STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10448	A. BUILDING _____ B. WING _____	09/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF THE LAKES	3250 S. FORT APACHE ROAD, 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. 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 a complaint investigation and an annual survey completed in your facility on 09/01/26. The facility was licensed for 110 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services and 30 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 108. Twenty five resident files and eight employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint#14097 was unsubstantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of grooming and physical appearance for residents, pressure sore treatment, staff to resident interactions, residents receiving care and a tour of the facility. Interviews were conducted with the resident of concern, residents, a Caregiver, Medication Technicians, the Health Services Director, the Administrator and a Board-Certified Family Nurse Practitioner. Clinical Record Review of twenty five records.			

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	Document Review included employee schedules, resident council meeting minutes and facility policy and procedures.			
Y 0515 SS= D	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will	Y 0515	1. 1 Resident had chronic wounds as reflected on the December 2025 Service Plan 2. 2.. The June Service Plan showed wounds were healed 3. 3. A Skin assessment & Braden Pressure ScaleAssessment was completed on 7/23/2026 4. 4. An updated Service plan was completed on9/11/2026 5. 5. Health Services Director or designee to monitorany residents with wounds and ensure that the Service Plan reflects the currentcondition of the wounds 6. 6. Executive Director to spot check residents withwounds to ensure Service Plan accuracy	09/17/2026

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	ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on interview and record review, the facility failed to ensure an individualized care plan was updated to include documentation of service provisions for a resident who had wounds and was receiving wound care services. (Resident #16) Findings include: Resident #16 (R16) R16 was admitted to the facility on 04/25/25 with diagnoses including cerebral infraction and obesity. R16's file revealed a Person-Centered Service plan dated 06/01/26. R16's 06/01/26 Person Centered Service Plan failed to document R16 had wounds and was receiving wound care services from Home Health. R16's file documented R16 had a sacral wound and was receiving wound care from a local wound care agency. R16's provider documented the wound was from friction from a wheelchair and not ambulating. On 09/03/26 in the afternoon, a Nurse Practitioner verified R16 had wounds and the wounds were improving. On 09/03/26 in the afternoon, the Administrator acknowledged R16's 06/01/26 plan of care lacked documented evidence			

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	that R16 had wounds and R16 required wound care from home health. According to the Administrator, R16's developed wounds after R16's 06/01/26 plan of care was written. Severity: 2 Scope: 1			
Y 0620 SS= D	NAC 449.2702 and R089-24 4. Except as otherwise provided in this section and NAC 449.2736 and 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services; (h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's	Y 0620	1. 1. A bedfast exemption was applied for on 9/1/2026 2. 2. A bedfast exemption was received on 9/4/2026 3. 3. Health Services Director to work closely withany Hospice residents to comply with bedfast exemption policies 4. 4. Executive Director to review weekly with HealthServices Director any residents that may be approaching this status	09/17/2026

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	disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the			

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	resident's freedom of movement or the resident's normal access to his or her body. Reference - R089-24 Sec. 9. "Bedfast" means: 1. Incapable of changing his or her position in bed without the assistance of another person; or 2. Immobile. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain an exemption to retain a resident who was bedfast, for 1 of 25 residents (Resident #10). Findings include: Resident #10 (R10) was admitted on 05/01/26 with hypertension and chronic heart failure. On 09/01/26 in the afternoon, R10 was observed lying flat on their back in bed and was unable to turn on their side without staff assistance. On 09/01/26 in the afternoon, R10 and a registered nurse indicated R10 could not turn on their side without staff assistance. Review of R10's medical records lacked documented evidence of an bedfast exemption to retain R10 in the facility. On 09/01/26 in the afternoon, the Health and Services Director confirmed R10 was bedfast and the facility had not applied for an exemption for R10 to remain in the facility. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742	Y 0878	1. 1. A medication refresher training will be held on9/15/2026 for all Medication	09/17/2026

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	5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and,		technicians 2. 2. Agenda will include reviewing the Six Rights ofMedication Administration and Oakmont Management Groups Medication ErrorsPolicy 3. 3. All Medication Technicians involved inincorrectly passing the medication received written disciplinary actions 4. 4. Health Services Director to review medications 5. 5. Executive Director to spot check medications forcompliance	

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	within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interviews and record review the facility failed to ensure medications were administered according to physicians' orders for 1 of 25 sampled residents. (Resident #15) Findings include: Resident #15 (R15) R15 was admitted on 03/04/26 with diagnoses including diabetes and hypertension. On 09/01/26 in the morning, the medication cart had a medication package labeled risperidone 0.25 milligram tablet, take one tablet by mouth two times daily for R15. R15's August 2026 MAR's documented risperidone 0.5 milligram tablet, take one tablet by mouth every day. R15's record documented a physician's order for risperidone 0.5 milligram tablet, take one tablet by mouth every day dated 08/05/26. The Medication Technician acknowledged R15's risperidone was not being administered their risperidone as prescribed. Severity: 2 Scope: 1			
Y 0930 SS= D	NAC 449.2749	Y 0930	1. 1. Health Services Director to	09/17/2026

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	Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:		communicate withPhysician for an updated Physical Examination 2. 2. An audit of all residents' charts will becompleted and a spreadsheet established to ensure compliance of all residentphysicals 3. 3. Health Services Director or designee to checkResident Charts for compliance monthly 4. 4. Executive Director to spot check files monthlyto ensure compliance	

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	(1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than			

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	once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his			

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	capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed annually for 2 of 25 residents (Resident #22 and #24). Findings include: Resident #22 (R22) R22 was admitted on 02/25/2020 with diagnoses including chronic obstructive pulmonary disease, hyperlipidemia, and hypothyroidism. R22's file documented a physical examination on 07/09/2024. There was no documented evidence of an annual physical examination in 2026. Resident #24 (R24) R24 was admitted on 06/10/2025 with diagnoses including hypothyroidism and dementia without behavioral disturbances. R24's file documented a physical examination on 06/10/2025. There was no documented evidence of an annual physical examination in 2026. On 09/01/2026 in the afternoon, the Health Services Director could not provide documentations for a 2026 physical examination for R22 and R24. Severity: 2 Scope: 1			