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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**01/22/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	**10401 WEST CHARLESTON, LAS VEGAS, NEVADA ,89135**

(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 a complaint investigation conducted at your facility on 01/22/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for a total of 76 Residential Facility for Group beds which provides care to elderly and disabled persons and/or persons with mental retardation and/or assisted living services with 16 beds to provide care to persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was 35 There were two complaints investigated. Complaint #NV00062666 with two allegations was unsubstantiated. Allegation #1 - Resident was transferred to a psychiatric facility for no reason. Allegation #2 - Resident had an untreated UTI when they left facility. Complaint #NV00062835 with two allegations was unsubstantiated. Allegation #1 - Facility not clean, COVID unit garbage on stairwell floor. Allegation #2 - COVID-19 reporting, families not being notified about positive cases. The investigation into the allegation included: - Interviews with the Administrator, Assisted Living Manager, House keeping Manager. - Review of resident of concern file, resident progress notes, incident reports, resident care plans, hospice notes, resident care schedule, physician assessments, emergency notification policies, facility admission policy, facility discharge and transfer policy and facility house keeping schedule. 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. There were no regulatory deficiencies cited. No further action is needed.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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.