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
	10602	A. BUILDING _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALTERRA SENIOR LIVING AT LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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 0000- No 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. The RFG was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation survey completed at your facility on 06/24/26 in accordance with Nevada Administrative Code, chapter 449,and Nevada revised statues chapter 449 Residential Facility for Groups (RFG),medical facilities and other related entities. The census at the time of the survey was nine. Six resident files were reviewed. The sample size was five (including the Resident of Concern). The facility received a grade of A. On 06/24/26 a tour was completed in the facility and observations were made of the care and services provided. The facility was at the appropriate temperature with all utilities in working order. All residents were happy and doing either activities, eating in	RFG 0000- No Deficiencies		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10602	A. BUILDING _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALTERRA SENIOR LIVING AT LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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
	the dining room or hanging out in the lounge area watching television. The facility was properly staffed in the Memory Care unit and the assisted Living unit. Interviews were conducted with residents who had no issues with staff, services being provided or meals. Staff had no issues with providing services or had any concerns at this time. There was one complaint investigated. Unsubstantiated: Complaint #NV00013348 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of facility environment, physical appearance of residents, meal observation, medication pass and tour of the facility. Interviews were conductedwith residents, Administrator, Business Office Manager. Clinical Record Review of six records. Document Review of correspondences from facility to discharged resident. No regulatory deficiencies were identified. No further action is necessary.			