STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11069	A. BUILDING _____ B. WING _____	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUMINA LAS VEGAS	2710 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89102

(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 an annual State Licensure survey completed at your facility on 08/05/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 57 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, with an endorsement for Assisted Living, Category II residents. The census at the time of the survey was 46. Fifteen resident files and eight employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually	0074	1. Employee #8 resigned and was termed on 8/11/2025. 2. Review and audit has been conducted and all employees files are updated with Elder Abuse Training. To ensure the deficient practice does not recure, a monthly audit will be completed by Human Resources or designee. 3. Employee tracker for employee files will be updated and reviewed routinely with Human Resources and/or Designee to ensure compliance. 4. Person Responsible for ensuring plan of correction is implemented: Executive Director or designee. 5. Employee was on Workers comp leave and then resigned and termed. 8/11/2025. 6. Nothing to support. 7. By reviewing and conducting the monthly audit this should not be a repeat deficiency.	08/11/2025

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	receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of			

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	adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review, the facility failed to ensure Elder Abuse training was completed annually for 1 of 8 employees (Employee #5) Findings include: Employee #5 (E5) was hired on 01/03/24 as a Medication Technician. Review of E5's employee record revealed E5 last completed Elder Abuse training on 05/13/24. On 08/05/25, in the morning, the Business Office Director confirmed E5 had not completed annual Elder Abuse training in the past 12 months. Severity: 2 Scope: 1			
0255 SS= E	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	0255	1. The specific findings have been corrected. a. Western Commercial Came out on 8/6/2025 to deep clean ice machine. This is a third-party contracted and has been set to come out bi-annually. b. Cook-lines ventilation will be an internal, weekly clean. Hoods are cleaned	08/22/2025

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	from the Division. Inspector Comments: Based on observation on 08/05/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was biofilm build-up on the interior metal shield of the ice machine. b. The cook's line ventilation hood filters were soiled with grease and dust build-up over the range, griddle, deep fat fryer and pizza oven. c. The dumpster enclosure was heavily littered with trash and debris. Severity: 2 Scope: 2		by a third party contract and next due Sept 3, 2025. Then it will be 120 days. c. Dumpster - has been cleaned out and is also on a rotation to be inspected Weekly and monthly cleaned out. 2. Systematic changes to ensure deficient practice does not recur: a. Monthly cleaning - burning of ice and clean interior, exterior and Vents. b. Weekly cleaning chart has been initiated with set weekly and monthly rotation. c. Weekly cleaning chart has been initiated with set weekly and monthly rotations. 3. How will the corrective action be monitored: a. This will be monitored by Executive Chef or designee. 4. Person responsible for Plan of Correction: Executive Chef or designee. 5. Date of the corrective Action Plan completed. a. 8/6/2025 b. 8/7/2025 c. 8/6/2025 6. All documents have been uploaded. 7. By adhering and monitoring the Cleaning Checklist this will ensure no deficient in other areas.	

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0991 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure one of three doors, which exited the facility, had an audible alarm. Findings include: On 08/05/25, in the morning, one of three doors, which led to the Memory Care Neighborhood Zen Garden, did not have a functional audible alarm when the door was opened. On 08/05/25, in the morning, the Life Enrichment Director acknowledged the door did not have an audible alarm because it had been shut off. Severity: 2 Scope: 1	0991	1. The deficiency was corrected at time of finding. 2. To ensure this deficiency does not recur, we have conducted an in-service to all staff of the regulator of the door alarm. 3. This will be monitored by the Maintenance Director or designee to check daily and during each shift. 4. Maintenance Director or Designee 5. Date staff were in-serviced 8/19/2025. 6. Sign-in sheet attached. 7. Items will be identified during maintenance walks and inspections.	08/19/2025

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1035 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of tier 2 training . Inspector Comments: Based on interview and document review, the facility failed to ensure Alzheimer's disease training was completed for 1 of 8 employees (Employee #3). Findings include: Employee #3 (E3) was hired on 01/22/25 as a Medication Technician. Review of E3's training record, did not document Alzheimer's disease training had been completed. On 08/05/25, in the afternoon, the Business Office Director confirmed they could not find documentation E3 had completed any required Alzheimer's disease training. Severity: 2 Scope: 1	1035	1. Employee #3 has the updated trainings per his hire date. Trainings were completed on 1/24/2025. 2. Review and audit has been conducted and all employees files are updated with Dementia/Alzheimer's trainings. To ensure the deficient practice does not recure, a monthly audit will be completed by Human Resources or designee. 3. Employee tracker for employee files will be updated and reviewed routinely with Human Resources and/or Designee to ensure compliance. 4. Person Responsible for ensuring plan of correction is implemented: Human Resources or designee. 5. Employee completed trainings as of 1/27/2025. 6. certificates are uploaded. 7. By reviewing and conducting the monthly audit this should not be a repeat deficiency.	08/22/2025
1037 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an	1037	1. Employee #3 has the updated trainings per his hire date. Trainings were completed on 1/24/2025. Employee #5 is no longer with Lumina. Employee resigned - 8/10/2025. 2. Review and audit has been conducted and all employees files are updated with Dementia/Alzheimer's trainings. To ensure the deficient practice does not recure, a monthly audit will be completed by Human Resources or designee. 3. Employee tracker for employee files will be updated and reviewed routinely with Human Resources and/or Designee to ensure compliance.	08/22/2025

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	occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on interview and document review, the facility failed to ensure three hours of Alzheimer's disease training was completed annually for 2 of 8 employees (Employee #4 and Employee #5). Findings include: Employee #4 (E4) E4 was hired on 06/29/24 as a Medication Technician. Review of E4's employee record revealed E4 completed one hour of Alzheimer's disease training in the past 12 months. Employee #5 (E5) E5 was hired on 01/03/24 as a Medication Technician. Review of E5's employee record revealed E5 last completed Alzheimer's disease training on 07/08/24. There was no documentation E5 completed Alzheimer disease training in the past 12 months. On 08/05/25, in the morning, the Business Office Director confirmed E4 and E5 had not completed three hours of Alzheimer's disease training in the past 12 months. Severity: 2 Scope: 1		4. Person Responsible for ensuring plan of correction is implemented: Human Resources or designee. 5. Employee completed trainings as of 1/27/2025. 6. certificates are uploaded. 7. By reviewing and conducting the monthly audit this should not be a repeat deficiency.	
1540 SS= D	Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS	1540	1. Employee # 1 completed the training. 2. Review and audit has been conducted and all employees files are updated with Cultural Competence. To ensure the deficient practice does not recure, a	08/22/2025

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	449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at		monthly audit will be completed by Human Resources or designee. 3. Employee tracker for employee files will be updated and reviewed routinely with Human Resources and/or Designee to ensure compliance. 4. Person Responsible for ensuring plan of correction is implemented: Human Resources or designee. 5. Employee completed trainings as of 8/22/2025. 6. Certificate training is uploaded. 7. By reviewing and conducting the monthly audit this should not be a repeat deficiency.	

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	page 1176, is required for renewal. Inspector Comments: Based on interview and record review, the facility failed to ensure Cultural Competency training was completed for 1 of 8 Employees (Employee #1). Findings include: Employee #1 (E1) was hired on 08/08/22 as the Executive Director. Review of E1's record revealed there was no documentation that Cultural Competency training was completed for E1. On 08/05/25 in the morning, the Business Office Director confirmed there was no Cultural Competency training on file for Employee #1. Severity: 2 Scope: 1			