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 _____	**10/26/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT VIEW SENIOR LIVING	**3890 N BUFFALO DRIVE, LAS VEGAS, NEVADA ,89129-8809**

(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 at your facility on 10/26/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 102. The sample size was five. There was one complaint investigated. The facility received a grade of A. Complaint #NV00064845 with three allegations was substantiated. The allegation a resident's bathroom ceiling had a leak and black water stains appeared on the bathroom ceiling wall was substantiated without deficiency based on documents which revealed, the Maintenance Assistant was notified of the bathroom ceiling leak once it was identified there was an issue. The Maintenance Assistant verbalized there was a leak and the bathroom ceiling wall was opened, there was no mold and the leak and wall was fixed. Air blowers were put in place to dry the wall. The Maintenance Assistant reported after the wall was fixed, black spots started appearing on the resident's bathroom ceiling wall. The resident was immediately offered to relocate to a new room. An admission agreement signed by the resident of concern dated 08/05/21, documented all requests for repairs or maintenance problems should be submitted to the front desk or the Maintenance Director. The following allegations could not be substantiated. Allegation #1: Bugs in a resident's room was unsubstantiated based observations of five residents' rooms and interviews with four residents who verbalized they had not seen bugs or insects in their rooms. Document review of pest control monthly visits for the months of July 2021-September 2021. Allegation #2: A resident's responsible party not notified of a resident's change in condition was unsubstantiated based on interviews with four residents who revealed their	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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	responsibility party was notified of changes in condition. The resident of concern had an initial physical completed. There were no recent medical documents in the residents file to review, indicating the resident had a change in condition prior to moving out of the facility. The investigation into the allegation included: Observations of four residents' rooms, and the room of concern. There were no visible black water stains on the bathroom ceiling wall; no bugs observed in the rooms. Interviews with four residents, one Caregiver, the Maintenance Director, the Maintenance Assistant and Executive Director. Record review of five resident files Document review of the facility's Admission Agreement, Grievance Logs, Incident reports, Restoration Invoice, Resident evaluation (Change in condition) policy and facility emails. 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. No regulatory deficiencies identified. Please retain a copy for your records.			