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 _____	12/01/2025

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
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 result of an annual survey initiated at your facility on 12/01/25. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and seven employee files were reviewed. The facility received a grade of A.			

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Y 0991 SS= F	**NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personal required; training for employees.** (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 all doors, which exited the facility, had an audible alarm. Findings include: On 12/01/25 in the morning, a sliding glass door, which led to the backyard, did not have a functional audible alarm when the door was opened. On 12/01/25 in the morning, the Owner confirmed a door, which led into the backyard, did not have a functioning audible alarm. Severity: 2 Scope: 3	Y 0991	1. The sliding glass door that did not have an alarm on it was corrected within 24 hours and now has a working and active alarm on the sliding glass door. 2. Weekly inspections of all exit doors that lead to an outside area will be made to ensure that they are all properly alarmed and in working order. 3. Weekly inspection by myself or a staff member to ensure all doors are properly alarmed. If any door is found to not have a working alarm, it will be replaced, fixed or made to be in working order immediately upon discovery. 4. Either the owner (myself), my wife (who also manages the facility) or a manager will complete the weekly inspection of all doors and will make corrections if necessary. 5. The corrective action has already been implemented as of the day the inspector was at the property. 6. Photo of the corrected door is attached. 7. All exit doors will be inspected weekly to ensure that there is a working alert system if the exit door is opened. 8. No sanctions applied.	12/08/2025