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 _____	**11/02/2022**

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 State Licensure survey completed at your facility on 11/02/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 12. The sample size was zero. The facility received a grade of A. One complaint was investigated. Complaint #NV00066980 with one allegation was substantiated without deficiency. Allegation #1 - The facility's air conditioner was under repair waiting on parts and the use of portable air conditioners were in use was substantiated without deficiency based on review of a purchase receipt for six new pumps dated 06/22/22. The Administrator reported two pumps were replaced on 06/22/22 and when the back ordered pumps were received, the pumps were installed and were working to capacity. The Administrator and Maintenance Director indicated residents were moved from rooms where air temperatures were not within range and into rooms with a portable air conditioner with sufficient temperatures. The current temperature at the facility was 78 degrees and no portable air conditioners were in use. A Caregiver and Medication Technician reported the facility was never too hot and was cooled sufficiently with portable air conditioners. The investigation into the allegations included: Observations of air temperature, common areas, and resident rooms. Interviews with a Caregiver, a Medication Technician, Manager, Maintenance Director, and Administrator. Document review of air conditioner repair receipt, portable air conditioner receipt, and temperature log. 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	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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	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.			