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 _____	**12/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	**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 complaint investigation completed in your facility on 12/04/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 65. The sample size was 5. Five resident files and five employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint # NV00072515 was substantiated. (See TAG Y252 and Y276) Substantiated without deficient practice: 2. Complaint #NV00072629 was substantiated with no deficient practice. The investigation of the complaint included: Observations of residents, resident activities and resident meal service, posted facility menus, and food storage areas. Interviews were conducted with the resident of concern, residents, kitchen staff, a Medication Technician, the Administrator, and the Dietary Manager. Clinical Record Review of 5 records. Document review included facility policies and procedures and facility menus. 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 lther claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation	0252	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 12/4/24 upon findings. What measures or systemic change will be	01/08/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARCUS PEGROSS Title: Executive Director Date: 01/08/2025

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.

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 _____	**12/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	**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
	and interview, the facility failed to ensure expired foods were discarded. Findings include: On 12/04/24 in the morning and afternoon, the following food items were in the kitchen areas, the dining room and the storage areas and were either expired or had an unknown expiration date. In the small service kitchen located across the hall from the kitchen the following were found: White chocolate flavored sauce had an expiration date of 02/25/24. Mango flavored sauce had an expiration date of 02/23/24. Kiwi lime flavored sauce had an expiration date of 02/23/24. One opened bag of marshmallows with no expiration date written on packaging. Two opened colorless opaque plastic bags of crispy rice cereal without open dates or expiration dates written on packaging. The upper cupboards in the hallway located outside the kitchen contained the following: Opened bag of corn meal, expiration date 09/07/24. A sleeve of unopened graham crackers lacked an expiration date. Under the dining room counter there was: One opened colorless opaque bag of corn flakes without an opened or expiration date written on packaging. In the Dry goods storage room down the hall from the dining area the following was found: A tray of bread crumbs, covered in plastic wrap, hand-written date of 09/02 on the plastic wrap, was not able to determine what the date meant, no expiration date documented. Nine packages of small corn tortillas with no expiration dates. On 12/04/24 at 10:10 AM, the Kitchen Server explained sometimes the food supplier delivered food that had already expired. On 12/04/24, the Dietary Manager, cooks and the kitchen server acknowledged the expired items, the items with unknown expiration dates, and items without open dates should have been labeled properly or discarded. Severity: 2 Scope: 3 Complaint #NV00072515		put into placeto ensure the deficient practice does not reoccur. The Dietary Director/designee will conduct a weeklycheck for expired foods and dated and received products to ensure all measures aretaken. How will the corrective action be monitored to ensurethe deficient practice will not reoccur. ED/Designee will conduct bi-weekly inspection forexpired foods and dated products x 2 months and then monthly x 2 months.	
0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate	0276	What corrective actions will beaccomplished for those residents found to have been	01/08/2025

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 _____	**12/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	**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
	manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure snacks were offered and readily available to residents. Findings include: On 12/04/24 in the morning and afternoon, no snack foods or fresh fruit were readily available for residents. There was a lack of snacks such as chips, cookies and bananas in the facility. Snacks were not available in the bistro, the location for grab-and-go snacks. Ten oranges were located in the service kitchen and an opened box which was not full of individually packaged chips were observed in the Dietary Manager's office. There were 65 residents admitted to the facility at the time of the investigation. On 12/04/24 in the morning, Resident #5 (R5) said they were not offered any snacks. On 12/04/24 in the morning, Residents #1 and #3 (R1 and R3) had a large stash of snacks in their room and explained the facility didn't give out snacks. R1 shared they would like more fresh fruits, particularly fresh oranges or grapes. On 12/04/24 in the morning, Resident #4 (R4) verbalized they were never offered snacks. On 12/04/24 in the morning, Resident #2 (R2) reported not being aware if there were snacks available at the facility. On 12/04/24 in the afternoon, the Activities Director reported snacks were offered in a grab-and-go fashion in the bistro. Snacks were available about half the time, because as soon as snacks were put out, residents took them quickly. Per the		affected by the deficientpractice. No residentswere affected by this deficiency. What measures or systemic change will be put into placeto ensure the deficient practice does not reoccur. Dietary director/designee will have snacks placed out threetimes a day in between meals to ensure that residents have snacks available throughout the day and evening. How will the corrective action be monitored to ensurethe deficient practice will not reoccur. ED/Designee will conduct daily inspection for snacksbeing placed out x 2 months and thenmonthly x 2 months.	

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 _____	**12/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	**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
	Activities Director, residents could go back to their own rooms to see what they had as snack foods if the facility did not have any available. The Activities Director indicated chips, cookies, and bananas were typical snacks, as well as candy from the candy jar. The Activities Director reported the candy jar was currently empty due to lack of funds. On 12/04/24 in the morning, the cook reported the facility did not carry a lot of fresh fruit because it was not in season, and confirmed the approximately ten oranges and twenty lemons observed by the surveyor were the facility's current inventory of fresh fruit. On 12/04/24 in the afternoon, the Dietary Manager referred to cold sandwiches as snacks and explained cold sandwiches were prepared and chips were available through the kitchen day and night by request. Documentation from a community "Food for Thought" meeting indicated residents had requested fruit with cottage cheese. No cottage cheese was observed in the facility. A review of the Residency Agreement documented snacks were available 24 hours a day. A review of facility policy entitled "Menu and Food Preparation" documented "Daily snacks would be offered to all residents." Severity: 2 Scope: 3 Complaint #NV00072515			