STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9538	A. BUILDING _____ B. WING _____	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU AT GARDNERVILLE, ASSISTED LIVING AND MEMORY CARE	1565 VIRGINIA RANCH ROAD, GARDNERVILLE, NEVADA ,89410-5704

(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 survey and complaint investigations completed at your facility on 07/22/2026. The facility was licensed for 150 residential facility for group beds with 126 beds for elderly or disabled persons and provide assisted living services, Category II residents; and 24 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 102. Twenty-five resident records, three closed records and fifteen employee records were reviewed. The facility received a grade of B. There was one complaint investigated. Complaint #13029 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of residents and staff to resident interactions in the memory care unit, and a tour of the facility. Interview was conducted with the Executive Director. Reviewed three closed records including the resident of concern. Document review included the facility discharge and transfer policy, physician communication reports, discharge records, and care conference documents.			

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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 background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 15 sampled employees (Employee #1). Findings include: Employee #1 Employee #1 was hired on 09/07/2010, as the Administrator. Employee #1's NABS Clearance Letter was dated 03/08/2021 and valid until 03/08/2026. Employee #1's personnel record documented a five-year fingerprint renewal was completed 06/30/2026, and a NABS Clearance Letter dated 07/16/2026. The five-year renewal was completed over three months late. On 07/21/2026 at 1:10 PM, the Business Office Manager and Administrator acknowledged Employee #1's personnel record documented five-year renewal was completed late and being under the impression the fingerprinting had to be completed within the same year. Severity: 2 Scope: 1	Y 0104	1) ensure that we are auditing employee files more frequently and with an updated spreadsheet and or other method to ensure prints are completed on time. 2) spreadsheet, and an outlook calendar, to ensure five year prints are on time. 3) BOD, will monitor this process, and let employees know ahead of time that they are due. 4) BOM, ED, or designee. 5) 8/31/2026 6) NA 7) NA 8) NA	08/31/2026
Y 0690 SS= D	**NAC 449.2712 Residents requiring use of oxygen.**	Y 0690	1) O2 company was notified that the resident must be supplied a rack for any tanks that are provided, tanks have been put in rack.	07/23/2026

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	1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition;		2) Audit apartments, that have tanks on a more frequent basis, and ensure the resident understands the regulation. 3) care staff will have to sign off on daily checks, of all residents that have tanks, to ensure they are in the rack. 4) HWD, RCC, ED, or designee 5) 7/23/2026 6) N/A 7) N/A 8) N/A	

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	(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure: (a) The caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen; and (b) All caregivers are trained and knowledgeable regarding hazards and precautions to take when oxygen is in use. Inspector Comments: Based on observation and interview, the facility failed to ensure all oxygen tanks in the facility were secured in a stand or to a wall. Findings include: On 07/21/2026, the following deficiencies were discovered: • At 11:27 AM, in Room 309, two (2) "E" size oxygen tanks were in the bedroom closet, standing upright, unsecured, on the floor. • At 12:24 PM, in the PPE supply room, one (1) "B" size oxygen tank was unsecured, on top of a table. At the time of each discovery, the Resident Care Coordinator was present and acknowledged each deficiency. Severity: 2 Scope: 1			
Y 0876 SS= D	NAC 449.2742	Y 0876	1) updated, Ultimate User Agreement, that indicates we are administrating meds. 2) upon move in HWD, RCC, or assigned designee, will audit chart, to ensure the pre	07/21/2026

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	Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 25 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 07/01/2026, with a diagnosis of severe alcohol use disorder. Resident #4's clinical record lacked documented evidence of an Ultimate User Agreement completed by the resident allowing the facility to possess and administer the resident's medications on or prior to admission, yet the facility continued to possess and administer the resident's medications.		move in assessment matches the move in assessment, also to assess the ultimate user agreements, and their accuracy during the move in assessment. 3) HWD, RCC, or assigned designee, will audit chart upon move in , to ensure accuracy of the ultimate user agreement. 4) HWD, RCC or designee. 5) 7/21/2026 6) See Attached updated User Agreement 7) N/A 8) N/A	

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	On 07/21/2026 at 11:58 AM, the Administrator confirmed Resident #4's clinical record lacked documented evidence an Ultimate User Agreement was completed properly prior to the facility possessing and/or administering resident medications. Scope: 2 Severity: 1			
Y 0878 SS= D	NAC 449.2742 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;	Y 0878	1) medication was received, by RP, and hospice on 7/22/2026, and placed in cart 2) increased cart audit, and med reviews 3) clinical team, will have MT's audit carts weekly, and then health and wellness team, will do an additional audit weekly to ensure accuracy. 4) HWD, RCC, MCD, or designee. 5) 7/22/2026 6) N/A 7) N/A 8) N/A	07/22/2026

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	(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, 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, interview, and document review, the facility failed to 1) ensure medications were on site and available for 1 of 25 sampled residents (Resident #17) and 2) ensure a physician's order for a medication was followed for 1 of 25 sampled residents (Resident #11). Findings include: Resident #17 Resident #17 was admitted to the facility on 06/22/2026, with diagnoses including Alzheimer's disease, dementia, essential hypertension, type II diabetes mellitus, and hyperlipidemia. A physician order dated 06/22/2026, documented Potassium Chloride tablet Extended Release, 10 milliequivalent (MEQ), give one tablet by mouth one time a day for Lasix used. A physician order dated 06/22/2026, documented Simvastatin Oral tablet, 20 milligrams (MG), give 20 MG by mouth at bedtime for hyperlipidemia.			

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	On 07/21/2026 at 1:05 PM, Resident #17's medications, in the medication cart, did not include Potassium Chloride tablet Extended Release, 10 MEQ, or Simvastatin Oral tablet, 20 MG. On 07/21/2026 at 1:07 PM, the Medication Technician (MT) confirmed the physician orders for both the Potassium Chloride and the Simvastatin medications were active and the medications were not in the medication cart and available to administer to Resident #17. The Medication Technician verbalized the medications may not have been ordered but should have been. On 07/21/2026 at 1:54 PM, the Executive Director (ED) confirmed the Potassium Chloride and the Simvastatin medications for Resident #17, had not been ordered and were not on-site and available, and neither medication had a discontinue order. Resident #11 Resident #11 was admitted to the facility on 11/25/2025, with diagnoses including Alzheimer's disease, essential hypertension, hyperthyroidism, and constipation. A physician order dated 06/05/2026, documented Senna Plus 8.6 MG/Docusate Sodium 50 MG tablet, give one tablet by mouth as needed for constipation. On 07/21/2026 at 1:11 PM, Resident #11's medications, in the medication cart, included a bubble pack card documenting only Senna Plus 8.6 MG tablets. On 07/21/2026 at 1:12 PM, the MT confirmed the bubble pack card for Resident #11 documented the contents as Senna Plus 8.6 MG tablets; however, did not contain Docusate Sodium 50 MG but should have. The MT confirmed the physician order was for Senna Plus 8.6 MG/Docusate Sodium 50 MG combined tablet. On 07/21/2026 at 1:50 PM, the ED confirmed the physician order for Resident			

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	#11's Senna Plus 8.6 MG/Docusate Sodium 50 MG tablet was active and verbalized the medication should have verified when received from the pharmacy. The facility policy titled, "Physician Orders," revised 06/2024, documented physician orders for medications would be reviewed for accuracy and ordered from the pharmacy as needed, and physician orders would be verified and administered as transcribed. Severity: 2 Scope: 1			
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, interview, and document review, the facility failed to ensure a medication was removed and destroyed after the medication had been discontinued for 1 of 25 sampled residents (Resident #15). Findings include:	Y 0885	1) medication was taken out of cart and destroyed by acceptable means. 2) Med techs, will be trained on the removal of the medication when meds are discontinued, and disposal properly. 3) HWD, RCC, or designee will audit carts, to ensure accuracy of medication removal 4) HWD, RCC,, or designee 5) 7/31/2026 6) N/A 7) N/A 8) N/A	07/31/2026

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	Resident #15 Resident #15 was admitted to the facility on 04/16/2026, with diagnoses including Lewy body dementia and psychosis. A physician order dated 06/10/2026, documented Quetiapine 25 milligrams (MG), give one tablet by mouth two times a day for Lewy body dementia. A physician order dated 07/13/2026, documented to discontinue Quetiapine 25 MG. On 07/21/2026 at 12:47 PM, Resident #15's medications, in the medication cart, included a bottle of Quetiapine 25 MG, containing five tablets. On 07/21/2026 at 12:50 PM, the Medication Technician confirmed the bottle of Quetiapine 25 MG for Resident #15 was still in the medication cart but had been discontinued on 07/13/2026. The MT verbalized the medication should have been removed and destroyed but was not. On 07/21/2026 at 1:48 PM, the Executive Director confirmed Resident #15's Quetiapine 25 MG had a discontinuation order, and the medication should have been destroyed. The facility policy titled, "Disposal Process" revised 08/26/2021, documented following a change or discontinuation of a medication order the medication would be removed and disposed of. Severity: 2 Scope: 1			
Y 0920 SS= D	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential	Y 0920	1) resident has been educated on her locked drawer, and she understands when she leaves the apartment, those all need to be locked in the provided drawer. 2) re-educate all residents that the locked cabinet/drawer in their apartment, must be used at all times, to lock up their meds, while not using medication. 3) MT/RCC/HWD, will monitor self medication residents, to ensure medication	07/31/2026

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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 and interview, the facility failed to ensure all medications in the facility were kept in a secure location. Findings include: On 07/21/2026, at 11:38 AM, the Resident in Room 314 had stored their medications on an open shelf in the kitchen. The Resident verbalized not being aware of the		storage practices. 4) HWD/RCC/MT, or assigned designee 5) 7/31/2026 6) N/A 7) N/A	

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	need to secure all medications, including over-the-counter medications, by storing them in the secured, locked cupboard located adjacent to the open shelf upon which the medications were currently stored. The Resident verbalized not always locking the door to keep medications secure and had not been counseled by facility staff of the necessity of medication storage. Severity: 2 Scope: 1			
Y 1825 SS= D	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to	Y 1825	1) Employee #1, has completed training. 2) BOD, chart audits, to ensure employee, has completed in a timely manner. 3) BOD chart audits, of the 2 designees that have been assigned for the responsibility of infection control. 4) BOD, or designee 5) 8/6/2026 6) attached are certificates of completion 7) N/A 8) N/A	08/06/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9538	A. BUILDING _____ B. WING _____	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU AT GARDNERVILLE, ASSISTED LIVING AND MEMORY CARE	1565 VIRGINIA RANCH ROAD, GARDNERVILLE, NEVADA ,89410-5704

(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
	subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure the primary employee responsible for infection control (Employee #1) completed 15 hours of training related to the control and prevention of infections from an approved organization. Findings include: Employee #1 Employee #1 was hired as the Administrator on 09/07/2010. Employee #1 was designated as the primary employee responsible for infection control in the facility. Employee #1's personnel record documented evidence of 15 hours of infection control and prevention training completed from an approved organization on 07/08/2024. Employee #1’s personnel record lacked documented evidence of 15 hours of infection control and prevention training completed from an approved organization for 2025 and 2026. On 07/21/2026 at 12:37 PM, the Administrator confirmed the Administrator did not complete the 15 hours of infection prevention and control training through an approved organization for 2025 or 2026. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or	Y 1840	1) all un licensed care givers will receive the approved training for infection control, by 8/31/2026. 2) BOD, will ensure during the hiring process, the unlicensed care giver will take	08/31/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9538	A. BUILDING _____ B. WING _____	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU AT GARDNERVILLE, ASSISTED LIVING AND MEMORY CARE	1565 VIRGINIA RANCH ROAD, GARDNERVILLE, NEVADA ,89410-5704

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	clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on employee record review and interview, the facility failed to ensure unlicensed caregivers completed infection control and prevention training for 3 of 15 sampled employees (Employee #9, #11 and #15). Findings include: Employee #9 Employee #9 was hired as a Care Partner Medication Aide on 03/05/2025. Employee #9's record lacked documented evidence of infection control and prevention training. Employee #11 Employee #11 was hired as a Care Partner Medication Aide on 01/28/2025. Employee #11's record lacked documented evidence of infection control and prevention training.		the training, the certificate will then be filed in the care partners file. 3) BOD, will audit new hire spreadsheet, and current hire spreadsheet, to ensure these are done according to the infection control training process. 4) BOD, ED, or designee. 5) 8/31/2026 6) N/A 7) N/A 8) N/A	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9538	A. BUILDING _____ B. WING _____	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU AT GARDNERVILLE, ASSISTED LIVING AND MEMORY CARE	1565 VIRGINIA RANCH ROAD, GARDNERVILLE, NEVADA ,89410-5704

(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
	Employee #15 Employee #15 was hired as a Care Partner on 05/08/2025. Employee #15's record lacked documented evidence of annual infection control and prevention training. On 07/21/2026 at 12:29 PM, the Business Office Manager confirmed Employee #9, #11 and #15 had not completed the unlicensed caregiver infection control and prevention training. Severity: 2 Scope: 1			