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 _____	07/01/2024

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 a State Licensure voluntary grading resurvey completed at your facility on 07/01/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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, Category II residents. The census at the time of the survey was 72. Five resident files and five 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		
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured in a locked area. Findings include: On 07/01/24 in the morning, there was a bottle of perfume unsecured underneath the bathroom sink of room #135. The sink cabinet was equipped with a lock but was unsecured and accessible to residents. On 07/01/24 in the morning, a Caregiver acknowledged the bathroom sink cabinet in room #135 was not locked and that the toxic substance was accessible to residents. Severity: 2 Scope: 3	0999	Toxic substance was secured on 07/01/2024 - Staff was in-serviced on Alzheimer's Care Standards for Safety NAC 449.2756 and R043-22, resident safety and maintaining cabinets remain locked to ensure substances that may be toxic are not accessible to residents. Additonal In-service will be completed at the All Staff Meeting July 22, 2024. Memory Care Director and/or designee will do daily rounds and Administrator will complete random rounds for continued compliance.	07/01/2024

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: 07/08/2024