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 _____	**06/16/2025**

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 a complaint investigation completed in your facility on 06/16/2025, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 88. The sample size was six. There were three complaints investigated. Substantiated: 1. Complaint #NV00074215 was substantiated. (See Tag 0823) Unsubstantiated: 2. Complaint #NV00074214 could not be substantiated. No regulatory deficiencies could be identified. 3. Complaint #NV00074264 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of grooming and physical appearance for residents, meal observation, and a tour of the facility. Interviews were conducted with residents, Caregiver, Housekeeping, the Wellness Director, and Executive Director. Record Review of five records, which included the resident of concern. Document Review included facility self-reports and staffing schedules 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:	0000		
0823 SS= F	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. (NRS 449.0302) 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must	0823	It is the policy of Desert Springs Senior Living to apply for a wound waiver when a wound is at or above a stage 2 wound. This process would involve the request and inclusion of a either a Careplan for the wound from a Home Health Agency or a Hospice Agency. Desert Springs will supply their own care plan stating how the staff are trained to notice infection or redness at or around the wound area ant to notify the	06/20/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: MICHAEL EUGENE TRAIL | Title: Administrator | Date: 08/08/2025

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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	have been diagnosed by a physician; (b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and (c) Before a caregiver provides care to the person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. Inspector Comments: Based on interview and record review, facility failed to ensure a wound care assessment was provided in a timely manner per the physician's instructions (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/14/25 and discharged on 05/10/25 with diagnoses including Hyperlipidemia associated with type 2 diabetes mellitus. The After Visit Instructions dated 05/01/25, documented resident had been referred to the UMC Burn Unit for wound. This document also documented the physician requested the resident receive wound care services due to resident's diagnosis of type 2 Diabetes mellitus. R1's record lacked documented evidence of a wound care assessment by a home health agency from 04/14/25 to the time of discharge on 05/10/25. On 06/16/25, the Administrator acknowledged there had been no wound care assessment or services by home health for R1 as requested by the physician. The Administrator was unable to explain why there were no services provided per physician's orders. Severity: 2 Scope: 1		Home Health or Hospice when the dressing needs attention or the wound looks like attention is needed. These documents, along with a face sheet will be uploaded with the Waiver Request Form for approval. Resident #1 did not return to Desert Springs after his hospital admittance on 5.10.25. Desert Springs has several waivers in place and requested for either wounds, catheters or bedfast situations. The Administrator will ensure a wound waiver is properly requested before a resident is admitted or after a resident has developed a wound requiring a Wound Waiver. Examples of Desert Springs Care Plan have been uploaded showing former examples and formats we regularly follow.	