

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 A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/29/2025	
NAME OF PROVIDER OR SUPPLIER SILVERADO RED ROCK				STREET ADDRESS, CITY, STATE, ZIP CODE 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 an annual State Licensure survey and complaint investigation completed at your facility on 01/29/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups The facility is licensed for 72 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and assisted living services, Category II residents. The census at the time of the survey was 47. Fifteen resident files and eight employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated without deficient practice: Complaint #NV00073184 was substantiated with no deficient practice. The investigation of the complaint included. Observation of call bells functioning and call bell response, staffing present assisting residents and resident fall precautions. Interviews were conducted with residents, Caregivers, Medication Technicians, Plant Operations Director and the Director of Health Services. Clinical Record Review of five records, including the resident of concern. Document Review included facility policy and procedures on Fall Management, Call System Monitoring, Fall Management Guidelines and facility incident reports. 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. The following regulatory deficiencies were identified:	0000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: PENNY MUNN
REPRESENTATIVE'S SIGNATURE

Title: Administrator

Date: 02/27/2025

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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PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

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0220 SS= D	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure a washing machine in the laundry room was maintained in a sanitary condition. Findings include: On 01/25/2025 in the morning, during a tour of a laundry room a rubber seal on one of the front-loading washing machines had a slimy, green/brown substance and standing water on the lip of the machine, with a strong mildew smell inside. On 01/25/2025 in the morning, the Maintenance Director acknowledged the presence of the slimey, green/brown substance and standing water inside the front-loading washing machine and that it should have been cleaned. Severity: 2 Scope: 1	0220	The stackable front loading washing machine is used infrequently and is now on a scheduled to be ran daily to maintain freshness, and will have excess water removed on use. This task will be the responsibility of the laundry department and overseen by the Director of Plant Operations. "True Fresh Washing Machine Cleaner" or a similar brand will be used monthly to provide additional cleaning and the washing machine seals, door, and tub, wiped down after each cleaning. Routine inspection duties will be maintained and observed by the Director of Plant Operations. Washing machine inspections will be audited weekly by the Director of Plant Operations to maintain compliance. This was corrected beginning 2/15/25.		02/15/2025		

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0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/29/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The floors under the double basin sinks in both serving kitchens were heavily soiled with food, debris and broken glass. Severity: 2 Scope: 1	0255	Under sink cabinets in the two dining room bistros have been cleaned and brought into compliance by the Director of Plant Operations. Inspection of under sink cabinets have been added to the maintenance daily walk through / sweep log. Maintenance will notify housekeeping department if cleaning if required based on daily inspection. Maintenance daily walk through / sweep log will be audited weekly by the Director of Plant Operations.	02/15/2025			
1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or 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 record review and interview, the facility failed to	1840	We were not aware that Relias Nevada approved infection control training did not meet the standards/regulations. Our associates receive this training annually through Relias. After being informed by surveyor that this did not meet the regulations, we have implemented annual training through an approved source via the HCQC website and will have all staff in compliance with this training by April 30, 2025. I have attached the Relias training that all staff receive annually for all noted associates except # 5, who had not yet taken the course. The Office Services Manager has added this to their tickler and will be responsible for ongoing compliance and monitoring with oversight from the Administrator.	04/30/2025			

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	ensure 5 of 8 employees received infection control training through a nationally recognized organization. (Employee #2, #3, #4, #7, and #8) Findings include: Employee #2 (E2) E2 was hired on 03/01/22 as a Caregiver. E2's record documented infection control in-service training on 04/13/24. E2's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. Employee #3 (E3) E3 was hired on 01/29/24 as a Medication Technician. E3's record documented infection control in-service training on 06/14/24. E3's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. Employee #4 (E4) E4 was hired on 04/18/24 as a Caregiver. E4's record documented infection control in-service training on 05/30/24. E4's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. Employee #7 (E7) E7 was hired on 06/13/23 as a Medication Technician. E7's record documented infection control in-service training on 06/30/24. E7's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. Employee #8 (E8) E8 was hired on 04/11/24 as a Caregiver. E8's record documented infection control in-service training on 06/05/24. E8's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. On 01/29/25 in the morning, the Administrator acknowledged the in-service infection control and prevention training for Employees #2, #3, #4, #7, and #8 did not receive infection control training through a nationally recognized organization and acknowledged the requirement for the infection control and prevention training should be through a nationally recognized organization. Severity: 2 Scope: 3						