facility failed to ensure the resident # 3's netardusil eye drops was not labeled properly when the bottle was opened and to be discard six weeks after opening. The expired eye drops were immediately removed from the resident medication storage box after it was discovered that it was expired on the same day of the survey. The physician was notified the same day, and a new, unexpired bottle of prescribed eye drops was obtained in the supply stock refrigerated area, and the new bottle was labeled with resident's name, medication name and strength and open date. The staff responsible were re-educated immediately on proper labeling and expiration requirements. A complete audit of all medications, including eye drops, inhalers, ointments and other multidose containers was checked by the administrator. Audit includes verification of resident's name on all medication containers, open dates on multi-dose medications, manufacture expiration dates and proper medication storage. Any medication missing required information was corrected immediately. The facility administrator has implemented changes in the facility, the application of open -date labeling policy. all multidose medication (Eye drops, inhalers, ointment, nasal sprays, etc.) must be labeled with the date opened and the discard date before	07/26/2026

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	with diagnoses including respiratory distress, type 2 diabetes and bilateral pulmonary embolism. A physician order dated 10/2025 documented Netarsudil 0.02 percent (%) Ophthalmic Solution (Oph Soln). Place 1 drop in right eye every evening for glaucoma. Store unopened bottle(s) in refrigerator-discard 6 weeks after opening. Resident #3's April 2026 Medication Administration Record (MAR) documented Netarsudil 0.02% Oph Soln. Place 1 drop in right eye every evening for glaucoma. Store unopened bottles in the refrigerator. Resident #3's medications included an open bottle of Netarsudil 0.02% Oph Soln, with no open date. The medication label had an order date of 10/2025. On 04/13/2026 at 10:17 AM, the Medication Technician (MT) verbalized the MT was unsure when the Netarsudil was opened. The MT confirmed the medication was expired and should have been removed from Resident #3's medications and destroyed. Severity: 2 Scope: 1		being place in medication cabinet. The staff were trained proper medication checklist verifying proper labeling before any medication is added to individual medication storage boxes, checklist includes resident name, medication name, strength, open date and physician authorization. The team lead staff must verify all new multidose medication before they are placed in individual resident med box for proper labeling. The staff were re-educated with all medication handling labeling and expiration requirements. The training emphasized the importance of open dates and discard dates for infection control and resident safety. The administrator of the facility acknowledges the importance of ensuring all medications-especially multi dose items such as eye drops -are properly labeled with open dates and monitored for expiration. The administrator of the facility will ensure ongoing compliance with Division of Public and Behavioral Health regulations and prevent occurrence of this issue. Please see attachment TAG Y0885.	
Y 0920 SS= E	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential	Y 0920	Tag Y 0920 The facility failed to ensure over- the -counter (OTC) medications were properly labeled and documented with resident's name and prescribing physician. The OTC Vit D3 of resident #1 without proper labeling was immediately removed and physician order was verified in the resident chart if Vit D3 was ordered. The	07/26/2026

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	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 observation, record review, and interview, the facility failed to ensure an over the counter (OTC) medication was labeled with the name of the prescribing physician and resident name for 2 of 5 residents (Resident #1 and Resident #4).		confirmation of physician order was confirmed, and the medication was properly labeled with the resident's name, dosage and physician authorization name before being return to the resident medication box. please see attachment Tag Y 0920A For resident # 4 the OTC Aquaphor lacking proper labeling of physician authorization was removed from residents' medication box. The physician had authorization order for OTC Aquaphor was verified on resident's chart and the medication Aquaphor OTC was labeled correctly with resident name and doctor's name, dosage and returned to the resident's medication supply box. Please see attachment Tag 0920B. The administrator of the facility did a full audit of all resident's medication-including OTC supplements was performed the next day after survey for compliance. The audit includes verification of resident's name on all medication containers, verification of physician authorization orders for all OTC medications. Verification that all medications matched the current MAR. Any medication missing required information was corrected immediately. The administrator of the facility Re-educated staff and implemented intake procedure that no OTC medication maybe accepted, stored or administered without physician order and all OTC medications must be labeled with the resident's name, dosage, and physician authorization before entering the individual resident medication box. The staff must complete new medication checklist verifying proper labeling before any medication is added to the cart. Checklist includes resident name, medication name, strength, direction physician authorization name and date received. The administrator had retrained the staff about OTC new medication checklist and administrator verifications of all medication OTC before they are placed on residents' medication safety box. The administrator of the facility will monitor weekly of all new OTC orders and to notify	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7637	A. BUILDING _____ B. WING _____	04/13/2026

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	Findings include: Resident #1 Resident #1 was admitted to the facility on 06/16/2025 with diagnoses including kidney disease, hyperlipidemia and depression. On 04/13/2026 at 10:40 AM, during a review of Resident #1's medication, a medication label documented Vitamin D-3. The medication container lacked a label with the prescribing physician's and resident's name. On 04/13/2026 at 10:40 AM, a Medication Technician (MT) explained OTC medications were to be labeled with the resident's name and the name of the prescribing physician to ensure the medication administered was ordered by a physician. The MT confirmed the prescribing physician's and resident's names were not present on Resident #1's Vitamin D-3 container. Resident #4 Resident #4 was admitted to the facility on 01/25/2018 with diagnoses including schizophrenia, hypothyroidism and depression. On 04/13/2026 at 9:50 AM, during a review of Resident #4's medications, a container of Aquaphor lacked a label with the prescribing physician's and resident's names. On 04/13/2026 at 9:50 AM, the MT confirmed the prescribing physician's and resident's names were not present on Resident #4's Aquaphor container. Severity: 2 Scope: 2		the administrator promptly with new OTC orders for confirmation of physician order, ensuring proper labeling with name of resident, name of prescribing physician and dosage was properly applied to the new OTC medication before it is placed on resident's individual medication box.	

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