DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANA LIVING, AN AFFILIATE OF WC HEALTH	**5975 W. TWAIN AVENUE, LAS VEGAS, NEVADA ,89103**

(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 complaint investigation and annual State Licensure survey completed at your facility on 08/06/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 102 Residential Facility for Group beds for elderly and disabled persons, assisted living services and/or mental illness, and 20 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 46. Twenty resident files and ten employee files were reviewed. The facility received a grade of A. There was three complaints investigated. Substantiated without deficient Practice: 1. Complaint #NV00074257 was substantiated with no deficient practice. 2. Complaint #NV00074503 was substantiated with no deficient practice. Unsubstantiated: Complaint #NV00074258 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints and FRIs included: Observation of staff attending to residents and a tour of the facility. Interviews were conducted with residents, Medication Technicians, the Business Office Manager, the Wellness Director, and the Administrator. Clinical record review of 20 resident files, which included the residents of concern. Document Review included facility policy and procedures, admission paperwork and incident reports. 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 investigation, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE R SCHMAL Title: Administrator Date: 08/19/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0174 SS= E	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure cockroaches were not present in the facility. Findings include: On 08/06/25, in the afternoon, German cockroaches were observed both dead and alive in resident room #221. On 08/06/25, in the afternoon, room 221 had a shared occupancy, two residents who both indicated they had seen multiple cockroaches in their room which included their bathroom and closets. On 08/06/25, in the afternoon, the shower curtain was opened and cockroaches scattered. In the closets, dead cockroaches were observed throughout. On 08/06/25, in the afternoon, the Executive Director and Maintenance Director acknowledged there was a problem with cockroaches throughout the facility. The facility provided a contract with two local pest control companies which documented weekly and monthly treatment of German cockroaches, however the cockroach issue was still on going. Severity: 2 Scope: 2	0174	1.Wewill correct this finding by decontaminating the room from any insects. Wemoved the current residents to a different room and heated the room to kill anyeggs left. We sprayed and powdered the room to prevent any live bugs fromcontinuing to live. 2. The procedure was followed for insect decontamination. We removed theresidents from the room. The room was heated to kill eggs and then sprayed tokill any live insects. Then room was opened back up to the residents. 3. This corrective action will be monitored weekly with housekeeping. Wewill monitor and inspect the room for returning insects. 4. Maintenance Director will be monitoring insects and housekeeping notes forany insects or reoccurrences. The Director will inform the Administrator of anyinsects found in the rooms. 5. This was completed that day of survey 8/6/2025 6. Picture of room with no bug by shower drain 7. We scan the facility weekly for any live insects, by doing this will stopany potential insects from living or recurring.	08/06/2025
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	0178	1. We will correct these specific findings by implementingweekly walk through of the facility. The garden hose was put onto a rack, pileof brush was cleaned up, cigarettes disposal unit is out in the only onesmoking area at the front of the building for resident use, the balcony doorwas repaired and cleaned, the hallway was cleaned. All hallways are cleaneddaily because of residents' spills.	08/06/2025

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	include: On 08/06/25 in the morning, the following were observed during a tour of the environment: - A walkway located in the center of the Assisted Living resident courtyard area was not kept clear of trip hazards. A garden hose was observed unraveled and laying across the center of the walkway from the beginning of survey at 9:00 AM until shortly after 12:30 PM. The Shelter Services Unit (300 Unit/Behavior Health/Alzheimer's Endorsed Resident Rooms): - There was a pile of dried brush and debris in the Shelter Services patio area which was also designated as the smoking area. - There was an uncovered coffee can with extinguished cigarette butts located on the ground by a tree in the Shelter Services patio. The second floor: - The balcony located off the Community Lounge had a sliding glass door system that also had a sliding screen door. The sliding screen door had multiple holes and was not seated properly in it's door frame. This prevented the screen door from being used as pest control prevention. - The balcony located by resident room #215 had debris and cigarette waste. The maintenance staff were unsure when the balcony had last been maintained. - The balcony located by resident rooms 204 and 205 had cigarette waste and broken glass. - The corridor hallway floor from resident rooms 201 thru to resident room 221 was soiled throughout with a sticky translucent substance. On 08/06/25 in the morning, the Maintenance Director indicated the housekeeping staff were responsible for cleaning the hallway floors. The Maintenance Director and the morning shift housekeeping staff were unsure what the sticky substance was or how long it had been there. On 08/06/25 in the morning, the Maintenance Director acknowledged the lack of cleanliness of the hallways, courtyard, patio, and balconies which were not cleaned or well maintained. Severity: 2 Scope: 3		2. The measure taken to clean and repair was conducted by maintenance andhousekeeping. Implementing walk through will ensure this will not reoccur. 3. This corrective action will be monitored daily by housekeeping andreported to Maintenance for repairs. The Administrator will be updated as towhat was completed. 4. The Administrator will oversee any major repairs, minor repairs maintenancewill oversee, and clean-up housekeeping will be in charge. 5. This was all correct on 8/6/25 6. Pictures of all items corrected. 7. The Administrator will oversee all repairs, maintenance and housekeeping.This will not recur with a weekly walk through the facility.	

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0255 SS= D	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 08/06/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The following non-food contact surfaces of equipment were soiled with grease, dust and/or debris: backside of the cook's line equipment, on the underside of the shelf on the range, on the internal components of the range around the pilot lights and around the gaskets on reach-in refrigeration units. b. The floor was soiled with food and debris build-up under the tables in the beverage/serving area. Severity: 2 Scope: 1	0255	1. We will correct this finding by extending hours for kitchen staff to clean beverage area, kitchen and dining room. 2. This schedule change will prevent any dust and grease on surfaces in whole kitchen and dining area. 3. This will be monitored by the Kitchen Manager daily to ensure this does not occur. 4. The Kitchen Manager will adjust the schedule and employ adequate staff for kitchen cleaning time. 5. This was completed 8/6/25 6. Copy of new kitchen staff schedule. 7. We have extended this schedule for kitchen staff to include cleaning for kitchen and dining room to ensure these areas stay sanitary.	08/06/2025