

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2023	
NAME OF PROVIDER OR SUPPLIER HACIENDA HILL MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 5544 SURREY STREET, LAS VEGAS, NEVADA ,89119			
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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as result of a complaint investigation survey completed in your facility on 03/02/2023, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds to provide care for elderly or disabled persons, and/or persons with Alzheimer's disease or related dementia. The census at the time of the survey was five. The sample size was three. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00067644 was substantiated (See Tag Y620). 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: CRISANTA PASION Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 04/04/2023

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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0174 SS= D	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to keep the environment free from hazards. Findings Include: On 03/02/23 in the afternoon, in Resident's #3 room was a space heater. The space heater was on, located about two feet from the resident's bed and was hot to the touch. The Caregiver acknowledged that the space heater was hot and could have burned a resident. Severity: 2 Scope: 1	0174	All space heaters have been removed from the Premises and are being replaced with fan type heated appliances that do not externally get hot -removed on 03/04/2023 Lead Caregiver will be responsible for placement of any heaters and ensure that they are not too close to Residents New Heaters to arrive on or before 04/09/2023 Administrator will monitor for compliance 03/28/2023	03/04/2023			
0620 SS= F	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure 2 of 3 sampled residents who were bedfast had a bedfast waiver to be retained at the facility (Resident #1 and Resident #2) and one resident was free from restraints (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/28/2021 with diagnoses including dementia, insomnia and depression. On 03/02/2023 in the afternoon, R1 was observed lying in bed on R1's back with bilateral siderails in the	0620	Administrator applied for BedFast Waiver for R1 & R2 on 03/03/2023 Both R1 & R2 have been conditionally approved for BedFast Waiver pending final approval Provisional approval granted on 03/10/2023 Resubmitted on 03/29/2023 due to Hospice Report not attached in upload BedRail on R1 have been removed on 03/02/2023 and any Residents being moved into Facility will be told that all BedRails have to be removed and will not be allowed before being admitted into facility Hospice Agency setting up beds in Facility will be told to remove any BedRails and not include them in any Move-Ins	03/03/2023			

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	upright position. R1's eyes were open, but R1 did not respond to requests or verbal stimuli. The Caregiver acknowledged R1 was unable to turn in the bed without assistance. The Caregiver responded the siderails were in the upright position to keep R1 from falling out of bed. Review of documentation revealed no evidence the facility submitted a bedfast waiver application to the Bureau to retain R1 in the facility. Resident #2 (R2) R2 was admitted to the facility on 04/09/2013 with diagnoses of Lewy Body Dementia and Parkinson's disease. On 03/02/2023 in the afternoon, R2 was observed lying in bed on R2's back. R2 was unable to follow directions nor reposition R2's self in the bed. The Caregiver acknowledged R2 was unable to turn in the bed without assistance. Review of documentation revealed no evidence the facility submitted a bedfast waiver application to the Bureau to retain R2 in the facility. On 03/02/2023 in the afternoon, the Manager confirmed R1 and R2 were bedfast and there was no bedfast waiver submitted by the facility to the Bureau to retain R1 and R2 at the facility. The Manager confirmed R1's bed had side rails in the upright position and R1 could not lower the side rails on R1's own. Severity: 2 Scope: 3 Complaint #NV00067644		Lead Caregiver C1 who is Bedfast Trained will monitor any patients needing BedFast Waivers and to notify Administrator of any Residents needing waivers -completed 03/29/2023				

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (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 toxic substances were not accessible to residents. Findings include: On 03/02/23 at 3:00 PM, there were two spray cleaners under the bathroom sink in a resident's room. The door leading to the Laundry Room was open and unlocked. There were two gallons of bleach in an unlocked cupboard. On 03/02/23 in the afternoon, the Manager confirmed toxic substances such as bleach and cleaners should not have been accessible to residents. Severity: 2 Scope: 3	0999	Entrance to confined laundry room has been fitted with self closing doors and auto locking handles Cabinets have been outfitted with exterior locking mechanism - completed 03/28/2023 Exterior camera to be installed to monitor compliance and record interactions estimated completion 04/10/2023 All cleaning bottles and toxic substances will be marked and accounted for each day in the locked storage room and storage cabinets. Lead caregiver will be responsible for the daily count of cleaner bottles to be returned to the cabinets each day -completed 03/24/2023 Administrator will monitor for compliance		03/27/2023		