Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10333	A. BUILDING _____ B. WING _____	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS LIVING LAS VEGAS	9100 WEST DESERT INN RD., LAS VEGAS, NEVADA ,89117

(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 conducted at your facility on 01/07/25, in accordance with Nevada Administrative Code Chapter 449, Requirements for Residential Facilities for Groups for elderly or 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 40. Ten resident records and twelve employee records were reviewed. The facility received a grade of A. 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 investigations, 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		
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 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 record review and interview, the facility failed to ensure 1 of 12 employees received in person cardiopulmonary resuscitation (CPR) training. (Employee #4) Findings include: Employee #4 (E4) E4 was hired on 06/04/24 as a Care Manager. E4's file revealed CPR training was completed online on 10/27/23. E4's record lacked documented evidence of the CPR in person component. On 01/07/25 at 11:00 AM, the Business Office Manager confirmed the online CPR with no in person component for E4 and acknowledged the in person component was required to be in compliance. Severity: 2 Scope: 1	0106	Facility will ensure that all hiring managers verify that each staff member required to have CPR training that it is provided with evidence of the CPR in person component. Online training will not be accepted. Employee found to be deficient, will undergo in-person training as soon as possible. Further documentation of the employee's CPR certificate will be uploaded once received.	01/20/2025

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ANA DE LA CERDA Title: VP Regulatory Affairs Date: 01/17/2025

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0255 SS= E	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 01/07/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The sink and surface sanitizer dispensed at the three-compartment sink was not within the approved manufacturer and EPA dilution range of 2.11-4.30 milliliters (mL)/ Liter (L) of dodecylbenzene sulfonic acid (DDBSA) and lactic acid. 2. Major Violations: a. The sides of the deep fat fryer and range were soiled with grease and debris build-up. b. In the Neighborhood B and C serving kitchens, the hand washing sinks were used to rinse and store dirty ware. Severity: 2 Scope: 2	0255	Facility will contact EcoLab to have them come and calibrate the machines. Regional Culinary Director will complete training with the Culinary Services Director to review how to check concentrations, and confirm they are being recorded appropriately by 1/24/25. Additionally, Regional Culinary Director will follow up on proper cleaning techniques of equipment, i.e., the fryer, and our cleaning/sanitation standards and checklists by 1/24/25. Facility will work with Regional Care Director on how the Care team are trained to handle dishes within the Memory Care kitchens- requesting she reviews standards with the Care Director (and Care team) regarding proper handling of dirty dishware, and the identification of handwashing only sinks. Training on handwashing was provided, attached the in-service records and sign in sheets.	01/20/2025