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
	10602	A. BUILDING _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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 completed at your facility on 08/20/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 126 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, and assisted living services. The census at the time of the survey was 62. Fifteen resident files and eight employee files were reviewed. The facility received a grade of B. 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		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was well maintained. Findings include: On 08/20/25 in the morning, the rubber seal in the washing machine located in the industrial laundry room and in the upstairs laundry room had a black substance on them. On 08/20/25 in the morning, resident room #224 had seven gouges in the wall with exposed sheet rock located behind the residents recliner. The resident verbalized the gouges had been there for years. On 08/20/25 in the morning, the Maintenance Director acknowleded the black substance in the washing machines and the holes in the wall. Severity: 2 Scope: 3	0178	As of 10/13/25 the rubber seal on all four community washing machines have been replaced with new rubber seals. As of 10/13/25 the wall with exposed sheet rock behind the resident recliner has been repaired. The task of checking the condition of the rubber seals in all washers has been added to the annual inspection. The maintenance director will be responsible for the oversight of the condition of the rubber seals in all washers.	10/13/2025

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: ALLIE SANTOS Title: Executive Director Date: 10/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10602	A. BUILDING _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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
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 08/20/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was food build-up around the blade of the deli slicer. b. There was heavy grease build-up on the sides of the deep fat fryer, side of the griddle, side of the hot box, underside of the shelf on the range and on the cook's line ventilation hood filters. c. There was food debris on the lower shelves of equipment, on speeds racks and in the dining room counter drawers which stored bread. d. The floors were soiled with food and debris under tables and equipment throughout the kitchen. Severity: 2 Scope: 2	0255	#1a As of 08/20/25 the deli slice was cleaned of all food build-up. As of 08/21/25 the daily cleaning checklist was updated to include cleaning the deli slicer daily as used, immediately after use. The dining services director will be responsible for the oversight of the cleaning of the deli slicer. #1b As of 08/21/25 the heavy grease build-up was cleaned from sides of the deep fryer, side of the griddle, side of the hot box, and under side of the shelf on the range. Additionally, we had the cook’s line ventilation hood filters professionally cleaned on 10/7/25. These items have been added to the daily cleaning checklist. The dining services director will be responsible for the oversight of grease being cleaned and removed daily. #1c As of 08/20/25the food debris on the lower shelves of equipment, on speed racks and in the dining room counter drawers which stored bread has been cleaned. These items have been added to the daily cleaning checklist. The dining services director will be responsible for the oversight of the food debris in these areas being cleaned daily. #1d As of 08/20/25the floors were cleaned to remove food and debris under tables and equipment throughout the kitchen. This item has been added to the daily cleaning checklist for both AM and PM shifts. The dining services director will be responsible for the oversight of the floors being cleaned daily on AM and PM shifts.	08/21/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10602	A. BUILDING _____ B. WING _____	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were not accessible to residents. Findings include: On 08/20/25 in the morning, in Room #116 there was a razor and nail clippers unsecured in the cabinet. On 08/18/25 in the morning, the Caregiver acknowledged the sharp objects were unsecured and should have been locked. Severity: 2 Scope: 3	0994	As of 08/20/25 room #116 had all sharp items, including razor and nail clippers, secured in the cabinet. Care givers will check that cabinets are secured at the change of each shift and after an agency has visited a resident room. The memory care director will be responsible for the oversight of care staff and ensuring the cabinets are secure.	08/20/2025
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (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 were not accessible to residents. Findings include: On 08/20/25 in the morning, in Room #116 there was a bottle of mouth wash, nail polish, and nail polish remover unsecured in the cabinet. On 08/20/25 in the morning, the Caregiver acknowledged the toxic substances were unsecured and should have been locked. Severity: 2 Scope: 3	0999	As of 08/20/25 room #116 had all toxic substances, including mouth wash, nail polish and nail polish remover, secured in the cabinet. Caregivers will check that cabinets are secured at the change of each shift and after an agency has visited a resident room. The memory care director will be responsible for the oversight of care staff and ensuring the cabinets are secure.	08/20/2025