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 _____	02/04/2026

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

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RFG 0001-Deficiencies SS= F	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 02/05/26, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 66. The sample size was five. Five resident files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV12883 was substantiated See TAG Y0255 The investigation of the complaints included: Observation of resident and caregiver interaction, grooming and physical appearance of residents, cleanliness of the facility and kitchen areas. Interviews were conducted with residents, Wellness Director, Caregivers, Food Service Staff and Administrator. Clinical Record Review of five records, which included the resident of concern.			

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	Document review of the physician assessments, Service plans, Medication Administration Records, physician orders, and pest control service reports. The following regulatory deficiency was identified:			
Y 0255 SS= F	NAC 449.217 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 02/04/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Rodent droppings were observed in the	Y 0255	**1.Corrective Action Taken for Residents Found to Be Affected by the DeficientPractice** The following immediate corrective actions were taken on02/04/2026: **a. Rodent Droppings** •□□□□□□All rodent droppings under the dish machine,near the three-compartment sink, and on the wall area were removed. •□□□□□□The entire kitchen was deep-cleaned andsanitized using EPA-approved disinfectants. •□□□□□□Emergency pest control services were dispatched; bait stations and traps were set, and entry points were identified. **b. Improper FoodStorage & Cross-Contamination Risks** •□□□□□□All improperly stored proteins (raw chicken, rawbeef, shell eggs, cooked items) were immediately removed and discarded. •□□□□□□The refrigerator and prep stations werereorganized following correct top-to-bottom storage hierarchy. •□□□□□□All staff were verbally re-educated	02/25/2026

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	kitchen underneath the dish machine, near the three-compartment sink and on the wall near the dish machine. b. In the reach-in refrigerator, raw chicken was stored on top of raw ground beef; and raw shell eggs were stored above pasteurized liquid egg cartons, cooked sausage links and raw bacon. A large container of raw chicken was stored on the cutting board and partially over food stored in the top portion of the deli prep refrigerator. c. There were no paper towels dispensed at the hand washing sink at the start of the inspection and there were no paper towels available at the hand washing sink in the activity area kitchen. There was an overall lack of hand washing observed by all dietary staff while performing various food service operations and in between changing of gloves. d. The potential for contamination of food, equipment and single service articles was observed by the following improper storage of poisonous or toxic materials: Silverware wraps and crackers were stored in a cabinet containing a bottle of bleach and a bottle of dish soap. Bagels and tortillas were stored in a cabinet containing Lysol disinfectant spray and employee personal belongings. Multiple loaves of bread were stored in a cabinet underneath a first aid kit and antibacterial spray. Two containers of Clorox wipes were stored next to multiple bags of cereal on the top of the countertop reach-in refrigerator in the beverage room. e. Based on the number and severity of the observed violations and food handling practices, there was a lack of food safety knowledge, training and managerial oversight of the dietary staff and food service operations.		on properfood storage the same day. A training was conducted on 2/10/26 by Dietarymanager on proper food storage and cleaning. **c. Lack ofHandwashing Supplies and Poor Hygiene Practices** •□□□□□□Paper towel dispensers were refilled immediatelyin both kitchen and activity area kitchen. •□□□□□□Staff were instructed to stop tasks and washhands properly before returning to food service work. •□□□□□□Gloves were replaced, and staff were reminded ofproper glove-change protocol. **d. Toxic MaterialsStored With Food Items** •□□□□□□All food items were removed from contaminatedcabinets. •□□□□□□All chemicals, personal belongings, first-aiditems, and disinfecting supplies were relocated to a designated chemicalstorage area outside of food-service zones. **e. Lack of FoodSafety Knowledge and Oversight** •□□□□□□Staff received emergency refresher trainingconducted by the Administrator on 02/05/2026 focusing on NAC 446 food safetystandards. **f. Major andEquipment Violations** •□□□□□□All unlabeled and undated food items werediscarded. •□□□□□□The reach-in refrigerator, freezer, cabinets,and floors were fully cleaned and sanitized on 2/6/26. •□□□□□□Maintenance closed off open penetrations usingpest-resistant sealant.	

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	2. Major Violations: a. Multiple items in the reach-in refrigerator and freezer were not labeled or dated, such as: an uncovered pan of Jell-O, cooked chicken, soup, frozen waffles, frozen scrambled eggs and frozen meat. b. The inside of cabinets, reach-in units and handles of reach-in units were soiled with debris, spillage and grime build-up. c. The floors throughout the kitchen were soiled with food, debris and rodent droppings underneath tables and equipment. 3. Equipment and Maintenance Violations: a. Casters/wheels were not installed on the left side of the reach-in refrigerator, and the refrigerator was propped up by stacks of floor tiles. b. The front left leg of the range was not installed, and the range was propped up by a brick. c. There were open penetrations in the walls and ceiling near the dish machine which may have led to rodent access into the kitchen. Severity: 2 Scope: 3		**2. HowOther Residents with the Potential to Be Affected Were Identified** •□□□□□□A full inspection of all food storage areas,prep areas, dish-washing stations, and satellite kitchens was conducted toensure no additional contamination or safety concerns. •□□□□□□All residents receiving food service, whichincludes the full census of 66 residents, were deemed potentially affected dueto shared risk. •□□□□□□No reports of illness or symptoms wereidentified among residents. **3. SystemicChanges Implemented to Prevent Recurrence** **a. Pest ControlProgram Enhancements** •□□□□□□A contracted pest control vendor has moved toweekly service for the next 90 days. •□□□□□□A pest-entry prevention plan has been developed,including sealing penetrations, inspection logs, and monthly facilitywalk-throughs. **b. Food Storage &Food Safety Policy Overhaul** •□□□□□□A written Food Storage Standard OperatingProcedure (SOP) was implemented outlining proper storage hierarchy, coveringfood, dating/labeling requirements, and contamination prevention. **c. Handwashing &Hygiene Compliance Improvements** •□□□□□□Paper towel and soap level checks added to everyshift-change checklist.	

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			•□□□□□□Dietary manager will perform random observationof handwashing and glove use three times weekly. **d. Chemical StorageControls** •□□□□□□A labeling and storage policy was implemented toensure chemicals are never stored near or above food. **e. Kitchen CleaningProgram** •□□□□□□A new deep-cleaning schedule was implemented(daily, weekly, and monthly tasks). •□□□□□□Responsibilities are assigned by position, anddocumentation is required at completion. **f. Equipment &Maintenance Standards** •□□□□□□Repairs to the reach-in refrigeratorcasters/wheels and the range's missing leg were scheduled with a licensedvendor. •□□□□□□A new Kitchen Preventative Maintenance Checklistwas implemented. •□□□□□□Facility maintenance will inspect for wall andceiling penetrations monthly. **g. Food SafetyTraining & Oversight** •□□□□□□All cook staff will be enrolled in ServSafe FoodHandler training to be completed within 30 days. •□□□□□□The Dietary Manager is required to obtainServSafe Manager Certification within 30 days. •□□□□□□A Food Service Oversight Committee wasestablished, meeting weekly for 90 days and monthly thereafter. **4.Completion Date**	

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			March 4, 2026 All immediate corrective actions completed.	