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
	9672	A. BUILDING _____ B. WING _____	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAKES SENIOR LIVING LLC	9209 SANDY SHORES DR, LAS VEGAS, NEVADA ,89117

(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 completed at your facility on 03/26/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. 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 deficiencies were identified:	0000		

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 4 employees received cardiopulmonary resuscitation (CPR) and first aid training (Employees #1, #2, #3, and #4). Findings include: Employee #1 (E1) E1 was hired on 06/19/19 as a Caregiver/Owner. E1 completed CPR and first aid training provided by an online company on 03/01/23. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #2 (E2) E2 was hired on 09/25/19 as a Caregiver/Owner. E2 completed CPR and first aid training provided by an online company on 01/10/23. The training through this company did not contain an in-person component, a requirement per the regulation. Employee #3 (E3) E3 was hired on 10/10/19 as a Caregiver. E3 completed CPR and first aid training provided by an online company on 10/03/22. The training did not contain an in-person component, a requirement per the regulation. Employee #4 (E4) E4 was hired on 10/10/19 as a Caregiver. E4 completed CPR and first aid training provided by an online company on 06/19/23. The training did not contain an in-person component, a requirement per the regulation. On 03/26/24 in the afternoon, the Caregiver/Owner acknowledged the CPR and first aid training completed by E1, E2, E3, and E4 did not contain an in-person component, and the employees should complete training as required by the regulation. Severity: 2 Scope: 3	0106	1) How you will correct the specific finding (s) stated in the SOD The owner corrected the specific findings by taking swift action and having everyone complete the correct CPR and First Aid courses. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does nor recur Will double and triple check that taking courses from the same vendor are stii valid as they have the potential to change year over year. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recu Setting reminders well in advance to make sure the courses that we have beed taking are still accepted by the state, if so schedule them. If not, look for other ones to substitute them with. 4) The title of the person responsible for ensuring the plan of correction is implemented Owner- caregiver 5) The date the corrective action will be completed Corrected it immediately on 04/04/2024	04/11/2024