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 _____	03/02/2026

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
RFG 0001-Deficiencies	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	RFG 0001-Deficiencies		

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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 an annual survey initiated at your facility on 03/02/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of A.			

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Y 0179 SS= D	NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observations and interviews the facility failed to ensure a window capable of being opened to provide ventilation in a resident's room was screened. Findings include: On 03/02/26 in the morning, a window inside bedroom #1 was opened to provide ventilation to a resident's room. The window was not screened. On 03/02/26 in the morning, a Caregiver acknowledged the window open in bedroom #1 was not screened. On 03/02/26 in the morning, the Administrator acknowledged to window open inside bedroom #1 was not screened and verified the window should have been screened to prevent the entry of insects. Severity: 2 Scope: 1	Y 0179	The facility acknowledges that on 03/02/26 a window in Bedroom #1 was opened for ventilation without a screen. The window was immediately closed until a proper screen was installed. A screen was installed on the window on March 10, 2026 to prevent insects from entering. All other windows in the facility were checked to ensure they have proper screens. Staff were reminded that any window opened for ventilation must have a screen in place. The Administrator will monitor the windows weekly for 30 days to ensure compliance.	03/10/2026