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
	3671	A. BUILDING _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALZHEIMERS LUXURY CARE	2951 VIKING ROAD, LAS VEGAS, NEVADA ,89121

(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 completed at your facility on 02/23/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and four 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 investigations, 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		

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: CHRIS C. TAN | Title: ADMINISTRATOR | Date: 03/04/2024

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure frozen food was used or discarded prior to accumulating ice crystals. Findings include: On 02/22/24, in the morning, multiple food items including frozen meats and frozen vegetables were found stored inside zip lock bags, inside the freezer. The items had a large amounts of ice and ice crystals on them, which could indicate the frozen food was not held to temperature. The freezer appeared to be over filled with frozen food and multiple foods did not appear to be useable for consumption. On 02/22/24 in the morning, the Administrator confirmed there were multiple food items in the freezer with ice and ice crystals on them and was not aware of why the items had accumulated chunks of ice and ice crystals on them. The Administrator acknowledged the foods should have been used or discarded prior to accumulating ice crystals. Severity: 2 Scope: 3	0251	1. All frozen food items that have ice crystals were removed and discarded. 2. Staff instructed to consume or use up food items in the freezer to avoid overcrowding and prevent ice crystals from forming in the food/food packaging. 3. Monitor contents of freezer for formation if ice crystals, do not overcrowd and consume frozen food items as soon as possible. 4. Administrator and staff cook. 5. 2/22/2024. 6. Freezer pic.	03/22/2024