STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11861	A. BUILDING _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA SPRINGS	8630 W. NEVSO DRIVE, LAS VEGAS, NEVADA ,89147-0408

(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 an annual survey initiated at your facility on 11/05/25. The facility is licensed for 50 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 39. Ten resident files and eight employee files were reviewed. The facility received a grade of A.			

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Y 0255 SS= E	NAC 449.217 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 11/05/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the walk-in cooler, a carton of macaroni salad was expired on 10/25/25; in a reach-in refrigerator, multiple individual cups of yogurt were expired 10/31/25; and in the Oasis serving kitchen refrigerator, Italian dressing and mayo in disposable bowls prepared on 10/27/25 and 10/28/25 were held longer than seven days. 2. Major Violations: a. There was heavy dust and debris build-up on the equipment tables underneath the griddle and the grill on the cook's line. Severity: 2 Scope: 2	Y 0255	1. 1. Yogurt, Italian dressing, and mayo were thrownout 11/5/2025 2. 2. Staff re-educated on proper labeling and dating.Condiments will no longer be stored in the Oasis kitchen, reach-in cooler. 3. 3. Weekly audits will be performed by a lead staffmember to ensure proper labeling and dating. 4. 4. Dining Director and Sous Chef are responsiblefor ensuring compliance 1. 1. Cleaning under the griddle and grill wascompleted 11/14/2025. (The griddle and grill have to be lifted to clean under) 2. 2. Cleaning under the griddle and grill was addedto the monthly cleaning schedule 3. 3. Dining Director added cleaning to the monthlycleaning schedule for a deep clean 4. 4.Dining Director and Sous Chef to monitor.	11/05/2025
Y 0920		Y 0920		11/05/202

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SS= F	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure		1. 1. The exterior door was closed and secured on 11/5/2025 2. 2. Staff were educated on ensuring all doors to thewellness office are closed and medication is always secure 3. 3.Wellness Director to monitor and ensurecompliance. 4. 4.Wellness Director and Executive Director	5

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	medications were properly stored and secured. Findings include: On 11/05/25, in the morning, an exterior door to the Wellness office, with direct access to the courtyard was found open and unlocked. Multiple unsecured medications were present in the Wellness office. On 11/05/25, in the morning, a maintenance representative confirmed the Wellness office was left unsecured and open with multiple medications not properly locked up. Severity: 2 Scope: 3			
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health	Y 1825	1. Employee #8 started her Infection ControlTraining on 11/6/2025 2. 15 Hours of Infection Control training forInfection Control Managers have been added to the annual training log to ensurecompletion and compliance 3. Infection Control training will be added to theannual training log to ensure proper compliance 4. Executive Director, Wellness Director, andBusiness Office Manager 5. Employee #8 will be completed with 15 hours ofinfection control training by 11/24/2025	11/06/2025

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	Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control staff member completed 15 hours of infection control training annually (Employee #8). Findings include: Employee #8 (E8) was hired on 12/20/21 as the Wellness Director. E8 was identified as the secondary infection control manager for the facility. E8's employee file revealed 15 hours of infection control training was last completed on 08/13/24. On 11/05/25 in the morning, the Wellness Director confirmed 15 hours of infection control training had not been completed by E8, the secondary infection control manager, since 08/13/24. Severity: 2 Scope: 2			