STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10193	A. BUILDING _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANIKEHA RESIDENTIAL	465 EAST ROBINDALE ROAD, LAS VEGAS, NEVADA ,89123

(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 State Licensure survey completed at your facility on 01/14/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Mental Illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files and five employee files were reviewed.			

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Y 0991 SS= F	**NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personal required; training for employees.** (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure alarms were enabled on exit doors. Findings include: On 01/14/26 in the morning, the alarms on the sliding glass door and the back door located on the north end of the house, which led to the backyard, had been turned off. During that time, a resident was observed walking in the backyard. On 01/14/26 in the morning, the Caregiver acknowledged the alarms had been turned off and explained one of the residents frequently turned them off. Severity: 2 Scope: 3	Y 0991	1. Administrator and/or designee will audit all doors and alarms to identify any alarms that are not functioning properly or unarmed by testing all doors and alarms. 2. Administrator and/or designee will audit all doors and alarms at the start of each shift to ensure all doors are armed and rounds will be conducted regularly to ensure residents are not tampering with the alarmed doors. As shown on the attached pic, the alarm has been raised out of all residents' reach. Resident responsible has a planned discharge for 03/01/2026. 3. Administrator and/or designee will audit all doors and alarms at the start of each shift to ensure all doors are armed. 4. Administrator and/or designee. 5. January 29th, 2026.	01/29/2026
Y 0994 SS= F	NAC 449.2756	Y 0994	1. Administrator and/or designee will audit all doors and cabinets to identify any broken or unlatched locks for safety. Door locked has been changed to a functioning lock.	01/29/2026

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	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 and sharp objects were not accessible to residents. Findings include: On 01/14/26 in the morning, the following toxics and sharp objects were unsecured: Laundry detergent in the laundry room, an abundance of paint cans and a gallon of bleach in the unsecured storage shed in the backyard which residents had access to, and wound cleanser, rubbing alcohol, and a container of screw drivers in the kitchen cabinet. On 01/14/26 in the morning, the Caregiver acknowledged the toxic substances and sharps were unsecured and should have been locked. Severity: 2 Scope: 3		2. Administrator and/or designee will audit all doors and cabinets at the start of each shift to ensure all doors and cabinets are secured. Also staff will be trained on keeping all doors that lead to toxics and/or sharps locked . 3. Administrator and/or designee will audit all doors and cabinets at the start of each shift to ensure all doors and cabinets are secured. 4. Administrator and/or designee. 5. January 29th,2026	

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