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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/01/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SRC SUMMERLIN	**80 ALERION ST, LAS VEGAS, NEVADA ,89138**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and complaint investigation survey completed on 10/01/25, 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/or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was seven. Eight resident files and six employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00074104 could not be substantiated. The investigation of the complaint included: Observations of residents and resident rooms. Interviews were conducted with residents, Caregivers and the Manager. Clinical Record review of resident records, including the resident of concern. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance 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. The following regulatory deficiencies were identified.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TIANA SOSA Title: Managr Date: 02/26/2026

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.

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees had cardiopulmonary resuscitation (CPR) and first aid training, per the requirement. (Employee #5) Findings include: Employee #5 (E5) E5 had a start date of 03/22/22 as a Caregiver. E5's record documented online CPR and first aid training dated 02/04/22, expired on 02/24. E5 did not receive the hands-on component of CPR training on 02/04/22 and did not have current CPR training renewal. E5's record documented first aid only training dated 02/06/24. On 10/01/25 in the afternoon, the Manager acknowledged E5's CPR training was completed online and that a renewal was only for first aid training. Severity: 2 Scope: 1	0106	1.All staff before hiring are required to have take in person cpr training 2.We will check for technical bulletins on HCQC website for any changes 3.Management will be sure all documents have been submitted accurately and are completed when necessary 4.Manager 5.2/20/26 6.All documents have been submitted	02/25/2026
0304	Bedroom - Privacy - NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. (NRS 449.0302) 4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy. Inspector Comments: ENTERED IN ERROR	0304		10/01/2025
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be	0690	1.All oxygen tanks are kept securely in the facility 2.By placing all equipment in designated area securely 3.By placing medication staff will monitor on	02/20/2026

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	permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secure. Findings include: On 10/01/25 at 9:30 AM, observed the following: Five full size oxygen tanks standing in the garage; A small oxygen tank unsecured and laying on the floor next to a bed in a resident bedroom (R1), connected to an oxygen tube; Three full size oxygen tanks unsecured in a resident bedroom (R1) next to the bed; and Four full size oxygen tanks unsecured in the corner of a resident		a weekly basis 4.Manager 5.2/20/26 6.Documentation has been submitted	

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	bedroom (R1). On 10/01/25 at 9:40 AM, the Caregiver confirmed the observations and indicated an unawareness that the oxygen tanks needed to be secured, even if they were empty. Severity: 2 Scope: 3			

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0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secure. Findings include: On 10/01/25 at 12:30 PM, observed an unidentified pill in the bottom of Resident #3's medication bin. On 10/01/25 at 12:40 PM, observed an unidentified white pill with a PH 020 stamp on it, in the bottom of Resident #1's medication bin. On 10/01/25 at 1:20 PM, observed two unidentified pills, one blue and one salmon colored, in the bottom of Resident #6's medication bin. On 10/01/25 at 1:20 PM, the Manager confirmed the unsecured medications in Resident #1, Resident #3 and Resident #6's medication bins and acknowledged the medications should have been secured. Severity: 2 Scope: 1	0920	1.All medications have been cleared out of any loose medications 2.Med tech is assigned to check medications on a daily basis 3.Medication inventory is submitted daily to be sure every medication is accounted for 4.Manager 5.1/27/26	01/27/2026

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1006 SS= E	Adults with Intellectual Disabilities - NAC 449.2762 Residential facility which offers or provides care for adults with intellectual disabilities or adults with related conditions: Application for endorsement; training for caregivers. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for adults with intellectual disabilities, a caregiver must receive not less than 4 hours of training related to the care of persons with intellectual disabilities. Inspector Comments: Based on record review and interview, the Administrator failed to ensure 2 of 4 employees acquired four hours of required intellectual disabilities training within 60 days of hire. (Employee #1 and #6) Findings include: Employee #1 (E1) E1 had a 06/17/25 start date as a Caregiver. E1's file lacked documented evidence of intellectual disabilities training. Employee #6 (E6) E6 had a 02/02/24 start date as a Caregiver. E6's file lacked documented evidence of intellectual disabilities training. On 10/01/25 in the afternoon, the Manager confirmed the missing required four hours of intellectual disabilities training within 60 days of hire for E1 and E6. Severity: 2 Scope: 2	1006	1.All staff has received training and are certified 2.Management is to ensure all employees have all proper training and will continue to do so upon hiring 3.Manager assigns all employees training and complete within the time frame required 4.Manager 5.2/20/26	02/20/2026

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1011 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the Administrator failed to ensure 1 of 4 employees acquired mental illness training within 60 days of hire. (Employee #6) Findings include: Employee #6 (E6) E6 had a 02/02/24 start date as a Caregiver. E6's file lacked documented evidence of mental illness training. On 10/01/25 in the afternoon, E2 confirmed the missing required mental illness training within 60 days of hire for E6. Severity: 2 Scope: 1	1011	1.Employee listed has received all proper trainings and are up to date 2.All employees are required to have all proper training and office and manager monitor to ensure they are done in time 3.To make sure all employees are assigned training and complete within the time frame required 4.Manager 5.2/20/26 6.All documents have been submitted	02/20/2026