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 _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT SPRINGS SENIOR LIVING	**6650 W FLAMINGO RD, LAS VEGAS, NEVADA ,89103**

(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 and complaint investigation conducted at your facility on 05/21/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for 125 Residential Facility for Group beds for elderly and disabled persons, and/or mental illnesses with Assisted Living, Category II residents. The census at the time of the survey was 93. Twenty resident files and ten employee files were reviewed. The facility received a grade of A. There were six complaints investigated. Unsubstantiated: 1. Complaint #NV00073484 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV00073880 could not be substantiated. No regulatory deficiencies could be identified. 3. Complaint #NV00073875 could not be substantiated. No regulatory deficiencies could be identified. Substantiated without deficient Practice: 4. Complaint #NV00073451 was substantiated with no deficient practice. 5. Complaint #NV00073485 was substantiated with no deficient practice. 6. Complaint #NV00073600 was substantiated with no deficient practice. The investigation of the complaints included: Observation of grooming and physical appearance for residents, meal service, medication administration, laundry pick up and delivery, staff providing care to residents, bed linen cleanliness, staff response to call bells and a tour of the facility. Interviews were conducted with the Residents of Concern, residents, Families, Caregivers, Medication Technicians, a Housekeeper, the Wellness Director, and the Administrator. Clinical Record Review of 20 records, including the residents of concern. Documents reviewed included facility policies and procedures,	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: MICHAEL EUGENE TRAIL | Title: Administrator | Date: 05/27/2025

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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	menus, resident council meeting minutes, admission agreements, facility Resident Handbook. 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 investigation, 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:			
0255 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. Inspector Comments: Based on observation on 05/06/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Three pans of raw chicken were stored above a bowl of cut fruit, a container of hard boiled eggs and a container of pickles on a speed rack in the walk-in cooler. 2. Major Violations: a. The ice scoop was stored in the ice bin with the scoop handle directly touching the ice. b. There was pink grime and mold build-up on the interior metal shield of the ice machine. c. There was food, debris and dead cockroaches along the coving tiles and under equipment throughout the kitchen. d. The coving tiles behind the ice machine were separating from the wall which left a large gap between the wall and the tiles. Severity: 2 Scope: 3	0255	On 5/13/25 a training was conducted by the Dietary Supervisor and Dining Room Supervisor. The training covered the proper storage of food, the importance of cleaning and inspection of the ice scoop and debris around the Ice Machine. The Dietary Supervisor is responsible to ensure ongoing training for the proper storage of food, cleaning of the ice machine and storage of Ice scoop and cleaning of debris and dead bugs. Also, The dietary Supervisor is responsible for informing the Plant Director of maintenance items such as tiles pulling away from the wall and gaps needing sealed repaired. The Dietary Supervisor will ensure the Ice Cleaning Schedule is followed and conformed to. Also, after the treatment of bugs by our trusted Vendor, Ecolab, cleaning must be diligent so dead bugs are found and swept up quickly. Ongoing inspections of cleanliness in and around the Ice Machine and food storage is the responsibility of the Dietary Supervisor. The Dietary Supervisor is responsible to the Administrator on all items.	05/08/2025