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
	9070	A. BUILDING _____ B. WING _____	07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENDA CARE	1235 GLENDA WAY, RENO, NEVADA ,89509

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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 and complaint investigations completed at your facility on 07/07/2026. The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons with assisted living services and/or persons with mental illness. The census at the time of the survey was 26. Ten resident records, four closed records and ten employee records were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #13545 could not be substantiated. No regulatory deficiencies could be identified. Complaint #13584 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observations of grooming and physical appearance for residents, staff to resident interactions and a tour of the facility. Interviews were conducted with residents, a Medication Technician, Caregiver, and the Manager. Record review of 14 resident records including the residents of concern. Document review included facility policies and procedures, incident reports, physician orders, Medication Administration Record, activities of daily living, and service plans.			
Y 0451 SS= C		Y 0451	A first aid kit will be purchased with all of	07/13/2026

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	NAC 449.231 First aid and cardiopulmonary resuscitation. 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure first aid kits were fully stocked and accessible. Findings include: On 07/07/2026, the following issues were discovered: •□□□□□□□□At 11:05 AM, the first aid kit, in the medication staff area, was located in the back of a cabinet, underneath multiple snack items. Required items were dispersed between multiple boxes and containers, with some items unable to be located. •□□□□□□□□A cardiopulmonary resuscitation (CPR) mask/shield and		the required items. The administrator will be responsible forthis corrective action. This correctiveaction has already been completed.	

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	roller gauze could not be located in any of the boxes or containers filled with miscellaneous treatment supplies. On 07/07/2026, the Administrator was present at the time of discovery and verbally acknowledged the lack of access and the missing required items.			
Y 0950 SS= D	**NAC 449.275 Residential facility that provides hospice care: Responsibilities of staff; retention of resident with special medical needs.** 1. A residential facility may admit a resident who requires skilled nursing on a 24-hour basis, including, without limitation, such a resident who is bedfast, or permit such a resident to remain in the facility without obtaining permission pursuant to NAC 449.2736 if: (a) The facility is not otherwise prohibited from admitting the resident or allowing the resident to remain in the facility, as applicable, by NAC 449.2702; (b) The care and services are provided by a program of hospice care or an agency to provide nursing in the home, as applicable; and (c) The facility complies with the requirements of subsection 2, if applicable. 2. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services	Y 0950	From now on, the facility will save the provider visit noteswhen they are given to us by the hospice agency and they will be saved in a separatebinder for each hospice patient. Theowner will be responsible for this corrective action. This corrective action will be completed by 08-31-2026	08/31/2026

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	provided to a resident who receives hospice care; and (b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs. Inspector Comments: Based on interview, record review and document review the facility failed to maintain records of the care and services provided to a resident on hospice care for 1 of 10 sampled residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 12/11/2023, with diagnoses including Parkinson's disease, atherosclerotic cardiovascular disease, and chronic kidney disease. Resident #5's Hospice Comprehensive Assessment and Plan of Care Update Report documented the resident's start of care date was 07/30/2025. The following Hospice staff visits were to occur as follows: -Skilled Nursing (SN): weekly for care needs or symptom management -Hospice Health Aide (HHA): twice weekly -Chaplain: twice monthly for spiritual and emotional support -Volunteer: four times monthly The resident's hospice binder and resident chart did not contain contact numbers for the Hospice Care Team or documentation			

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	of the weekly Hospice SN visits, twice weekly HHA visits, twice monthly Chaplain visits, and four times monthly Volunteer visits. On 07/07/2026 at 11:37 AM, the Manager confirmed Resident #5 had received hospice services since 07/30/2025. The Manager verbalized understanding only the Physician's Progress Notes and Hospice Plan of Care documentation were necessary in the resident's chart and hospice binder. The Manager explained the Hospice SN visited the resident once weekly and the HHA visited twice weekly but could not provide any documentation of the visits. The Manager was unsure of the frequency of the Chaplain and Volunteer visits. On 07/07/2026 at 11:39 AM, the Manager and Administrator confirmed the resident's chart and hospice binder did not contain contact numbers for the Hospice Care Team, or documentation of the Hospice SN visits, HHA visits, Chaplain visits, and Volunteer visits. Severity: 2 Scope: 1			
Y 1010 SS= D	NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. 2. A person who provides care for a resident of a residential facility for persons	Y 1010	Employees will be scheduled to take the required 8 hours ofmental health training within 60 days of hire. These classes will be taken online through an approved educationprovider. The Administrator will beresponsible for this corrective action. Thiscorrective action will be completed by August 31, 2026.	08/31/2026

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	with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. 3. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on personnel record review, document review, and interview, the facility failed to ensure 2 of 10 sampled employees working at the facility greater than 60 days and less than one year received eight hours of initial training to care for residents with a mental illness, within 60 days of hire (Employee #4 and #6). Findings include: On 07/07/2026 in the morning, personnel records were reviewed at the facility. The following was discovered: Employee #4 Employee #4 was hired by the facility as a Medication Technician/Caregiver with a start date of 03/09/2026. Employee #4's personnel file had no record of mental illness training. Employee #6 Employee #6 was hired by the facility as a Caregiver with a start date of 11/13/2025. Employee #6's personnel file had no record of mental illness training. On 07/07/2026 at 11:30 AM, the Manager confirmed Employee #4 and #6 lacked the 8			

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	hours of mental illness training within 60 days of hire. Severity: 2 Scope: 1			