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 _____	**06/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING AND MEMORY CARE	**3985 SOUTH PEARL STREET, LAS VEGAS, NEVADA ,89121-7205**

(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 State Licensure annual grading and complaint investigation survey initiated at your facility on 06/08/23 and completed on 07/03/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 64 Residential Facility for Group beds for elderly and disabled persons and/or persons with Chronic Illness and/or persons with Mental Illness, and Assisted Living services, Category II residents. The census at the time of survey was 60. Sixteen resident files and 10 employee files were reviewed. The facility received a grade of A. There was one complaint and one Facility Reported Incident (FRI) investigated. Unverified: Complaint #NV00068376 could not be verified. No regulatory deficiencies could be identified. Verified without deficiencies: FRI #8252 was verified without deficiencies. The investigation of the Complaint and the FRI included: Observation of facility's call button response times, the wellbeing of residents and resident's recieving care from staff. Interviews with two residents, the Wellness Director, the Administrator, Hospice Nurse, and the Resident of Concern's Medical Power of Attorney. Clinical Record Review of one record for the resident of concern. Document Review included facility policy and procedures, incident report log, and email communications. 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 deficiency was identified:	0000		
0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of	0255	An in-service was conducted on 7.13.23 to the Dietary Department, by the Dietary	07/19/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MICHAEL TRAIL Title: acting administrator Date: 07/26/2023

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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	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 06/08/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the top portion of the deli preparation refrigerator, a sliced tomato was at 55 degrees Fahrenheit (F) and sliced ham was at 47 degrees F. In the dining room, almond milk stored on top of a pan of ice was at 61 degrees F. b. In the reach-in refrigerator in the main kitchen, buffet ham was stored in a cardboard box that had previously contained raw chicken. c. Dirty ware was stored on both the clean and dirty sides of the three-compartment sink and a dish rack with clean ware was stored on top of the middle rinse compartment. There was no separation between dirty to clean ware due to a limited amount of space provided in the dish wash area. 2. Major Violations: a. The shelving racks in the main kitchen reach-in refrigerator were chipped and in disrepair. b. There were gaps around the window air conditioning unit near the preparation table and tape around the window was not secure which caused exposure to the outside. c. The exterior and interior of the cabinets under the beverage counter in the dining room were soiled with spillage and debris. d. The floor in the main kitchen was soiled with debris behind and underneath equipment. 3. Equipment and Maintenance Violations: a. The metal gates of the dumpster enclosure were rusted and in disrepair. Severity: 2 Scope: 3		Director. Topics covered were: Proper Temperatures of cold and hot food and drinks, Proper storage of meat and proper sanitized holding areas, Proper dishwashing and use of 3 compartment sink area, and cleanliness of beverage cabinets and kitchen floor. The following items were corrected on 6/8/23: The inservice along with daily inspections by the Dietary Director will prevent these violations from happening in the future. Daily Cleaning inspection plans will be closely monitored to ensure completion. Increased food temperature testing will also ensure zero food temperature violations in the future. The future expansion of the kitchen will allow increased room in the dishwashing area. The sliced tomato was discarded, along with the sliced ham and the almond milk. The ham in the reach-in was discarded. Both the dirty and clean ware and dishes were placed on the dirty side of the sink and properly washed. The Shelving racks were ordered and shipping date is 7.31.23 A sealing tape was used to cover gaps around the AC unit in the kitchen window and the window was secured, preventing exposure from the outside. The exterior and interior of the beverage counter were cleaned and all debris was removed. The kitchen floor was swept free of debris and cleaned An estimate from Happy Landscaping was approved on 7/19/23 for replacing 4 screen doors and two new handles for the trash dumpster gate. Estimate work to be	

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			completed by 8/2/23 An invoice is included in the documents showing replacement racks have been ordered for the refrigerator. An approved vendor has inspected the gates in disrepair and will be repairing and repainting the gates for the dumpsters. We anticipate this work being completed within the next 30 days. Plans will be submitted for the expansion of the current kitchen within the next 6 months.	