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
	11522	A. BUILDING _____ B. WING _____	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKEY ASSISTED LIVING	**3900 W OAKEY 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
RFG 0000- No 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. The RFG was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation survey completed on 03/09/26 in accordance with Nevada Administrative Code, chapter 449,and Nevada revised statues chapter 449 Residential Facility for Groups (RFG),medical facilities and other related entities. The facility is licensed for 112 Residential Facility for persons with elderly and disabled and/or persons with Alzheimer's disease, Category and Assisted living services II residents. The census at the time of the survey was eighty-three. The sample size was 10. There was one complaint investigated. Unsubstantiated: 2. Compliant # NV00013098 was not	RFG 0000- No Deficiencies		

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	substantiated. No deficiencies identified. The investigation of the complaints included: Observation of resident to resident and caregiver to resident interactions and tour of the facility. Interviews with residents, Caregivers, the Senior Business Director, the Director of Services and Experience, the Assistant to the General Manager. Clinical Record Review of 10 records, including the resident of concern. Document review of resident files, incident reports, Communication Logs, Narcotics logs, hourly checks, Discharge letter, Physician's Placements, and facility policies.			