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
	11459	A. BUILDING _____ B. WING _____	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA SENIOR LIVING CARE I	**6825 WHITE SANDS AVE, LAS VEGAS, NEVADA ,89145**

(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 survey conducted at your facility on 05/13/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, and/or persons with mental illnesses, Category II residents. The census at the time of the survey was zero. Zero resident files and zero employee files were reviewed. The facility received a grade of A. 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. The following deficiencies were 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: ATHELDA ABRAMS Title: administrator Date: 05/20/2025

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior and exterior of the facility were maintained. Findings include: On 05/13/25 at 9:25 AM, during a tour of the facility, observed the following: A pallet stacked with industrial size bags of rice stacked in the living room. Pictures and other miscellaneous items on the floor in the living room and dining room. A tray of a sliced fruit in a large aluminum pan in the refrigerator on the patio, was uncovered and nothing on the pan indicated the date the food was prepared. Multiple boxes, some with miscellaneous items inside, scattered on the side of the house and on the back patio. Multiple boxes, some with miscellaneous items inside, stacked in the laundry room and blocking the exit door leading to the outside. On 05/13/25 at 9:40 AM, the representative onsite confirmed the observations and indicated the new owners were making changes to the facility. This was a repeat deficiency from the 04/23/24 annual State Licensure survey. Severity: 2 Scope: 3	0178	1 Facility has removed the boxes and discarded all the items that was in the facility that was not needed and all supplies was put away. 2 Facility manager will ensure facility will be free of boxes and miscellaneous items that's not needed on a daily basis 3 Facility manager will monitor to make sure there are no boxes in the facility that's not needed and all supplies put away 4 Manager will be responsible for making sure the plan of correction is implemented on a daily basis 5 Date of corrective action 5/15/2025	05/15/2025

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (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 exit doors sounded an audible alarm upon opening. Findings include: On 05/13/25 at 9:20 AM, the alarm on the facility's front door was not audible. On 05/13/25 at 9:20 AM, the alarm on the door leading to outside from the laundry room was not audible. On 05/13/25 at 9:20 AM, the alarm on the facility's patio door was not audible. On 05/13/25 at 9:20 AM, the representative onsite acknowledged the alarms were not turned on. Severity: 2 Scope: 3	0991	1 Facility will ensure exit doors alarm is turned on at all time 2 Manager will make sure alarm is turn on and functioning at all time 3 Facility manager is responsible for ensuring the alarm will be on on a daily basis 4, Facility manager will make sure that they will check the alarm to ensure the battery is working and alarm is turn on 5 Date of compliance 5/15/2025	05/15/2025