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
	9830	A. BUILDING _____ B. WING _____	05/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SPRINGS ASSISTED LIVING & MEMORY CARE	8720 W FLAMINGO RD, LAS VEGAS, NEVADA ,89147

(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 grading and infection control survey conducted at your facility on 05/10/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 127 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's Disease, and/or persons with Chronic Illness, Category II residents. The census at the time of survey was 70. 15 resident files and 10 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 investigation, 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		
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 05/10/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 2. Major Violations: a. The drain pipes from the ice machine and soda machine were extended and resting inside the basin of the floor sink. Severity: 2 Scope: 1	0255	Heritage Springs will comply with the standards of NAC 446. a. The drain pipes from the ice machine and soda machine were extended and resting inside the basin of the floor sink. 05.10.2023 - Corrected the same day. Extensions were removed and a photo of correction was e-mailed to Dominick DiFranco. 05.10.2023 - In-serviced associate that installed the extensions of standards of NAC related to drainage. Dining Supervisor will check draining weekly to ensure compliance.	05/10/2023

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ESMERALDA MONICA DE LA TORRE	Title: Executive Director	Date: 05/19/2023