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 _____	**08/20/2025**

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 completed in your facility on 08/20/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 45. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00074849 was substantiated. (See TAG Y0181). The investigation of complaints included: Observation of elevated temperature in commons areas and hallways of the facility and normal temperatures in resident rooms. Interviews were conducted with residents, the Wellness Director and Maintenance representative. Document Review included air conditioning repair invoices 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE R SCHMAL Title: Administrator Date: 10/13/2025

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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0181 SS= E	Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation and interview, the facility failed to ensure the temperature in the facility were between 68-82 degrees Fahrenheit (F), to ensure the safety of the residents. Findings include: On 08/20/25, at 3:00 PM, the following temperatures were noted in the facility. -A common area near the entrance had an actual temperature of 86 degrees F. -An activity room on the second floor had an actual temperature of 86 degrees F. -The upstairs hallways had an actual temperature of 85 degrees F. On 08/20/25, in the afternoon, a resident indicated the activity room was too warm. On 08/20/25, in the afternoon, a maintenance representative and the Wellness Director confirmed multiple temperatures were out of range and the air conditioning unit needed to be services. Severity: 2 Scope: 2 Complaint #NV00074849	0181	1. According to our maintenance repair request form no resident or staff had requested repair to our front desk. With the notice of a complaint by a resident to HCQC was the specific finding was corrected and repaired the same day it was on notice. We had all systems repaired the month prior as it was inspection by A/C repair company. In the resident council meeting a reminder was given to all residents to advise front desk of a needed facility repair. 2. Seasonally the system is inspected by the A/C repair company for maintenance and repairs. 3. Maintenance request form is at front desk for all residents to utilize and request any repairs. 4. Maintenance Director and Administrator maintain all facilities and maintenance on this property 5. August 21, 2025, picture was taken and bill. 6. Attached it the picture of the A/C unit temperature on reader reading at an appropriate level. 7. A/C is maintenance seasonally by our A/C repair company this will ensure the heating and cooling system is properly maintained.	08/21/2025