STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9560	A. BUILDING _____ B. WING _____	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING LLC	**7481 ROME BLVD, LAS VEGAS, NEVADA ,89131**

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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 state licensure survey and complaint investigation completed in your facility on 01/27/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or residents with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident records and five employee records were reviewed. The facility received a grade of B. There was one complaint investigated. Substantiated: Complaint #12882 was substantiated (See Tag Y0850). The investigation of the complaint included: Observation of staff attending to residents, appropriate staff/resident interactions, no volunteers onsite, activities taking place,			

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	cleanliness of facility and a tour of the facility. Interviews were conducted with residents, caregivers, the Owners and a Registered Nurse. Clinical Record Review of six resident records. Document Review of facility policies and procedures, activity calendar and incident reports.			

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Y 0106 SS= D	NAC 449.0113 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on interview and document review, the facility failed to ensure cardiopulmonary resuscitation (CPR) training was completed for 1 of 5 employees (Employee #4). Findings include: Employee #4 (E4) was hired on 10/03/25 as a caregiver. Review of E4's employee record lacked documented evidence of CPR training. On 01/27/26 in the morning, a Caregiver confirmed E4 had not completed CPR training. Severity: 2 Scope: 1	Y 0106	1. Employee #4 hired date 10/03/25 immediately submitted the CPR training certificate. 2. This facility will screen each applicant to confirm the veracity of each employee's credentials. 3. We will monitor this action by checking our monthly calendar of activities for an up-to-date file. 4. The Administrator will monitor.	01/28/2026
Y 0172 SS= D	NAC 449.209 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	Y 0172	1. Immediately called the hospice company to replace R#3 bed. 2. This facility will make sure that resident's equipment is functioning and well maintained, including all residents' beds, is equipped with functioning locked. 3. A monthly Calendar was made to remind equipment that needs fixing or replacement & making sure tasks were done. 4. The administrator will monitor.	01/27/2026

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	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. Inspector Comments: Based on observation and interview, the facility failed to ensure equipment was safe and properly functioning.			

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	Findings include: On 01/27/26 in the morning, R3 was observed attempting to sit down on bed and bed started to roll out from underneath R3 due to the wheels not being locked. On 01/27/26 in the morning, a caregiver confirmed R3's bed moved due to wheel lock being broken and unable to be properly locked into place. Severity: 2 Scope: 1			
Y 0850 SS= D	NAC 449.274 and R043-22 **Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver	Y 0850	1. The facility conducted a meeting and an in-service training to make sure Employees understand the importance of their function in residents' care. 2. During the in-service training everyone was encouraged to express the good and difficult situation they encounter in Resident care. Making various ways to make them understand the importance of their function in caring for our frail and elderly residents. 3. This facility will make sure that all employees in this facility will be trained towards providing our Resident the utmost quality care they deserve during their stay. 4. Administrator will monitor.	02/02/2026

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	who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection.			

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	8. As used in this section, “significant change” means a change in a resident’s condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident who required toileting assistance was provided the personal care assistance by staff to do so for 1 of 6 residents (Resident #4). Findings include: Resident #4 (R4) was admitted on 05/09/25 with diagnosis including senile degeneration of the brain. On 01/27/26 at 11:09 AM, R4 was heard asking a staff member to use the bathroom. The staff member responded to R4 that R4 would need to wait until a caregiver was available to assist or should use the restroom in their diaper and the caregiver would clean it up later. A second caregiver was observed in the kitchen cooking but did not provide assistance to R4. On 01/27/26 at 11:17 AM, R4 told a staff member a second time that they still needed to use the restroom and did not have a diaper on. The Caregiver again, explained to R4 that R4 needed to wait. On 01/27/26 at 11:25 AM, R4 was assisted with toileting from a Caregiver. Review of R4's Activities of Daily Living assessment, dated 05/09/25 documented R4 required assistance with toileting. On 01/27/26 at 11:30 AM, the Owner confirmed R4 asked to use the restroom			

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	and was told to wait or go in their diaper, until the caregiver assisting another resident was done. The Owner acknowledged making R4 wait and telling R4 to use their diaper was not the correct response to R4 asking to use the restroom. Severity: 2 Scope: 1 Complaint #12882.			
Y 0920 SS= F	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential 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	Y 0920	1. Immediately place the two albuterol inhalers in the medication cabinet with lock and both Pepto-Bismol and lactulose were placed in the medication steel box with lock in the refrigerator. 2. All employees were reminded to be mindful to always place medication in the locked medication cabinet after every used. And that it is a priority that All medications must be stored in locked cabinets and Medication should never be left unattended. 3. This facility reprimanded all employees to review and follow medication training techniques used in the medication class. Employees were made aware that if consequently, not followed after three (3) warnings the next occurrence is subject for termination. 4. The facility manager and administrator will monitor.	01/27/2026

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	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 medications were properly stored. Findings include: On 01/27/26 in the morning, two albuterol inhalers were found in an unlocked drawer in the kitchen, and a bottle of Pepto-Bismol and lactulose were found in an unlocked refrigerator. On 01/27/26 in the morning, a caregiver confirmed there were medications stored in an unlocked refrigerator and kitchen drawer and the medications needed to be locked up. Severity: 2 Scope: 3			

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Y 0994 SS= F	**NAC 449.2756** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were properly locked up and stored. Findings include: On 01/27/26 in the morning, a door which led into the laundry room was open and unattended and bottles of bleach, comet cleaner, Pine-sol and laundry detergent were found in an unlocked cabinet. On 01/27/26 in the morning, a Caregiver confirmed there were multiple unsecured cleaning supplies inside the laundry room, which was left opened and unlocked. Severity: 2 Scope: 3	Y 0994	1. Instantly locked the laundry room that was unsecured and placing it always locked. 2. A note to lock the laundry door was placed to be reminded too always place the laundry door locked every after doing the Laundry before leaving the laundry room. 3. This facility will make sure that the laundry room is always locked. 4. Facility manager will monitor.	01/27/2026