

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2024	
NAME OF PROVIDER OR SUPPLIER SRC SUMMERLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 80 ALERION ST, LAS VEGAS, NEVADA ,89138			
(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 and a complaint investigation survey initiated at your facility on 09/12/24 and completed on 09/18/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and, individuals with intellectual disabilities, Category II residents. The census at the time of the survey was eight. Nine resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00072236 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Interviews were conducted with the Medication Technician/Caregiver, residents and the Manager. The Resident of Concern (ROC) was no longer admitted to the facility. Clinical Record review was completed for eight residents and the ROC. Document review included staffing schedule, Resident Service Agreement, email communiqués from the resident of concern's spouse, grievance reports, facility incident reports and the Medication Administration Record for the month of June 2024 for the ROC. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action necessary. Please retain a copy for your records.	0000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.