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 _____	**05/17/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYHILL MANOR	**3855 MAYHILL AVE, LAS VEGAS, NEVADA ,89121**

(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 05/17/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons 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 5. The sample size was four. The facility received a grade of A. One complaint was investigated. Complaint #NV00063832 with four allegations was unsubstantiated. Allegation #1 - The facility failed to allow visits to resident was unsubstantiated based on interviews with four residents, and two caregivers who denied restrictive visitation policies. Review of facility visitation policy. Allegation #2 - The facility employees failed to wear masks and take visitor temperatures to screen for COVID-19 was unsubstantiated based on observation of facility employees wearing masks, and conducting temperature screening checks on visitors. Allegation #3 - The facility failed to supply sufficient food to residents was unsubstantiated based on observations of the facility's food supply. Review of the facility's menu. Interviews were conducted with two employees and four residents who denied the facility did not provide sufficient food. Allegation #4 - The facility failed to supply nutritious food to residents was unsubstantiated based on review of the facility menu which included meals with vegetables, fruits and meat products. Observations of the facility's food supply which included an assortment of vegetables, meats, fruits, and other food products. Interviews with two employees and four residents who denied the food was not nutritious. The investigation into the allegations included: Observations of	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.

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	employees wearing masks and conducting temperature screening on visitors. Observations of the facility's food storage. Interviews with two employees and four residents. Documentation review of the facility's visitation policy and the facility's food menu. 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 identified. No further action necessary. Please retain a copy for your records.			