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
	9735	A. BUILDING _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MESA VALLEY ESTATES	**1328 BERTHA HOWE AVE, MESQUITE, NEVADA ,89027**

(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 State Licensure survey completed at your facility on 01/28/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 103 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or Assisted Living Services, Category II residents. The census at the time of the survey was 73. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A. The following deficiencies were identified:			

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Y 0255 SS= D	**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 01/28/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was food debris build-up around the gear and cutting blade of the can opener. b. There was red juice splatter on the interior of the ice machine in the memory care serving kitchen. Severity: 2 Scope: 1	Y 0255	•□□□□□□□□The food debris build-up on the gear and cutting blade of can opener were immediately cleaned of all build-up and sanitized. The juice splatter on the interior of the ice machine in the memory care serving kitchen was immediately cleaned and sanitized. •□□□□□□□□The Dining Director under the supervision of the Administrator will include the can opener and the memory care ice machine interior to the cleaning audits. •□□□□□□□□The audits are being conducted daily.	01/28/2026
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.**	Y 1825	•□□□□□□□□Employee #5 (E5), #7 (E7), #8 (E8), #9 (E9), and#10 (E10) took the appropriate Infection Control training from CDC on 02/02/2026. •□□□□□□□□The Administrative Assistant	02/02/2026

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	3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interviews, the facility failed to ensure 5 of 10 sampled employees completed the annual required infection control training for unlicensed caregivers (Employee # 5, # 7, # 8, # 9, and #10).		under the supervision of the Administrator will conduct audits to confirm all employees have completed the appropriate Infection Control training from CDC. •□□□□□□□□The audits will be conducted monthly. •□□□□□□□□By February 13, 2026 all employee files will be audited for and have completed the appropriate Infection Control training from CDC.	

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	Findings include: Employee #5 (E5) E5 was hired on 12/03/24 as a Resident Assistant. E5's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 1/28/26 11:00 AM, the Administrator acknowledged E5’s missing infection control training and was unable to provide the documentation. Employee #7 (E7) E7 was hired on 10/09/23 as a Resident Assistant. E7's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 1/28/26 11:00 AM, the Administrator acknowledged E7’s missing infection control training and was unable to provide the documentation. Employee #8 (E8) E8 was hired on 03/21/25 as a Resident Assistant. E8's file lacked documented evidence of 2025 annual infection control training through a nationally recognized			

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	organization. On 1/28/26 11:00 AM, the Administrator acknowledged E8's missing infection control training and was unable to provide the documentation. Employee #9 (E9) E9 was hired on 12/20/21 as a Resident Assistant. E9's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 1/28/26 11:00 AM, the Administrator acknowledged E9's missing infection control training and was unable to provide the documentation. Employee #10 (E10) E10 was hired on 04/28/25 as a Resident Assistant. E10's file lacked documented evidence of 2025 annual infection control training through a nationally recognized organization. On 1/28/26 11:00 AM, the Administrator acknowledged E10's missing infection control training and was unable to provide the documentation. Severity: 2 Scope: 2			