

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2788	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2025
NAME OF PROVIDER OR SUPPLIER CHUTNEY RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3881 CHUTNEY ST, LAS VEGAS, NEVADA ,89121		
(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: CRISANTA PASION Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 11/21/2025

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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 mandatory re-grading survey initiated at your facility on 09/08/25. The facility is licensed for seven Residential Facility for Groups beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was six. The facility received a grade of A. The following regulatory deficiencies were identified.			

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(X4) ID PREFIX TAG Y 0994 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview the facility failed to ensure sharp objects were not accessible to resident's. Findings include: On 09/08/2025 at 9:02 AM, paint thinner, disinfectant wipes, and scissors were left unsecured on a desk located in the kitchen and accessible to resident's. On 09/08/2025 in the morning the Administrator acknowledged the paint thinner, disinfectant wipes, and scissors should not have been on the desk located in the kitchen accessible to residents and should have been secured.	ID PREFIX TAG Y 0994	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. a) After inspection, the paint thinner and disinfectant wipes were secured back in the garage. Scissors was secured in the kitchen drawer. Caregiver was making a picture board for one of the residents and stepped out to get more craft materials leaving these things in the table. b) Administrator told caregivers to secure all hazardous tools and supplies that could potentially harm residents or do the activity outside residential living space and common areas. Administrator is responsible for this oversight/safety implementation .	(X5) COMPLETION DATE 11/21/202 5