

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1774	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD, LAS VEGAS, NEVADA ,89120		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: CHRIS MIRANDO Title: ADMINISTRATOR Date: 11/24/2025
REPRESENTATIVE'S SIGNATURE

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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 voluntary re-grading survey initiated at your facility on 10/16/25. The facility is licensed for 105 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or persons with mental illness, Category I and Category II residents. The census at the time of the survey was 81. Three resident files and two employee files were reviewed. The facility received a grade of A.			

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(X4) ID PREFIX TAG Y 0255 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NAC 449.217 6. A residential facility with <u>more than 10 residents</u> 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 10/16/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The dumpster enclosure was heavily soiled with grease, trash and debris. There was grease build-up on the top of the grease rendering receptacle and a large amount of grease seepage underneath the grease rendering receptacle and on the left side of the dumpster. Flies were present around the dumpster enclosure. Severity: 2 Scope: 1 This is a subsequent deficiency from the annual survey conducted on 07/30/2025.	ID PREFIX TAG Y 0255	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Community contracted with professional service company to outsource grease trap cleaning/dumpster area and to maintain quarterly going forward on 11/15/2025. Deep clean was completed on 11/5/2025. Administrator or Designee will monitor monthly for compliance. New grease trap was installed on 11/21/2025.	(X5) COMPLETION DATE 11/21/2025