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 _____	12/04/2024

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 an annual State Licensure survey at your facility on 12/04/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 40 Residential Facility for Group beds for persons with mental illness, Category II residents. The census at the time of survey was 0. There were no residents or clinical staff onsite at the time of the survey. The facility was locked and was not being utilized at this time. There were three employee files reviewed. On 12/04/24 in the morning, the facility tour revealed the following observations which were made with the Maintenance Director: - No Residents or clinical staff were present in the building. - The outside of the building was secured with an upgraded electric barbed wire fence. - There was evidence of vandalism to the exterior electrical panels which included the generator and chiller systems being stolen. - There was evidence of vandalism to the interior copper piping. - The vandals cut water piping to the fire suppression system which caused extensive water damage throughout the facility. - The inside of the building had the water damaged flooring removed from the facility and the water damaged sheetrock was removed. - The facility has been replacing all the damaged sheetrock to the exposed bare wood framing, (work in progress). - A camera system was installed to protect the building from further vandalism. On 12/04/24 in the morning, the Maintenance Director verbalized the tenant improvement project had an April of 2025 estimated date of completion. Once the project was done, the intention was to utilize it as a mental illness unit or possibly sell it. On 12/04/24 in the morning, the Administrator and Executive Director acknowledged the observations made during the guided tour of the premises with the Maintenance Director. The Administrator and Executive Director acknowledged a reminder that the facility would need to notify the Bureau before	0000		

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 _____	12/04/2024

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
	resident occupancy would occur. 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:			
0430 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure all the portable fire extinguishers (PFEs) were checked annually. Findings include: On 12/04/2024 in the morning, a tour of the facility was conducted. The tour revealed all the fire extinguishers observed had vendor tags that indicated they were last checked and serviced on 10/07/2020. The Maintenance Director (MD) acknowledged the findings as they were discovered. The MD confirmed all fire extinguishers in the facility were maintained by the vendor and was unable to verify when the PFEs were last checked or serviced annually. Severity: 2 Scope: 3	0430	What corrective actions will beaccomplished for those residents found to have been 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. The Maintenance Director/ designee will conduct monthlyinspections to ensure all life safety measures are being followed and maintainper community policies. How will the corrective action be monitoredto ensure the deficient practice will not reoccur. ED will conduct monthly checks with maintenancedirector of x 2 months then every other month x2.	01/08/2025