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 _____ | 05/13/2026 |

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| THE LAKES SENIOR LIVING LLC | 9209 SANDY SHORES DR, LAS VEGAS, NEVADA ,89117 |

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| 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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 05/13/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups.<br><br>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.<br><br>The census at the time of the survey was seven. Seven resident files and five employee files were reviewed.<br><br>The facility received a grade of A. | | | |
| Y 0104 SS= D | NAC 449.200<br><br>Personnel files<br>(1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees complied with background check requirements per Nevada Revised Statutes (NRS) 449.123 (Employee #1).<br><br>Findings include:<br><br>Employee #1 (E1)<br><br>E1 was hired on 05/16/2019 as the Administrator. | Y 0104 | **1. How the specific finding(s) will be corrected:**Employee #1 completed the Nevada Automated Background Check System (NABS) background check process. Employee #1 signed the NABS Fingerprinting Authorization Form (Background Check OCA #478722; Reason Fingerprinted NVRS-449-123) on 05/18/2026, and fingerprints were submitted electronically to the Central Repository for Nevada Records of Criminal History on 05/18/2026 (TCN 5061330) through a Department of Public Safety–approved fingerprint vendor. The completed NABS Fingerprinting Authorization Form and Proof of Electronic Fingerprint Submission have been filed in Employee #1's personnel record.<br><br>**2. What measures or systematic change (s) will be put into place to ensure the deficient practice does not recur:**The facility's hiring and personnel policy has been updated to require that every employee, including any administrator who is not an owner, complete the NABS | 05/18/2026 |

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| | E1's record lacked documented evidence of a Nevada Automated Background Check System (NABS) Clearance Letter and evidence E1 had a completed a background check through NABS since the hire date of 05/16/2019.<br><br>NABS lacked documented evidence E1 had fingerprints submitted and had a background check completed since the hire date of 05/16/2019 for this facility.<br><br>On 05/13/2026 in the morning, E4 acknowledged the lack of a NABS clearance letter and completed background check though NABS for E1 and should have been completed within 10 days of hire and resubmitted in 5 years.<br><br>Severity: 2 Scope: 1 | | background check process and have fingerprints submitted to the Central Repository within 10 days of hire, with documentation filed in the employee's personnel record. A Background Check Tracking Log has been created listing each employee, the date the background check was submitted, and the five-year re-investigation due date required by NRS 449.123(4)(b).<br><br>**3. How the corrective action(s) will be monitored:**The Administrator will audit all new-hire personnel files and the Background Check Tracking Log monthly for six months, then quarterly thereafter, to confirm each employee has a completed NABS background check on file and that no five-year re-investigation is past due. Results will be reported at the facility's quarterly quality assurance review. Any deficiency identified will be corrected within five business days.<br><br>**4. Title of the person responsible for ensuring the plan of correction is implemented:**Administrator<br><br>**5. Date the corrective action will be completed:**05/18/2026 (completion of Employee #1's NABS background check submission); systematic monitoring is ongoing.<br><br>**6. Supporting documents attached:**NABS Fingerprinting Authorization Form for Employee #1 (OCA #478722) and Proof of Electronic Fingerprint Submission (TCN 5061330, submitted 05/18/2026).<br><br>**7. How other areas with potential to be affected will be identified and corrected:**The Administrator conducted a 100% audit of all employee personnel files at The Lakes Senior Living LLC on 05/18/2026 to confirm each employee has a completed NABS background check on file and a background investigation submitted within 10 days of hire. Any file found deficient was corrected. | |
| Y 0870 | NAC 449.2742 | Y 0870 | 1. How the specific finding(s) will be | 05/15/202 |

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| SS= F | **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.**<br><br>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:<br><br>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:<br><br>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and<br><br>(2) Provides a written report of that review to the administrator of the facility.<br><br>(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report.<br><br>(c) Make and maintain a report of any actions that are taken by the | | corrected:<br>The overdue six-month medication regimen review for Resident #2 was completed by a licensed pharmacist on 05/07/2026 and addresses prescription medications, over-the-counter medications, and dietary supplements. The Administrator has reviewed, initialed, and dated all medication regimen reviews on file for Resident #2, Resident #3, Resident #5, Resident #6, and Resident #7, including each resident's prior review(s) that were previously unsigned. All signed reviews are filed in the respective residents' records.<br>2. What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur:<br>The facility has implemented a Medication Review Tracking Log that lists each resident, the date of the last medication regimen review, the next review due date (six months from the prior review), the qualified reviewer, the date the written report was received by the Administrator, and the date the Administrator reviewed and initialed it. A medication regimen review is scheduled at admission and every six months thereafter, completed by a physician, pharmacist, or registered nurse with no financial interest in the facility. The facility's medication policy has been updated to require that the Administrator review, initial, and date each medication regimen review within 72 hours of receipt and file it in the resident's record. The Administrator and all caregivers received in-service training on NAC 449.2742, covering the six-month review requirement and the Administrator's review-and-sign-off responsibility.<br>3. How the corrective action(s) will be monitored:<br>The Administrator will review the Medication Review Tracking Log monthly for six months, then quarterly thereafter, using a 30-day look-ahead to schedule any review coming due. Medication review compliance will be reported at the facility's quarterly quality assurance review. Any missed or unsigned review identified will be corrected within five business days.<br>4. Title of the person responsible for ensuring the plan of correction is | 6 |

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| | caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).<br><br>Inspector Comments: Based on interview and record review, the facility failed to ensure six-month medication reviews were completed for 1 of 7 residents (Resident #2) and reviewed and signed off by the Administrator for 5 of 7 residents (Resident #2, Resident #3, Resident#5, Resident#6, and Resident#7).<br><br>Findings include:<br><br>Resident #2 (R2)<br><br>R2 was admitted on 10/06/25 with diagnosis including diabetes, cognitive impairment, hyperlipidemia, and syncope collapse. R2's file documented an initial Medication review dated 10/06/25. There was no evidence of the six-month medication review for April 2026. The medication review dated 10/06/25 was not reviewed or signed off by the Administrator.<br><br>Resident #3 (R3)<br><br>R3 was admitted on 05/30/25 with diagnosis including cerebral vascular accident, cognitive impairment, and hyperlipidemia. R3's file documented an initial Medication on 05/30/25 and annual on 12/20/25. Both of the medication reviews in the file were not reviewed or signed off by the Administrator.<br><br>Resident #5 (R5)<br><br>R5 was admitted on 08/26/24 with diagnosis including Lewy body dementia, and chronic obstructive pulmonary disease. R5's medication review dated 6/20/25 and 12/29/25 were not reviewed or signed off by the Administrator.<br><br>Resident #6 (R6) | | implemented:<br>Administrator<br>5. Date the corrective action will be completed:<br>05/15/2026 (completion of all overdue and unsigned medication regimen reviews); systematic monitoring is ongoing.<br>6. Supporting documents attached:<br>Completed and Administrator-initialed medication regimen reviews for Resident #2 (including the 05/07/2026 six-month review), Resident #3, Resident #5, Resident #6, and Resident #7.<br>7. How other areas with potential to be affected will be identified and corrected:<br>The Administrator conducted a 100% audit of all current resident records<br>on 05/15/2026 to confirm every resident — not only those cited — has a current six-month medication regimen review on file completed by a qualified reviewer with no financial interest in the facility, and that each review has been reviewed and initialed by the Administrator. All seven resident records were reviewed and any unsigned or overdue review was completed and initialed. | |

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| | R6 was admitted on 08/30/24 with diagnosis including vascular dementia. R6's file documented a medication review dated 01/05/26 and 06/30/25. The medication reviews in the file were not reviewed or signed off by the Administrator.<br><br>Resident #7 (R7)<br><br>R7 was admitted on 03/03/26 with diagnosis including peripheral vascular disease, degenerative coronary artery, anemia, and dementia. R7's file documented a medication review dated 03/06/26. The medication review in the file was not reviewed or signed off by the Administrator.<br><br>On 05/13/26 in the afternoon, the Owner verbalized they were not aware the medication reviews needed to be completed every six months and required the Administrator's signature. The owner verbalized the Administrator had not reviewed or signed off on six-month medication reviews for R2, R3, R5, R6, and R7.<br><br>Severity: 2 Scope: 3 | | | |