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 _____	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA SENIOR LIVING CARE 1	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
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 a complaint investigation completed in your facility on 01/15/26. The census at the time of the survey was seven. The sample size was five. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint #12669 was substantiated. (See TAG Y050) Substantiated without deficient practice: 2. Complaint #12670 was substantiated with no deficient practice. The investigation of the complaints included: Observations of meal preparation, Caregivers transferring residents and assisting residents with getting dressed, residents receiving care and a tour of the facility. Interviews were conducted with residents, two residents of concern, a Caregiver, and the Owner. Clinical Record Review of five records. Document Review included menus and facility policy and procedures.			
Y 0050 SS= E	NAC 449.194	Y 0050	NAC 449.194-Y0050 Resident -R-1 and Resident R-3 did not	01/29/2026

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	Responsibilities of administrator. The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, interview and record review the administrator failed to ensure 2 of 5 sampled residents received necessary services. (Resident #1 and Resident #3) Findings include: Resident #1 (R1) R1 was admitted to the facility on 07/17/25 with a diagnosis of end stage renal disease. On 01/15/26 in the morning, R1 was observed in bed with only a shirt on. An Activities of Daily Living (ADL) Assessment dated 01/05/26 documented R1 needed assistance with dressing. On 01/15/26 in the morning, R1 verbalized the facility routinely did not put R1's pants on and R1 would like the facility to put R1's pants on daily. On 01/15/26 in the morning, the Caregiver acknowledged R1 did not have pants on and verbalized they would put pants on R1 later when R1 had to leave for R1's dialysis appointment. Resident #3 (R3)		receive necessary services according to Activities of Daily Living Assessment. What corrective actions will be accomplished for those residents found to be affected by the deficient practice? 1.Resident -1 was dressed per preference. Resident -3 Inoperable Hoyer lift was replaced immediately. What systemic changes will be put in place so that the deficient practice that is being corrected and will not occur again? 2. All staff assigned received ADL training-Dressing residents. Resident Rights reviewed and documented. Hoyer lift to be checked and maintained routinely and cleaned as needed. All new staff will receive appropriate ADL training upon hire and as needed. All residents will have Activities of Daily Living Assessments completed upon admission and as needed with any change in condition updated. Date of compliance 1/29/2026. Administrator to monitor and maintain compliance to assure deficient practice does not occur again. 3. All Resident's in the facility Activities of Daily Living Assessments reviewed and updated as needed. All ADL preferences documented.1/29/2026	

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	R3 was admitted to the facility on 07/02/25 with diagnoses including Parkinson's disease and spinal stenosis. On 01/15/26, A dusty Hoyer Lift was observed in the backyard. On 01/15/26 in the morning, R3 was observed lying in bed. An ADL Assessment dated 01/05/26 documented R3 needed assistance with transfers and ambulation. On 01/15/26 in the morning, R3 indicated R3 required assistance transferring from R3's bed to R3's chair. R3 reported they had not been assisted by facility staff to leave R3's bed in approximately one month. According to R3, facility staff had not transferred R3 out of their bed due to a Caregiver hurting their back when trying to transfer R3. On 01/15/26 in the morning, a Caregiver acknowledged R3 had not been transferred and ambulated in about a month. The Caregiver reported the facility's Hoyer lift was inoperable and was located outside in the backyard. The Caregiver stated they would hurt their back without the Hoyer lift to transfer R3 and suggested the Owner may relocate another Hoyer Lift to the facility. According to the Caregiver, another facility likely had an operable Hoyer Lift, but it was not at the facility. Severity: 2 Scope: 2 Complaint #12669			