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
	110	A. BUILDING _____ B. WING _____	01/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH LIFE LLC	5220 RANCHER AVE, LAS VEGAS, NEVADA ,89108

(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 a State Licensure annual survey conducted at your facility on 01/02/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for persons with Alzheimer's disease and/or Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files 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 deficiency was identified.	0000		
0530 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities; Inspector Comments: Based on interview and document review, the facility failed to offer at least 10 hours of activities weekly and ensure listed activities were available for 8 of 8 residents. The activity calendar documented a total of six hours per week and listed activities the facility did not have including Dominos and Bingo. Severity: 2 Scope: 3	0530	0530 This deficiency has been corrected. New activity calendar with at least 10 hours each week of scheduled activities was created that suits to the capacities and interest of the residents. The administrator and or designee will make sure to monitor for compliance of NAC 449.260 and NRS 449.0302.(Please see attachment 1 for new activity calendar). Completed 1/15/20	01/16/2020

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: LETICIA SUBLATEN Title: Owner/caregiver Date: 01/16/2020