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
	11014	A. BUILDING _____ B. WING _____	12/16/2025

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
RFG 0000- No Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. The RFG was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 12/16/25. The census at the time of the survey was 83. The sample size was seven residents and four employees. There were two complaints investigated. Substantiated without deficient Practice: Complaint #12655 was substantiated with no deficient practice. Unsubstantiated: Complaint #12332 could not be substantiated. The investigation of the complaint included: Observation of the facility's common areas and the sampled resident rooms. Interaction between residents and care staff. Interviews with the Administrator, Wellness Director, Medication Technician/Caregiver	RFG 0000- No Deficiencies		

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	and Resident of Concern. Clinical Record Review of seven records, which included the residents of concern. Document Review included policy and procedures for Complaint/Grievance, Report/Incident Logs, Resident Falls, Allowable Health Conditions and the facility's Admissions, Spring Valley-Inventory of Personal Items Discharge form, and Move-In packet which included the Statement of Residents' Personal Rights.			