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 _____	**10/12/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING AND MEMORY CARE	**4025 SOUTH PEARL STREET, LAS VEGAS, NEVADA ,89121**

(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 at your facility on 10/12/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 35. The facility received a grade of A. The sample size was five. One complaint was investigated. Complaint #NV00064854 with three allegations was substantiated without deficiency. Allegation #1: There are more residents in one room than allowed by maximum square footage was unsubstantiated based on measurement of room which measured 80 square feet per resident and interview with the Memory Care Director who acknowledged there was greater than 60 square feet of living space for each resident in shared rooms. Allegation #2. Residents fighting each other was substantiated without deficiency based on review of incident reports which documented only one incident of a resident altercation with another resident. Interviews with two Caregivers, a Medication Aide and the Memory Care Director who indicated the residents that initiated the altercation was sent out for assessment, had medications reassessed and upon return had no further aggressive incidents. Allegation #3. A resident lost an unexpected amount of weight was unsubstantiated based on interview with two Caregivers and the Memory Care Director who indicated the resident of concern has not had a change in weight and eats three meals a day and review of five resident medical records, including the resident of concern which did not document any significant weight loss. The investigation into the allegation included: Observations of resident to resident interactions and measurements of two rooms housing three residents. Interviews with two Caregivers, a Medication Aide, the Memory Care Director	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	and three residents. Record review of five residents service plans, physicians orders, caregiver notes and incident reports, including the resident of concern. Review of facility incident reports. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			