

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

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2024	
NAME OF PROVIDER OR SUPPLIER SERENITY LIVING AT LONE MOUNTAIN				STREET ADDRESS, CITY, STATE, ZIP CODE 9708 ENNISKEEN AVE, LAS VEGAS, NEVADA ,89129			
(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 a lapse in Administrator oversight identified during a change of Administrator application review on 7/1/24, in accordance with Nevada Administrative Code (NAC) Chapter 449. 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					
9999	Final Observations Inspector Comments: NAC 449.0114 Display of license; compliance with law; transfer of real property; change in administrator, ownership, location, services or maximum number of clients. (NRS 449.0302, 449.050) 1. Upon receipt of a license, the licensee shall display the license at a conspicuous location within the facility. 2. During the term of the license, the licensee shall continuously maintain the facility in conformance with the provisions of NAC 449.002 to 449.99939, inclusive, and chapter 449 of NRS. 3. If there is a transfer of the real property on which the facility is located, but no change in the operator of the facility, the licensee shall, within 10 days, notify the Division of the transfer in writing and provide the Division with a copy of any lease agreement relating to the transfer. 4. If there is a change in the administrator of the facility, the licensee shall notify the Division of the change within 10 days. The notification must provide evidence that the new administrator is currently licensed pursuant to chapter 654 of NRS and the regulations adopted pursuant thereto. If the licensee fails to notify the Division and submit an application	9999	This was an unfortunate mistake in terms of terminating the previous administrator prematurely. The owner/new administrator should have waited to confirm the exact date they were to be officially accepted as an administrator before terminating the previous administrator. It's was an honest mistake and will never happen again as it will be unnecessary to change administrators again in the future. The 2 days of not having a qualified administrator didn't affect the home or the residents as the new administrators qualifications did not change from the 1st to the 3rd.		06/03/2024		

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

Title: Owner / Administrator

Date: 08/07/2024

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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	for a new license within 10 days after the change, the licensee shall pay to the Division a fee in an amount equal to 150 percent of the fee required for a new application set forth in subsection 1 of NAC 449.0168. 5. A licensee shall notify the Division immediately of any change in: (a) The ownership of the facility; (b) The location of the facility; (c) The services provided at the facility; and (d) If the facility is a facility for the care of adults during the day, the maximum number of clients allowed to occupy the facility at one time. NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of chapter 654 of NRS. Based on review of the application for change of Administrator created on 5/28/24, but was submitted completely until 6/13/24 documents from the application and communications from BELTCA revealed that the facility was without the oversight of a qualified Administrator from 6/1/24 - 6/3/24. This lack of supervision affected all of the facility residents in the facility. Findings include: Documents from the BELTCA were reviewed and the previous administrator was terminated on 5/31/24. There was no reference from BELTCA that a new administrator had been reported to this facility until 6/3/24. An email from BELTCA for clarification, revealed that the previous administrator was terminated on 5/31/24 and the effective date for the new administrator was 6/3/24. The facility lacked oversight by an Administrator as required from 6/1/24 - 6/3/24. Scope: 3 Severity: 1						