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
	10625	A. BUILDING _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF LAS VEGAS	3185 E. FLAMINGO ROAD, LAS VEGAS, NEVADA ,89121

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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 04/15/25, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility was licensed for 150 Residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illnesses, and/or persons with Alzheimer's disease, and/or Assisted Living Services, Category II residents. The census at the time of the survey was 112. Twenty five resident records and ten employee records were reviewed. The facility received a grade of C. 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day,	0074	1. Employee #8 completed Elder Abuse Training on 04.23.2025. See attached Certificates of Completion. 2. Business Office Director will review and update this training requirement to the Learning Path so it will alert the employee when this annual training is due. 3. Business Office Director will monitor for completion when Certificates are printed and filed in employee files. 4. Executive Director and Business Office Director will monitor for compliance. 5. 04.23.2025	05/13/2025

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	residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled			

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	nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees received annual elder abuse training. (Employee #8) Findings include: Employee #8 (E8) E8 was hired on 01/16/24 as a Medication Technician. E8 had initial elder abuse training on 01/19/24. E8's record lacked documented evidence of annual elder abuse training. On 04/16/25 at 12:10 PM, the Senior Business Office Director confirmed the missing annual elder abuse training for E8 and acknowledged E8 should have completed annual elder abuse training. The Senior Business Office Director confirmed E8 had been providing care to residents since their hire date. On 04/16/25 in the afternoon, the Small Business Office Director confirmed there was no facility policy regarding employee			

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	elder abuse training to review. Severity: 2 Scope: 1			
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 04/15/2025, 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 low temperature dish machine reached a maximum of 106.6 degrees Fahrenheit (F) during the final rinse cycle and did not meet the manufacturer's recommended rinse temperature. 2. Major Violations: a. The floor was soiled with food and debris under tables and equipment. b. The floor throughout the kitchen was worn and deteriorated and in a state of disrepair. Severity: 2 Scope: 2	0255	1. 1 A: Dish machine is now reaching 120 or above on the final rinse cycle. Attached is a picture of the rinse cycle at 126.6. 2 A: Floor has been swept under the tables and equipment. Attached photo of clean floor. 2 B: Community is getting quotes on the kitchen floor for repair. We are in the process of getting vendors to bid the job and will submit to Oakmont Home Office for Capital Expense approval. 2. Culinary staff were in serviced on 04.16.2025 at All Staff Meeting on Kitchen Inspection Report. 3. Executive Chef will inspect cleanliness of equipment and procedures during kitchen walk and discuss with staff as needed. See attached cleaning schedule. 4. Executive Director and Executive Chef will monitor for compliance. 5. 05.01.2025	05/01/2025

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees received cardiopulmonary resuscitation (CPR) training within 30 days of hire. (Employee #6) Findings include: Employee #6 (E6) E6 was hired on 12/03/24 as a Medication Technician. E6's record documented online first aid and CPR training dated 10/27/24. E6's record lacked documented evidence of the hands on/in-person component of the CPR training. On 04/16/25 at 11:25 AM, the Senior Business Office Director confirmed the missing hands on/in-person component of the CPR training and indicated E6 would be signing up for the training soon. Severity: 2 Scope: 1	0450	1. Employee #6 completed hands on / in person CPR Training on 04.16.2025. See attached CPR Card. 2. Business Office Director will ensure New Hires have evidence of hands on / in person CPR training upon hire and at expiration of existing training and will send those needing training to a hands on / in person training. 3. Business Office Director will verify all CPR Training Certificates / Cards for evidence of hands on / in person CPR training when adding them or updating the ADP Training tickler. 4. Executive Director and Business Office Director will monitor for compliance. 5. 04.16.2025	05/13/2025
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking	0690	1. 3 Oxygen tanks were moved from the Overflow Storage Room to the Wellness Office. The tanks were placed in the proper storage crate. A "Oxygen in Use No Smoking" sign is on the door by the Wellness Office. See attached photos. 2. Health Services Director (HSD) and Resident Care Coordinator (RCC) have access to the Overflow Storage Room and have been instructed to store all oxygen tanks in the Wellness Office in the appropriate storage crate or cart. 3. HSD & RCC will store all oxygen tanks in the Wellness Office in the appropriate crate or cart. 4. Executive Director and HSD will monitor for compliance. 5. 04.16.2025	04/16/2025

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	and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure a room had appropriate signage indicating the storage of oxygen tanks and that the oxygen tanks were properly secured within the room. Findings include: On 04/15/25 in the morning, the Overflow Storage Room located on the second floor contained three E-tanks of oxygen (O2). There was none of the required signage at the door of the room to indicate the storage of oxygen tanks inside the Overflow Storage Room. On 04/15/2025 in the morning, two of the three E-tanks of O2 observed in the Overflow Storage Room were not secured in an appropriate storage cart, stand or to a wall. On 04/15/2025 in the morning, the Maintenance Director acknowledged the findings and confirmed the E-tanks were not properly stored in the Overflow Storage Room. Severity: 2 Scope: 3			
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs	0870	1. Can't correct the specific finding as it is in the past and has a specific timeline for completing the task. 2. Executive Director will review the medical profile review and initial that they have reviewed the report and contacted the resident's physician if there were concerns noted in the review, within 72 hours of receiving the report. Executive Director will also sign the first page of the report to indicate that the entire report was reviewed. 3. Executive Director will review the medical	05/15/2025

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	taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure six month medication reviews were signed off on and reviewed, by the Administrator, for 13 of 25 residents (Resident #1, #2, #3, #4, #8, #12, #14, #15, #18, #19, #21, #22 and #23). Findings include: Resident #1 (R1) R1 was admitted on 04/21/23 with diagnosis including hypertension and chronic kidney disease. Medication reviews for R1 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #2 (R2) R2 was admitted on 02/09/24 with diagnosis including senile degeneration of the brain. Medication reviews for R2 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #3 (R3) R3 was admitted on 05/31/21 with diagnosis including hypertension and dementia. Medication reviews for R3 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #4 (R4) R4 was admitted on 12/1/24 with diagnosis including cognitive impairment. Medication review for R4 dated 03/01/25 was not signed off by the Administrator to indicate it had been reviewed. Resident #8 (R8) R8 was admitted on 02/18/24 with diagnosis including hypertension and dementia. Medication reviews for R8 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #12 (R12) R12 was		profile review and initial that they have reviewed the report and contacted the resident's physician if there were concerns noted in the review, within 72 hours of receiving the report. Executive Director will also sign the first page of the report to indicate that the entire report was reviewed. 4. Executive Director will monitor for compliance. 5. Will be completed on the next Pharmacy Review.	

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	admitted on 07/03/24 with diagnosis including dementia and chronic heart failure. Medication reviews for R12 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #14 (R14) R14 was admitted on 02/07/23 with diagnosis including asthma and heart failure. Medication review for R14 dated 12/01/24 was not signed off by the Administrator to indicate it had been reviewed. Resident #15 (R15) R15 was admitted on 08/03/22 with diagnosis including dementia. Medication reviews for R15 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #18 (R18) R18 was admitted on 11/29/21 with diagnosis including depression and anxiety. Medication reviews for R18 dated 12/30/24 and 03/21/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #19 (R19) R19 was admitted on 10/31/24 with diagnosis including dementia and type 2 diabetes mellitus. Medication reviews for R19 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #21 (R21) R21 was admitted on 01/28/24 with diagnosis including hypertension and glaucoma. Medication reviews for R21 dated 12/31/24 and 03/03/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #22 (R22) R22 was admitted on 06/30/22 with diagnosis including Parkinson's disease. Medication reviews for R22 dated 12/30/24 and 03/30/25 were not signed off by the Administrator to indicate they had been reviewed. Resident #23 (R23) R23 was admitted on 11/30/22 with diagnosis including dementia. Medication reviews for R23 dated 12/01/24 and 03/01/25 were not signed off by the Administrator to indicate they had been reviewed. On 04/15/25 in the afternoon, the Administrator confirmed they had not signed off on six month medication reviews for R1, R2, R3, R4, R8, R12, R14, R15, R18, R19, R21, R22 and R23). Severity: 2 Scope: 3			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure an initial two step tuberculosis (TB) test was completed for 1 of 25 residents (Resident #25). Findings include: Resident #25 (R25) R25 was admitted on 06/22/24 with diagnosis including diabetes mellitus type 2 and chronic obstructive pulmonary disorder. Review of R25's medical record revealed R25 completed an initial TB test on 06/14/24 and a second step TB test on 06/17/24. There was no documented read date for the TB test placed on 06/17/24. On 04/15/25, in the morning, the Wellness Director confirmed there was no read date documented for R25's TB test placed on 06/17/24, per the requirement. Severity: 2 Scope: 1	0936	1. R#25 TB test documentation was obtained on 04.17.2025 with the second step read date documented. See attached 2 Step TB Test with 1st Step on 03.28.2025 2. Health Services Director (HSD) will review TB Test documentation for accuracy prior to placing documentation in the resident file. 3. Health Services Director and Resident Care Coordinator (RCC) will review TB Test documentation for accuracy prior to adding to Resident tickler file. 4. Executive Director and Health Services Director will monitor for compliance. 5. 04.17.2025	05/13/2025
1011 SS= E	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 10 employees completed eight	1011	1. Employee #2 #6 #7 #8 and #9 completed 8.25 Hours of Mental Health Training on 04.28.2025. See attached Certificates of Completions. 2. Business Office Director will review and update this training requirement to the Learning Path so it will alert the employee when this annual and New Hire training is due. 3. Business Office Director will monitor for completion when Certificates are printed and filed in employee files. 4. Executive Director and Business Office Director will monitor for compliance. 5. 04.28.2025	05/13/2025

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	hours of mental illness training within 60 days of hire. (Employee #2, #6, #7, #8 and #9) Findings include: Employee #2 (E2) E2 was hired on 10/31/24 as a Caregiver. E2's record lacked documented evidence of eight hours of initial mental illness training with 60 days of hire. Employee #6 (E6) E6 was hired on 12/03/24 as a Medication Technician. E6's record lacked documented evidence of eight hours of initial mental illness training with 60 days of hire. Employee #7 (E7) E7 was hired on 07/28/23 as a Medication Technician. E7's record lacked documented evidence of eight hours of initial mental illness training with 60 days of hire. Employee #8 (E8) E8 was hired on 01/16/24 as a Medication Technician. E8's record lacked documented evidence of eight hours of initial mental illness training with 60 days of hire. Employee #9 (E9) E9 was hired on 09/03/24 as the Health Services Director. E9's record lacked documented evidence of eight hours of initial mental illness training with 60 days of hire. On 04/16/25 at 12:10 PM, the Senior Business Office Director confirmed the missing initial mental illness training for E2, E6, E7, E8 and E9 and acknowledged E2, E6, E7, E8 and E9 should have completed the initial mental illness training within 60 days of hire. The Senior Business Office Director confirmed E2, E6, E7, E8 and E9 had been providing care for residents since their hire dates. On 04/16/25 in the afternoon, the Small Business Office Director confirmed there was no facility policy regarding employee mental illness training to review. Severity: 2 Scope: 2			
1840 SS= E	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)	1840	1. Employee #5 #7 and #8 completed infection control and prevention and training through a nationally recognized course. See attached Certificate of Trainings. 2. Business Office Director will add this training requirement to the ADP Training tickler checklist so it will alert us of upcoming training requirement due dates. 3. Business Office Director will monitor ADP Training tickler and remind staff members of upcoming due / renewal dates for required trainings. 4. Executive Director and Business Office	05/13/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10625	A. BUILDING _____ B. WING _____	04/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF LAS VEGAS	3185 E. FLAMINGO ROAD, LAS VEGAS, NEVADA ,89121

(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
	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 ensure 3 of 10 employees received infection control training through a nationally recognized course. (Employee #5, #7 and #8) Findings include: Employee #5 (E5) E5 was hired on 07/06/22 as the Residential Care Coordinator. E5's record lacked documented evidence of infection control and prevention training through a nationally recognized course. Employee #7 (E7) E7 was hired on 07/28/23 as a Medication Technician. E7's record lacked documented evidence of infection control and prevention training through a nationally recognized course. Employee #8 (E8) E8 was hired on 01/16/24 as a Medication Technician. E8's record lacked documented evidence of infection control and prevention training through a nationally recognized course. On 04/16/25 at 12:10 PM, the Senior Business Office Director confirmed the lack of documented evidence of infection control and prevention training for E5, E7 and E8, and acknowledged the requirement for the infection control and prevention training through a nationally recognized course. Severity: 2 Scope: 2		Director will monitor for compliance. 5. 04.29.2025	