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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 1	**3224 BRAZOS STREET, LAS VEGAS, NEVADA ,89169**

(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 completed in your facility on 07/15/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of survey was ten. The sample size was five. The facility received a grade of A. One complaint was investigated. Substantiated: 1. Complaint #NV00074690 was substantiated. (See Tag Y0181) The investigation into the complaint included: Observations of temperatures within the facility. Interviews with the Resident of Concern, Residents, an Air Conditioning Technician, Caregivers and the Administrator. Clinical record review of residents, including the resident of concern. Document review of an air conditioning repair bill paid for by the facility. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiency was identified.	0000		
0181 SS= F	Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation and interview, the facility failed to maintain temperatures below 82 degrees Fahrenheit throughout the home. Findings include: On 07/11/25 a report came in from Adult Protective Service (APS) reporting the thermostat read 89 degrees Fahrenheit. On 07/11/25 at 6:30 PM, the air conditioning (AC) technician arrived at the facility and the caregiver provided face time with a	0181	1. The A/C technician was contacted as soon as the A/C unit was detected to be warming up instead of cooling down. The technician recommended to replace the compressor and change the pipe causing the A/C to intermittently cool then change to warm. The technician cleaned the coils, indoor and outdoor, 7/15/25, which improved the A/C output and cooled the facility. Technician came back on 7/22/25 to replace the compressor and clogged pipes to prevent the issue from recurring. 2. To monitor the temperature inside the facility and ensure it does not go over 82 degrees Fahrenheit. 3. The administrator reminded the employees to monitor the thermostat is	07/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TOLENTINO TAN Title: ADMINISTRATOR Date: 07/28/2025

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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	state supervisor confirming they were working on the unit. The AC technician verbalized cleaning the unit would restore the cool air to the facility. On 07/15/25 at 9:24 AM, an oscillating fan was observed in the kitchen, a tower fan was observed in the living room and a fan was observed in Resident #1's (R1) room. Other residents' bedrooms were equipped with individual air conditioning units. On 07/15/25 at 9:25 AM, the temperature in R1's room was 84 degrees Fahrenheit. On 07/15/25 at 10:07 AM, the temperature in the kitchen, living room and dining room was 88 degrees Fahrenheit. On 07/15/25 at 10:41 AM, the temperature in R1's room was 88 degrees Fahrenheit. On 07/15/25 at 11:12 AM, the temperature in the kitchen and dining room was 88 degrees Fahrenheit. On 07/15/25 at 11:42 AM, the temperature in the kitchen was 90 degrees Fahrenheit. On 07/15/25 at 9:25 AM, R1 reported the previous night was very warm in the facility and verbalized having to sleep without clothes on due to the temperature. On 07/15/25 at 9:32 AM, Resident #4 (R4) verbalized both the dining room and kitchen were warm. On 07/15/25 at 10:19 AM, a Caregiver acknowledged it was 86 degrees Fahrenheit in the kitchen. According to the Caregiver, the air conditioner had acted up again on the morning of 07/15/25. On 07/15/25 in the morning, the Administrator acknowledged the temperatures were elevated and explained an Air Conditioning Technician would be at the facility in approximately two hours to service the air conditioning unit. On 07/15/25 in the afternoon, the Administrator confirmed the temperatures taken throughout the facility and acknowledged the air conditioning was not working properly. Severity: 2 Scope: 3 Complaint #NV00074690		working properly and ensure that the temperature is within the normal range. 4. The administrator. 5. 7/22/25 New compressor installed.	