

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

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/06/2021
NAME OF PROVIDER OR SUPPLIER WASHINGTON SENIOR GUEST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3709 W WASHINGTON AVE, LAS VEGAS, NEVADA ,89107	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 12/06/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for persons with mental illnesses, and/or persons with chronic illness. Category II residents. The census at the time of the survey was seven. The facility received a grade of A. One complaint was investigated. Complaint #65193 with one allegation was unsubstantiated. Allegation #1 - The facility had bed bugs and never properly treated issue was unsubstantiated based on observations of residents' beds showed no signs of bed bugs. Observations of residents showed no signs of bites from bed bugs and interviews with residents and staff revealed bed bugs had not been observed in the facility. Review of documentation from two pest control companies dated 06/10/21 and 10/14/21 stated no signs of bed bug activity was present in facility. The investigation into the allegations included: Observations of environment, residents and resident rooms/beds. Interviews with two residents, one caregiver, and the Administrator. Document review of paperwork from pest control companies. 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. There were no regulatory deficiencies identified. No further action required. Please retain a copy for your records.			

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

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.