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
	3062	A. BUILDING _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON MANOR	478 PEARBERRY AVE, LAS VEGAS, NEVADA ,89183

(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 an annual state licensure survey conducted at your facility on 04/30/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of survey was three. Three resident files and five employee files were reviewed. The facility received a grade of A. 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		
0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure landscaping of the facility was well maintained. Findings include: On 04/30/25 in the afternoon, a tour of the exterior revealed the back yard had overgrown weeds in areas designated for residents' outdoor activities. On 04/30/25 in the afternoon, the Manager was present during the tour of the facility's back yard and acknowledged the overgrown weeds in the facility's back yard needed to be removed. Severity: 2 Scope: 1	0178	1. Landscape maintenance is needed to correct the specific findings. 2. Backyard maintenance/check will be put in place to ensure deficient practice does not recur. 3. Backyard must be checked at east 2-3x a week for grown weeds or for any debris to ensure the deficiency practice does not recur. 4. Administrator/Manager is/are responsible to ensure the plan of correction is implemented. 5. The deficient practice was corrected on 5/03/2025. 6. Photos of the corrected deficient practice is attached.	05/12/2025

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 REPRESENTATIVE'S SIGNATURE Name: MARGIE ANTONIO Title: Administrator Date: 05/12/2025