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MICHAEL J. WILLEN
Director



RICHARD WHITLEY, M.S.
Administrator

TRACEY D. GREEN, M.D.
State Health Officer

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

Health Facilities/Lab Services
1550 College Parkway
Suite 158
Carson City, Nevada 89706
(775) 687-4475
Fax: (775) 687-6588

Health Facilities/Lab Services
4220 S. Maryland Parkway
Suite 810, Building D
Las Vegas, Nevada 89119
(702) 486-6515
Fax: (702) 486-6520

Radiological Health
4150 Technology Way
Suite 300
Carson City, Nevada 89706
(775) 687-7550
Fax: (775) 687-7552

Radiological Health
2090 E. Flamingo
Suite 319
Las Vegas, Nevada 89119
(702) 486-5280
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**ORDER OF SUMMARY SUSPENSION OF LICENSE AND
NOTICE OF INTENT TO REVOKE LICENSE**

HAND DELIVERY

September 3, 2010

Gloria Repollo, Administrator
Adult Care Senior Home
1316 S. 16th Street
Las Vegas, NV 89104

RE: NVS365AGC

Dear Ms. Repollo:

YOU ARE HEREBY NOTIFIED that the HEALTH DIVISION is summarily suspending your license effective immediately and intends to revoke your license. The HEALTH DIVISION finds that the public health, safety or welfare requires this emergency action to suspend your license.

Statutory or Regulatory Authority

NRS 449.160 provides that the Health Division may revoke or suspend a license upon the grounds that the licensee has violated any of the provisions of State laws and regulations. NRS 449.160 also provides that the Health Division may revoke or suspend a license when the conduct or practice of the facility is detrimental to the health or safety of the occupants or employees of the facility. Notice is not required if the Health Division finds that the public health requires immediate action and the Health Division may order a summary suspension of the license pursuant to NRS 449.170(1). In addition, NRS 233B.127(3) provides that if an agency finds that the public health, safety or welfare imperatively requires emergency action, a summary suspension of a license may be ordered pending proceedings for revocation or other action.

Facts Supporting the Summary Suspension and Revocation

On 8/31/10, threats of harm were made against facility staff and residents in the presence of a Medicaid Fraud Unit investigator. As a result, you and another employee were removed from the facility by law enforcement authorities and four

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residents were transferred immediately by Ombudsman from Aging and Disability Services Division to a safer location. The Health Division is suspending your license immediately and tends to revoke your license to protect residents from future threats of harm. In addition, your facility is in foreclosure and you can no longer operate at that location.

Notice of Right to Appeal

Nevada Revised Statutes 449.170(2) affords the facility the right to contest the action of the Health Division. If you wish to oppose this action, you must send a written appeal to Richard Whitley, MS, Health Division Administrator, 4150 Technology Way, Suite 300, Carson City, Nevada 89706. You can fax your written appeal to (775) 684-4211.

In order for you to receive a hearing, the Administrator must receive this written appeal by 5:00 pm on the 10th working day after you have received this notice. The local Bureau of Health Care Quality and Compliance office cannot accept your appeal. Your written appeal must include the following information: a) the action to be contested, b) the name of the division officer or employee who signed this notice, c) the reasons that the appellant believes the action is incorrect, and d) whether or not the appellant is seeking an informal internal resolution prior to the formal appeal process.

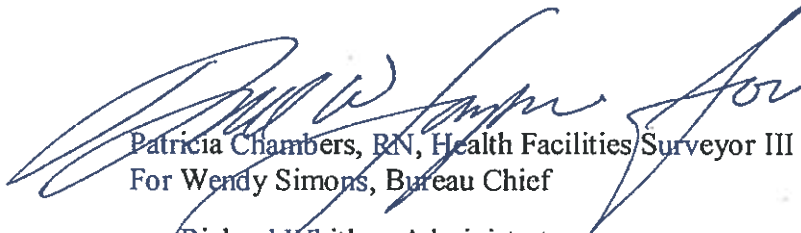
You are entitled to be represented by counsel at your own expense in these proceedings. If you retain an attorney, your counsel must notify the Administrator of his or her representation of you.

Effective Date of Suspension

This suspension is effective immediately and an appeal will not stay the suspension pursuant to NAC 439.348. You need to make arrangements for the transfer of the residents to appropriate placements. Please provide the Division with the following information concerning your residents:

- 1) Copy of the notice that you must provide the residents and their representatives or family as described in NRS 449.700(2).
- 2) Date and time that each resident is transferred.
- 3) Address and phone number of the facility where residents are transferred.

If you have any questions, please contact me at (775) 687-4475.



Patricia Chambers, RN, Health Facilities Surveyor III
For Wendy Simons, Bureau Chief

cc: Richard Whitley, Administrator
Marla McDade Williams, MPA, Deputy Administrator
Linda Anderson, Deputy Attorney General