

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 01/08/2025
NAME OF PROVIDER OR SUPPLIER OAKLEY ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3900 W OAKLEY BLVD, LAS VEGAS, NEVADA ,89102	
(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 complaint investigation initiated at your facility on 12/19/24 and completed on 01/08/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 65. The sample size was 6. The facility received a grade of A. There were three complaints investigated. Substantiated: 1. Complaint #NV00072971 was substantiated (See TAG Y0579). 2. Complaint #NV00072943 was substantiated (See TAG Y0178). Unsubstantiated: Complaint #NV00072944 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observations of the operation of the front door, medication pass, call bell response time and care staff providing timely assistance to residents. Interviews were conducted with Caregivers, Medication Technicians, a consultant, the Administrator and a Resident Care Coordinator. Record Review of 6 records, which included the residents of concern. Document Review included facility policy and procedures, staffing schedule, repair invoices, repair proposals and incident reports. 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 deficiencies were identified:	0000		
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.	0178	1) We have corrected the security of the front entrance door operation by initially having a security guard 7 nights a week after the front desk operation is closed, then secondly by ordering the major parts needed to complete the repair of the automatic front door system. As the facility	02/10/2025

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

Title: Administrator

Date: 01/17/2025

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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	Inspector Comments: Based on record review, document review and interview, the facility failed to ensure the facility front entrance doors were well maintained and able to be accessed by first responders. Findings include: First responders documented not being able to access the facility due to the front door code not opening the front door and the Knox Box on the outside of the facility not containing a key for first responders to enter the facility on the evening of 12/10/24 to assist a resident. The first crew of responders were let into the facility by an employee who was near the front door and going out to the parking lot. A knox box is a secured wall mounted key safe that allows first responders to quickly access buildings during emergencies. Fire departments hold master keys to all Knox Boxes in their response area. When an emergency occurs, the fire company can access the key safe and use the building keys to enter without breaking in A local Fire and Rescue Incident report Numbered #4517693 documented first responders arrived on scene at 6:43 PM to find Resident #6 (R6) lying supine in their bed. The family was on scene and had dialed 911. A Repair Work Order dated 11/27/24 documented a local door repair company reported the hardware was in bad shape. The company technician tightened the arm and adjusted the doors for better operation. The technician documented the customer was aware doors and operator need to be replaced but needed to wait until the 1st of the year. The company would send the estimator to go over options. On 12/19/24 in the morning, the Facility Consultant verbalized the door began having occasional issues opening sometime in or around October of 2024. The Facility Consultant acknowledged the first responders were unable to access the facility to assist R6 due to the front door not being operational and due to there not being a key which opened the front door in		does not have access to the Knox Box to replace the key, we had the Clark County Fire to open the box and replace the key, after they tested it. 2) We have signed and paid for the equipment necessary to repair the front doors. To ensure that this does not recur, we will be keeping the security guard as a permanent position even after repairs are completed, and we are adding some enhancements to the wireless push button system being installed. 3) We will monitor the corrective action continually as the use of the front entrance by residents, staff, and visitors is 24/7 and should be the best test of the new front door operations. 4) The Director of Operations will be responsible for implementing the Plan of Correction. 5) 2/10/25 (estimate due to arrival of manufactured parts) 6) Documents included: Paid order of Front Door equipment; Security Guard Photo, front door spare key in main office.				

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	the facility's Knox Box on 12/10/24. On 12/19/24 in the morning, the Administrator acknowledged first responders were not able to access the facility due to operational issues with the front door on the evening of 12/10/24. On 01/02/25 in the morning, Employee #7 (E7) verbalized they were running late to work on the evening of 12/10/24 and reported arriving to the front door of the facility at 6:56 PM. At the facility front door, E7 encountered a group of first responders trying to access the facility. E7 verbalized the door code would not work and E7 was unable to access the facility. According to E7, a first responder from inside of the building opened the front door for both E7 and the second group of first responders. 01/03/25 at 1:00 PM, the Facility Consultant explained there had been a key in the Knox Box but it did not work. The facility had since replaced it with a key that worked with the door. The Facility Consultant acknowledged the facility should have had the right key in the Knox Box for the local Fire and Rescue Department. Severity: 2 Scope: 3 Complaint #NV00072943						

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0579 SS= D	Money and Property of Residents - NAC 449.267 Money and property of residents. (NRS 449.0302) 8. Money that is held by a residential facility on behalf of a resident must be returned to the resident or his or her representative within 30 days after the resident is discharged from the facility. Inspector Comments: Based on interview and document review, the facility failed to ensure resident items were not held and stored by the facility in accordance with facility policy and the facility was unable to locate resident property for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 08/26/24 with chronic heart failure and diabetes mellitus type 2 and passed away on 10/08/24. On 12/19/24 in the morning, the previous Administrator indicated the facility accepted and agreed to stored R1's passport, identification card and wallet. Facility policy, undated, titled Personal Property/Theft and Loss, documented no items of value would be entrusted to the community for safe keeping. The community did not have a safe to store these type of items. On 12/19/24 in the morning, the previous Administrator confirmed they accepted R1's passport, identification card and wallet, and they should not have in accordance with policy, and they could no longer locate R1's items. Severity: 2 Scope: 1 Complaint #NV00072971	0579	1) We have corrected the findings by sending via UPS the documents that were originally lost but were found in a secured location. 2) We will in the future follow the policy of this facility and not accept any personal items of a resident for safe keeping. 3) We will monitor the correction by reinforcing the policy that is already in place for not accepting items requested by the resident to be stored at the facility. This policy can only be changed by the Administrator and all management are aware requests to break the policy will not be accepted. 4) The Administrator will be responsible for seeing this Plan of Correction is implemented. 5) 1/6/2025 6) The following Documents have been attached: Picture of previously lost items; UPS Store weighing & Copy of UPS receipt that they were sent to family.			01/06/2025	