

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8809	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER DESERT VIEW SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3890 N BUFFALO DRIVE, LAS VEGAS, NEVADA ,89129-8809		
(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 State Licensure annual and infection control survey conducted at your facility on 04/13/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 113 Residential Facility for Group beds which provides Assisted Living services for elderly and disabled persons, and/or persons with chronic illness, and/or persons with Alzheimer's disease, 85 Category I residents and 28 Category II residents. The census at the time of the survey was 111. 25 resident files and 10 employee files were reviewed. The facility received a grade of A. 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.			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MICHAEL E TRAIL Title: Administer Date: 05/01/2023
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0174 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health& Sanitation-odors-hazards-insects- dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure water temperatures were at safe temperatures for residents and within the acceptable range of 100 degrees Fahrenheit (F) and 110 degrees Fahrenheit (F). Findings include: On 04/13/23 at 9:30 AM, Room #109's sink water felt hot to the touch. On 04/13/23 at 9:45 AM, the hot water tank located in the outside mechanical room had a temperature gauge reading 140 degrees F. On 04/13/23 between 10:00 AM and 10:30 AM, the following rooms sink water temperatures were measured by the Maintenance Director: Room #209: 133.4 degrees F Room #265: 132.4 degrees F Room #166: 115.8 degrees F Room #103: 135.3 degrees F Room #10: 126.3 degrees F Room #04: 133.8 degrees F On 04/13/23 at 10:30 AM, the Maintenance Director acknowledged the sink water temperatures were not at safe temperatures for residents and out of the acceptable range of 100 degrees F and 110 degrees F. The Maintenance Director indicated water temperature logs were completed monthly and was unaware the water temperatures were out of range. On 04/13/23 at 10:45 AM, the Administrator acknowledged the sink water temperatures were too hot for residents. On 04/13/23 in the afternoon, the Administrator acknowledged the facility sink water temperatures were not at safe temperatures for residents and not in the acceptable range of 100 degrees F and 110 degrees F. Severity: 2 Scope: 3	ID PREFIX TAG 0174	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Due to the buildup of dust on the range, a monthly cleaning of the range has been added to the Kitchen Cleaning Duties. This monthly cleaning will be inspected by the Dietary Director and the Contracted Dietician.	(X5) COMPLETION DATE 04/13/202 3

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(X4) ID PREFIX TAG 0255 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 04/13/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was heavy dust build-up on the internal components of the range. Severity: 2 Scope: 1	ID PREFIX TAG 0255	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Temperature of the water was reduced on the boiler and is below or at 110 degrees. The monthly water temperature checks throughout the community will ensure proper temperature. Water Temperature checks will continue at least monthly or if a resident or staff member questions the temperature as being high. If the temperature is found to be high, an approved plumbing vendor will investigate along with the Plant Technician to further ensure compliance in the hot water supply. The Administrator will review Temperature logs with the Plant Technician at least monthly.	(X5) COMPLETION DATE 04/13/2023