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 _____	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	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
RFG 0001-Deficiencies	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 an annual and Mental Illness endorsement addition survey completed on08/25/25. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, Category II residents. The facility had applied for a Mental Illness endorsement which was approved as of12/16/25. The census at the time of the survey was zero. One sample resident file and four employee files were reviewed.			

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	The facility received a grade of A.			

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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 12/08/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: An operable commercial kitchen was not provided at the facility at the time of inspection. The current kitchen was in disarray and observed to be used to store various equipment. The availability to prepare meals, store food product and wash ware could not be accomplished. A means for food service must be provided to ensure safe food handling practices occur. A temporary serving kitchen must be provided to meet the demands of the menu until the commercial kitchen is fully operational. The serving kitchen must be equipped with at least a hand washing sink, refrigeration, hot holding, microwave and transport carts. Severity: 2 Scope: 3	Y 0255	*Date of correction* •□□□□□□12/10/2025 *What corrective actions will beaccomplished for those residents found to have been affected by the deficientpractice:* •□□□□□□No residents were in communityat time of deficiency. *Whatmeasures or systemic change will be put into place to ensure the deficientpractice does not reoccur:* •□□□□□□Community purchased all neededequipment for temporary kitchen as requested by HCQC. Site will be nearhandwashing sink until kitchen renovation has been completed. Once communityreaches more than 10 residents' community will switch to paper products. *Howwill the corrective action be monitored to ensure the deficient practice willnot reoccur.* •□□□□□□Executive Director and/or designeewill conduct daily checks on food service and dining times to ensure propermeal preparation and cleanliness x 30 days. Then will move to bi-weekly for x 2months.	12/26/2025