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 |
|---|---|---|---|
| | 9397 | A. BUILDING _____ B. WING _____ | 12/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AMERICAN SENIOR HOME GABRIEL | 2372 GABRIEL DRIVE, LAS VEGAS, NEVADA ,89119 |

| (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 |
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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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments:<br>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 12/02/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups.<br><br>The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons with Alzheimer's, Category II residents.<br><br>The census at the time of the survey was 6.<br><br>The sample size was 5.<br><br>The facility received a Grade of A.<br><br>There was one complaint investigated #12323.<br><br>Unsubstantiated:<br><br>1. Complaint #12323 was unsubstantiated.<br><br>The investigation of Complaint included:<br><br>Observation of the facility 's use of bed rails, and interactions between residents and employees.<br><br>Interviews were conducted with the Residents, the Manager, Caregiver, and the Administrator. | | | |

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| | Clinical Record Review of five records.<br><br>Document Review included facility policy resident's rights policy, complaint-grievance policy, resident money and property policy, and written facility communication. | | | |
| Y 0320 SS= F | NAC 449.220<br><br>Bedroom doors.<br><br>1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.<br><br>2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if:<br><br>(a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key; and<br><br>(b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times.<br><br>Inspector Comments:<br>Based on observation and interview the facility failed to ensure a resident's room doors and the resident bathroom doors was equipped with a single motion lock. | Y 0320 | tag yo320 on 12/7/2025 Room#1, Room #2, Room #3, Room # 4, Room #5, Room #6 door locks was replaced with 1 motion to unlock<br>12/7/2025 the Residents bathroom locks was replaced to 1 motion to unlock.<br>Employee #1 will monitor weekly to ensure compliance. | 12/10/2025 |

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| | Findings include:<br><br>On 12/02/25 in the morning, it was observed the resident rooms (RR #1, RR #2, RR #5, RR #6), had a lock which required more than one motion to unlock the door leading to the interior of the facility from the bedroom.<br><br>On 12/02/25 in the morning, it was observed from the hallway, the exterior access door to RR #3 had a lock which required more than one motion to unlock the door leading to the interior of the facility from the bedroom.<br><br>On 12/02/25 in the morning, it was observed that the resident bathroom inside of RR #6, and the main hallway bathroom had a lock which required more than one motion to unlock the door leading to the interior of the facility from the bathroom.<br><br>On 12/02/25 in the morning, the manager acknowledged the double motion lock on the resident bedrooms, and bathroom doors should be single motion locks.<br><br>Severity: 2 Scope: 3 | | | |