DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/08/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVERADO RED ROCK	**7540 SMOKE RANCH ROAD, LAS VEGAS, NEVADA ,89128**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 07/08/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 48. The sample size was eight. Eight resident files and five employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Substantiated without deficient Practice: Complaint #NV00071378 was substantiated without deficient Practice Complaint #NV00071559 was substantiated without deficient Practice. The investigation of the complaints included: Observations of resident and caregiver interaction throughout the facility, lunch service, the facility's door locks and security measures, the resident of interest (ROI) in the dining room and in their room, the ROI's behavior, and the furniture, safeguards, and equipment in the ROI's room. Interviews were conducted with the Director of Health Services, the Administrator, a Charge Nurse, the Director of Culinary Services, Caregivers, the Administrative Assistant, and residents. Clinical Record Review of eight resident records, which included the resident of concern. Document review of facility policies, dietary report, dietitian chart notes, resident agreement for the ROI, incident reports, service plans for the ROI, guardianship documentation for the ROI, emails between the facility and interested parties, employee files, and Workman's Compensation documentation. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	necessary. Please retain a copy for your records.			