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
	9454	A. BUILDING _____ B. WING _____	03/21/2024

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 well check State Licensure survey at your facility on 03/21/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 40 Residential Facility for Group beds which provides assisted living services for elderly and disabled persons and/or persons with chronic illness and/or persons with mental illness, Category II residents. The census at the time of survey was 0. There were no residents or employees at the time of the survey. The facility was locked and was not being utilized at this time. The facility received a grade of A. 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. The following regulatory deficiency was identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARCUS PEGROSS Title: Executive Director Date: 05/03/2024

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0178 SS= A	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility's premises had the following issues due to vandalism: Findings include: On 03/21/24 in the morning, the facility revealed the following observations: - No Residents or staff were present in the building. - The outside of the building was secured with a barbed wire fence. - There was evidence of vandalism to the exterior electrical panels and interior copper piping. - The vandals cut water piping to the fire suppression system causing extensive water damage throughout the facility. - The inside of the building had the water damaged flooring removed from most of the facility and the water damaged sheetrock removed exposing bare wood framing. - A camera system was installed and night security hired to protect the building from further vandalism. On 03/21/24 in the morning,the Executive Director verbalized the following: - They are in the process of getting bids for the repair of the building. - This could take up to 60 to 90 days or more. - Once the project is started it could take 6 months or more to complete. - There is no pending start date of the project. - Once the project is done, they were not sure if the company was going to continue to utilize it as a memory care unit or possibly sell it. - They assume the company wants to continue with the licensure pending finalization of the repairs and the decision to continue operations or sell. On 03/21/24 in the morning, the Executive Director acknowledged the premises had not been maintained related to ongoing vandalism and repairs to the facility were pending. The facility will need to notify the Bureau before resident occupancy will occur. Severity: 1 Scope: 1	0178	Tag 0178- What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. No residents were affected by this deficiency. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change. Once final bids are completed. Community will begin renovation of community to bring it back up to prior code. New secure electric fence will be placed to prevent further vandalism once renovation have started. Renovations are estimated to take up to 6 months start date TBD and ED/community designee will notify DPBH once renovations have started and future plan for the community.	05/03/2024