

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10902	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2022
NAME OF PROVIDER OR SUPPLIER SWEET VALLEY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6791 ELM DALE PLACE, LAS VEGAS, NEVADA ,89103		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure Initial survey and Infection Control Inspection completed at your facility on 12/01/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility has requested licensure for nine Residential Facility for Group beds for elderly or disabled persons with an endorsement for Alzheimer's disease, Category II residents. The license was approved on 12/6/22. The census at the time of the survey was zero. One mock resident file and one employee file was reviewed. The facility was provided guidance on having an Infection Control Plan. 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. Deficiencies found at the time of the survey were corrected. No further action is required. Please retain a copy for your records.			

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 Name: _____ Title: _____ Date: _____
REPRESENTATIVE'S SIGNATURE