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
	8243	A. BUILDING _____ B. WING _____	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	**8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129**

(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 0000- No 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. The RFG was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated at your facility on 06/03/2026. The facility is licensed for ten Residential Facility for Group beds for Elderly and Disabled Persons and Mental Illness, Category II residents. The census at the time of the survey was nine. Five resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00013475 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of residents being well-groomed, no unsecured medications, and staff administering medications to residents. Interviews were conducted with residents,	RFG 0000- No Deficiencies		

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	Caregivers, House Manager, and the Administrator. Record review included incident reports, resident admission agreements, and ultimate user agreements. Document review included facility policy and procedures including house rules, infection control, and medication plan.			