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
	11119	A. BUILDING _____ B. WING _____	11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JEWEL OF THE DESERT LLC	**4267 ROCHELLE LANE, LAS VEGAS, NEVADA ,89121**

(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 initial State Licensure survey completed at your facility on 11/28/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was two. Two resident files and four employee files were reviewed. 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 deficiency was identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: DAVID OLLINS Title: Owner Date: 12/06/2023

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure the main road was not able to be accessed by the residents from the back yard area and a gate leading to the main road was properly locked and secured. Findings include: On 11/28/23 in the morning, a gate on the right side of the home, separating the back yard from the front yard and main road, was found unsecured and without a lock. On 11/28/23 in the morning, no gate or fence was present on the left side of the home and allowed direct resident access from the back yard to the front yard and main road. On 11/28/23 in the morning, the Owner confirmed the facility was endorsed to admit residents with Alzheimer's and dementia related diagnoses. The Owner confirmed there was no lock present on the gate on the right side of the home and no fence or gate present on the left side of the home, which could allow residents to leave the facility from the back yard. Severity: 2 Scope: 3	0995	1. 1. The specific findings in the survey (gate on right side of home unsecured without a lock and no gate on left side of home) has been corrected. Installed a lock on the right-side gate. Installed a 6-foot-high gate on the left side of the home with a lock. Residents can no longer access the front yard or street in front of the property from the backyard. 2. 2. Since there is now a lock on the right side and a new gate with lock on the left side, those 2 gates will always be locked so residents do not have access to the front yard or street in front of the property. 3. 3. The gates will always be locked and will be routinely checked to ensure they stay locked. 4. 4. Owner and caretakers will ensure that the gates remain locked and will routinely check that they stay locked. 5. 5. The corrective action has already been implemented as of 12/05/22. 6. 6. Photo of the lock on the right gate and photo of the new gate with lock on the left side attached.	12/06/2023