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
	11069	A. BUILDING _____ B. WING _____	10/28/2025

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

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RFG 0001-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. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a voluntary State Licensure re-grading survey conducted at your facility on 10/28/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 52 Residential Facility for Group beds for assisted living, elderly and disabled persons, and/or Alzheimer's			

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	disease, Category II residents. The census at the time of the survey was 52. Nine resident files and five employee files were reviewed. The facility received a grade of A.			
Y 0930 SS= E	NAC 449.2749 **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information.** 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized	Y 0930	**1) Correction of the Specific Findings:** The facility immediately reviewed the medical records ofResident #2, #4, #7, and #9 upon identification of the deficiency. • TB or QuantiFERON testing was completed or verified for each resident. • Missing documentation was obtained from the primary care provider or testing facility and filed in each resident's health record. (see attached) • **Completion Date:** *10/30/2025* **2) Systemic Changes to Prevent Recurrence**	11/03/2025

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	use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of		• The Admission Checklist has been revised to include a required verification step for TB/QuantiFERON documentation prior to admission completion. • The Wellness Department will not finalize new admissions until documentation of TB testing (two-step or QuantiFERON) is verified and filed. • Education and re-training have been provided to all Wellness and Admission staff on TB testing requirements, documentation standards, and record verification procedures. **3) Monitoring and Ongoing Compliance** • The Director of Wellness will review all new admission records for TB/QuantiFERON compliance prior to finalizing admission. • The Executive Director will audit 100% of new admissions monthly for 3 months, then quarterly thereafter, to ensure ongoing compliance. • Findings will be discussed during the monthly Quality Assurance (QA) meetings to identify any trends or gaps and address them promptly. **4) Responsible Position** • **Director of Wellness** – responsible for ensuring TB/QuantiFERON documentation is completed and filed at admission. • **Executive Director** – responsible for ongoing monitoring and enforcement of compliance through the QA process. • **5) Date of Completion** All corrective actions will be completed by November 3, 2025 **6) Supporting Documentation** The following documents are attached as	

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	NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the		supporting evidence: • Completed TB/QuantiFERON documentation for affected residents (#2, #4, #7, #9). • Revised Admission Checklist reflecting TB verification step. • Staff education sign-in sheet and training materials on TB documentation requirements. **7) Identification of Other Potentially Affected Areas** • A full audit of all current residents' medical records was conducted to verify TB/QuantiFERON documentation. • Any missing or incomplete documentation identified during the audit has been corrected and filed. • Admission and Wellness teams were re-educated to prevent recurrence in future admissions.	

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	administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 9 residents had			

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	tuberculin (TB) tests or QuantiFERON tests, per the requirement. (Resident #2, #4, #7 and #9) Findings include: Resident #2 (R2) R2 was admitted on 06/28/25 with a primary diagnosis of dementia. R2's record lacked documented evidence of a two-step TB test. Resident #4 (R4) R4 was admitted on 06/19/25 with a primary diagnosis of dementia. R4'srecord lacked documented evidence of a two-step TB test.			

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	Resident #7 (R7) R7 was admitted on 10/16/25 with primary diagnoses including dementia and Type II diabetes. R7's record documented a one step 09/19/25 inject date and negative result and second step 09/30/25 inject date and negative result. The two TB tests lacked documented evidence of read dates. Resident #9 (R9) R9 was admitted on 03/25/25 with a primary diagnosis of Alzheimer's disease. R9 had a one step TB			

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	test with a 11/25/24 inject date and 11/27/24 read date and negative result. R9's record documented a QuantiFERON test on 07/14/25 and a negative result, four months after the date of admission. On 10/28/25 in the morning, the Director of Wellness and Executive Director confirmed the missing and/or inaccurate TB tests for R2, R4, R7 and R9. Severity: 2 Scope: 2			

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