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
	12146	A. BUILDING _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL SAND	7293 OLSEN FARM ST, LAS VEGAS, NEVADA ,89131

(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 initial state licensure survey completed at your facility on 02/17/2026 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility requested licensure for ten Residential Facility for Group beds for elderly and disabled persons with Alzheimer's disease Category II residents. The census at the time of the survey was zero. One mock resident file and one employee file was reviewed. The following deficiency was identified:			
Y 0390	NAC 449.226 **Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles.** 1. A resident of a residential facility who uses a wheelchair or a walker must not be required to use a bedroom on a floor other than the first floor of the facility that is entirely above the level of the ground, unless the facility is designed and equipped in such a manner that the resident can move between floors without assistance.	Y 0390	1) Correction of the Specific Finding: A new pool fence meeting safety requirements has been installed to ensure the pool area is properly secured and prevents resident access. Photos of the completed fence are attached. 2) Systemic Changes to Prevent Recurrence: Policies and procedures have been updated to ensure all bodies of water are secured with appropriate fencing that meets safety requirements. And training protocols have been updated to ensure future staff are educated on environmental safety requirements and hazard prevention. 3) Monitoring of Corrective Actions:	04/23/2026

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	2. Stairways, inclines, ramps, open porches and other areas that are potentially hazardous for residents who have poor eyesight must be adequately lighted. 3. If a residential facility with a resident who mentally or physically disabled has a fishpond, pool, hot tub, Jacuzzi or other body of water on the premises of the facility, the body of water must be fenced, covered or blocked in some other manner at all times when it is not being used by a resident. Inspector Comments: Based on observations and interview, the facility failed to ensure the facility had fencing that was high enough to ensure resident's safety around a body of water. Findings include: On 02/17/26 in the morning the fence around the facility swimming pool was approximately 5 feet high which was not high enough to prevent residents from gaining access to the pool area. Due to the height of the fence a resident could go over the fence putting them at risk for potential harm. On 02/17/26, in the morning the Administrator acknowledged that the fence around the pool may be too low to prevent resident access. Severity: 2 Scope: 3		Routine checks will be conducted to ensure the pool fence remains in compliance with safety requirements and is maintained appropriately. 4) Responsible Person: Administrator and Owner 5) Completion Date: All corrective actions have been fully implemented by April 23, 2026 6) Supporting Documentation: Photos of new pool fence 7) Identification and Correction of Other Potentially Affected Areas: Not applicable	