

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>4000</b>                                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/28/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAS VENTANAS RETIREMENT COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10401 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89135</b> |                                                                                                                          |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0000</b>                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG<br><br><b>0000</b>                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                                              | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure mandatory grading resurvey completed at your facility on 09/28/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 76 Residential Facility for Group beds for elderly and disabled persons, and/or assisted living services, and/or persons with Alzheimer's disease, and/or persons with intellectual disability, Category II residents. The census at the time of the survey was 56. Six resident files and three 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records</p> |                                                                                                          |                                                                                                                          |                                                        |

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 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAS VENTANAS RETIREMENT COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10401 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89135</b> |                                                                                                                          |                                                        |
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| 0220<br>SS= F                                                                | Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. | 0220                                                                                                     |                                                                                                                          |                                                        |
| 0255<br>SS= F                                                                | Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0255                                                                                                     |                                                                                                                          |                                                        |

Division of Public and Behavioral Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAS VENTANAS RETIREMENT COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10401 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89135</b> |                                                                                                                          |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0870<br/>SS= D</b>                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG<br><br><b>0870</b>                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                                              | Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). |                                                                                                          |                                                                                                                          |                                                        |
| <b>0876<br/>SS= D</b>                                                        | Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>0876</b>                                                                                              |                                                                                                                          |                                                        |

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| 0936<br>SS= D                                                                | Maintenance and Contents of Separate File<br>- NAC 449.2749 Maintenance and contents<br>of separate file for each resident;<br>confidentiality of information. (NRS<br>449.0302) 1. A separate file must be<br>maintained for each resident of a residential<br>facility and retained for at least 5 years after<br>he or she permanently leaves the facility.<br>The file must be kept locked in a place that<br>is resistant to fire and is protected against<br>unauthorized use. The file must contain all<br>records, letters, assessments, medical<br>information and any other information<br>related to the resident, including, without<br>limitation: (e) Evidence of compliance with<br>the provisions of chapter 441A of NRS and<br>the regulations adopted pursuant thereto.                                                                                                                                                                                                                                                                                                                                                                                                                  | 0936                                                                                                     |                                                                                                                          |                                                        |
| 0938<br>SS= D                                                                | Maintenance and Contents of Separate File<br>- NAC 449.2749 Maintenance and contents<br>of separate file for each resident;<br>confidentiality of information. (NRS<br>449.0302) 1. A separate file must be<br>maintained for each resident of a residential<br>facility and retained for at least 5 years after<br>he or she permanently leaves the facility.<br>The file must be kept locked in a place that<br>is resistant to fire and is protected against<br>unauthorized use. The file must contain all<br>records, letters, assessments, medical<br>information and any other information<br>related to the resident, including, without<br>limitation: (g) An evaluation of the resident '<br>s ability to perform the activities of daily<br>living and a brief description of any<br>assistance he or she needs to perform<br>those activities. The facility shall prepare<br>such an evaluation: (1) Upon the admission<br>of the resident; (2) Each time there is a<br>change in the mental or physical condition<br>of the resident that may significantly affect<br>his or her ability to perform the activities of<br>daily living; and (3) In any event, not less<br>than once each year. | 0938                                                                                                     |                                                                                                                          |                                                        |

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| 0991<br>SS= F                                                                | Alzheimer 's Care Standards for Safety -<br>NAC 449.2756 Residential facility which<br>provides care to persons with Alzheimer ' s<br>disease: Standards for safety; personnel<br>required; training for employees. (NRS<br>449.0302) 1. The administrator of a<br>residential facility which provides care to<br>persons with Alzheimer ' s disease shall<br>ensure that: (b) Operational alarms,<br>buzzers, horns or other audible devices<br>which are activated when a door is opened<br>are installed on all doors that may be used<br>to exit the facility. | 0991                                                                                                     |                                                                                                                          |                                                        |
| 1006<br>SS= E                                                                | Adults with Intellectual Disabilities - NAC<br>449.2762 Residential facility which offers or<br>provides care for adults with intellectual<br>disabilities or adults with related conditions:<br>Application for endorsement; training for<br>caregivers. (NRS 449.0302) 2. Within 60<br>days after being employed by a residential<br>facility for adults with intellectual disabilities,<br>a caregiver must receive not less than 4<br>hours of training related to the care of<br>persons with intellectual disabilities.                                      | 1006                                                                                                     |                                                                                                                          |                                                        |