Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9444	A. BUILDING _____ B. WING _____	06/11/2024

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Annual State Licensure survey initiated at your facility on 06/11/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 69 Residential Facility for Group beds for elderly and disabled persons andand/or persons with Mental Illness, and Assisted Living services, Category II residents. The census at the time of survey was 39. Ten resident files and 10 employee files were reviewed. The facility received a grade of B. 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:	0000		

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0174 SS= F	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 and interview, the facility failed to ensure water temperatures were within the acceptable range of 100 degrees Fahrenheit (F) to 110 degrees Fahrenheit (F) for 7 of 13 resident rooms. Findings include: On 06/11/24 between 11:00 AM and 1:30 PM, the water temperature was measured in 13 resident rooms. Seven of the 13 resident rooms in which residents resided had faucet and/or shower water temperature readings exceeding 110 degrees Fahrenheit (F). The elevated water temperatures were measured by the Maintenance Director with a facility thermometer. Resident Room 36: faucet water temperature 125.2 degrees F, shower water temperature 112.6 degrees F. Resident Room 7: faucet water temperature 111.7 degrees F. Resident Room 45: faucet water temperature 123.6 degrees F, shower water temperature 114.8 degrees F. Resident Room 55: faucet water temperature 112.6 degrees F. Resident Room 56: faucet water temperature 113.4 degrees F, shower water temperature 113.0 degrees F. Resident Room 53 A/B: faucet water temperature 112.6 degrees F. Resident Room 54: faucet water temperature 113.4 degrees F, shower water temperature 112.5 degrees F. On 06/11/24 in the morning, the Maintenance Director acknowledged the facility faucet and shower water temperatures should have been in the acceptable range of 100 degrees F to 110 degrees F and were not. In the afternoon, the Maintenance Director adjusted the water temperature to reduce the temperature in the affected rooms. Severity: 2 Scope: 3	0174	What corrective actions will beaccomplished for those residents found to have been affected by the deficientpractice. Water heatertemp adjusted all rooms recheck and are within acceptable range of100(F)-112(F) by end of day 6/11/24. Results sent to inspector of final results. What measures or systemic change will be put into placeto ensure the deficient practice does not reoccur. The Maintenance Director/designee will conduct weeklychecks of up to 10 rooms for elevated temps x 2 months. ED will conductBi-weekly checks with maintenance director of up to 10 rooms for elevated tempsx 2 months. How will the corrective action be monitored to ensurethe deficient practice will not reoccur. The Maintenance Director/designee will continue tocheck laundry rooms on a Bi-weekly x 2 months.	07/16/2024

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0220 SS= D	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 3 laundry rooms observed were free of clutter. Findings include: On 06/11/24 in the morning, a towel and items resembling a plastic bag and a lightweight cloth were found behind the clothes dryer in the one of the laundry rooms. On 06/11/24 in the morning, the Maintenance Director acknowledged the laundry rooms should be kept free of fire hazards. Severity: 2 Scope: 1	0220	What corrective actions will beaccomplished for those residents found to have been affected by the deficientpractice. No residentswere affected by this deficiency. The items were removed on 6/11/24 uponfindings What measures or systemic change will be put into placeto ensure the deficient practice does not reoccur. The Maintenance Director/ designee will conduct weeklychecks of all laundry rooms x 2 months. ED will conduct Bi-weekly checks withmaintenance director of all laundry rooms x 2 months. How will the corrective action be monitored to ensurethe deficient practice will not reoccur. The Maintenance Director/designee will continue tocheck laundry rooms on a Bi-weekly x 2 months.	07/16/2024

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0255 SS= F	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 06/11/2024, 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 reach-in refrigerator in the kitchen, two containers of cottage cheese were expired on 06/07/24. b. Potentially hazardous food was not held at 41 degrees Fahrenheit (F) or below in the top of the deli prep refrigerator. Sliced turkey was measured at 44.6 degrees F and egg salad was measured at 53.6 degrees F. c. The low temperature dish machine did not reach the minimum 120 degrees F for the final rinse and was not dispensing a detectable concentration of chlorine sanitizer after multiple cycles. 2. Major Violations: a. There was heavy grease and debris build-up in the grooves of the range under the pilot lights and grease build-up on the under side of the shelf on the range. b. Coving/baseboards were not installed in the ice machine room or in the chemical storage/mop sink room. Severity: 2 Scope: 3	0255	What corrective actions will beaccomplished for those residents found to have been affected by the deficientpractice. No residents were affected by thisdeficiency. The items were removed on 6/11/24 upon findings. Baseboardshave been placed in all areas noted inboth ice machine room and chemical room. What measures or systemic change will be put into placeto ensure the deficient practice does not reoccur. The Dietary Director/designee will conduct an weeklycheck of sanitizer machine to ensure line is primed and dispensing sanitizerfor dish machine. Currently deli products are being kept in fridge to keep atproper temperature. How will the corrective action be monitored to ensurethe deficient practice will not reoccur. ED/Designee will conduct bi-weekly temp checks of dishmachine x 2 months and then monthly x 2 months. Deli prep refrigerator unableto be repaired community will be purchasing new refrigerator for deli prep.Baseboards have been placed in allareas noted in both ice machine room and chemical room.	07/16/2024

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0430 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure the fire riser room was not blocked. Findings include: On 06/11/24 in the morning, the Fire riser room was located in the Kitchen Manager's office. The fire riser room was blocked by two out-of-use top-loading freezer units. On 06/11/24 in the morning, the Maintenance Director acknowledged the freezer units obstructed the path to the fire riser room. Severity: 2 Scope: 3	0430	What corrective actions will beaccomplished for those residents found to have been affected by the deficientpractice. No residentswere affected by this deficiency. The items were relocated on 6/11/24 uponfindings. What measures or systemic change will be put into placeto ensure the deficient practice does not reoccur. The Maintenance Director/ designee will conductbi-weekly checks of the riser room x 2 months. How will the corrective action be monitoredto ensure the deficient practice will not reoccur. ED will conduct monthly checks with maintenancedirector of riser room x 2 months.	07/16/2024