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 _____	08/26/2026

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 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 survey completed at your facility on 08/26/26. The facility is licensed for 126 total Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons and assisted living services (92 residents) with Alzheimer's disease (34 residents), Category II residents. The census at the time of the survey was 67. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A.			
Y 0255 SS= F	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	Y 0255	#1a As of 08/27/26, all food items in the kitchen were inspected and all expired items were discarded. The cook's daily checklist was updated to require review of expiration dates and disposal of items that are expired or on their expiration date. The Dining Services Director will verify completion of the daily checklist and monitor compliance with food-storage and sanitation practices. The General Manager will provide oversight in accordance with the Company Food and Beverage Policy. #1b As of 08/27/26, all eggs in the kitchen were pasteurized. As of	09/01/2026

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	and local fire safety authorities. Inspector Comments: Based on observation on 08/26/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The following items were observed to be past the expiration date: turkey gravy concentration labeled use by 07/22/26; lemon juice expired on 04/17/26 and had an open date of 08/22/26; two containers of sour cream were expired 08/11/26 and 08/25/26; and a squeeze bottle with ranch labeled use by 08/17/26. b. Raw shell eggs were used to cook eggs to order with runny or undercooked yolk. c. In the deli prep refrigerator, raw shell eggs were stored in the top portion above plates, raw ground beef, and raw salmon. The raw ground beef was stored above raw salmon and plates. 2. Major Violations: a. At the time of inspection, there was no certified food protection manager on site and there was a lack of managerial oversight for food safety practices based on the observed violations. b. Multiple items throughout the kitchen were not properly labeled or dated: multiple different condiments, pasta salad, sausage links, cinnamon sugar, an uncovered cake, and multiple uncovered bowls of ice cream. c. A scoop was stored in a bulk container of sugar with the handle touching the product. d. The cutting boards on the deli prep		08/28/26, all kitchen staff were educated that only pasteurized eggs may be used in the kitchen. The Dining Services Director will monitor purchasing, receiving, and storage to verify that only pasteurized eggs are maintained and used. The General Manage rwill provide oversight in accordance with the Company Food and Beverage Policy. #1c As of 08/27/26, all kitchen staff were trained to store raw animal products below ready-to-eat foods, clean plates, and other items that will not receive additional cooking. Raw animal products will be arranged according to required cooking temperatures to reduce the risk of cross-contamination. The Dining Services Director will monitor storage practices through routine kitchen inspections. The General Manager will provide oversight in accordance with the Company Food and Beverage Policy. #2a As of 08/30/26, three cooks agreed to obtain Certified Food Protection Manager certification. Certification is scheduled for completion by 09/30/26. The kitchen will maintain at least one Certified Food Protection Manager on site whenever the kitchen is open. The General Manager will ensure sufficient certified staff are scheduled to maintain required coverage and that certification records remain current. #2b As of 08/27/26, all kitchen staff were retrained on the proper labeling, dating, and covering of food items. The daily AM/PM checklist was updated to include verification that food is labeled, dated, and covered appropriately. The Dining Services Director will review the AM/PM checklist and correct any identified concerns. Monitoring and record retention will be completed in	

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	refrigerator and steam table were heavily stained. e. There was grime build-up on the plastic shield in the interior of the ice machine. f. The following non-food contact surfaces were soiled: the left cook's line ventilation hood filters were heavily soiled with grease, and the memory care refrigerator/freezer was heavily soiled with spillage. g. There was debris build-up along the coving tiles throughout the kitchen. h. There was dust build-up around the ceiling air vents throughout the kitchen. 3. Equipment and Maintenance Violations: a. The drain lines from the dish machine and 3-compartment sink extended into floor sinks. Severity: 2 Scope: 3		accordance with the Company Food and Beverage Policy and applicable regulations. #2c As of 08/27/26, all kitchen staff were retrained not to store scoops in or on bulk-food containers. Scoops will be stored separately and removed immediately after each use. The daily AM/PM checklist was updated to verify that scoops are not stored in or on bulk containers. The Dining Services Director will review the AM/PM checklist and monitor ongoing compliance. #2d As of 09/01/26, replacement cutting boards for the deli preparation area were ordered. They are anticipated to arrive by 09/15/26 and will be installed immediately upon receipt. The Dining Services Director will verify installation and routinely inspect cutting boards and other food-contact surfaces for condition and sanitation. #2e As of 08/27/26, the ice machine was thoroughly cleaned. The monthly Plant Operations checklist was updated to include ice-machine cleaning. The Plant Operations Manager will verify completion of the monthly cleaning task. The General Manager and Dining Services Director will ensure sanitation monitoring is completed in accordance with the Company Food and Beverage Policy. #2f-1 As of 08/28/26, the left cook's-line ventilation hood filters were cleaned and were free of grease. The monthly cleaning checklist was updated to specifically include. The Dining Services Director will verify completion of the monthly cleaning checklist and monitor the condition of the hood filters. #2f-2 As of 08/27/26, the memory care refrigerator/freezer was cleaned. The memory care daily cleaning checklist was updated to include cleaning of the refrigerator/freezer. The Memory Care	

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			Director will verify completion of the daily cleaning checklist. #2g As of 08/28/26, the coving tiles throughout the kitchen were cleaned and were free of debris. The daily AM/PM checklist was updated to include cleaning of kitchen coving. The Dining Services Director will verify completion of the AM/PM checklist and monitor the coving for cleanliness. #2h As of 08/28/26, the ceiling air vents were cleaned and were free of dust build-up. The monthly cleaning checklist was updated to specifically include ceiling-air-vent cleaning. The Dining Services Director will verify completion of the monthly cleaning checklist and monitor the vents for cleanliness. #3a As of 09/01/26, Ecolab shortened the dish-machine drain line to maintain a 1-inchair gap. A plumber is scheduled to raise the drain line for the three-compartment sink no later than 09/18/26. The Plant Operations Manager will verify completion of the plumbing correction and monitor drain lines for continued compliance.	
Y 1010 SS= F	NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an	Y 1010	The facility is opting to remove the mental illness endorsement from its license. This request was made 09/09/26 (reference #390406). The Administrator will oversee completion of the endorsement-removal process and maintain supporting documentation.	09/09/2026

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	existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. 3. As used in this section, “residential facility for persons with mental illnesses” means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on record review and interview, the facility failed to ensure 10 of 10 sampled employees received eight hours of mental illness training within 60 days of employment (Employee #1, Employee #2, Employee #3, Employee #4, Employee #5, Employee #6, Employee #7, Employee #8, Employee #9 and Employee #10). Findings include: Employee #1 (E1) E1 was hired on 07/29/24 as the Administrator. E1’s file lacked documented evidence of eight hours of mental illness training. Employee #2 (E2) E2 was hired on 08/26/24 as the Wellness Director.			

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	E2's file lacked documented evidence of eight hours of mental illness training. Employee #3 (E3) E3 was hired on 02/16/26 as the Memory Care Director. E3's file lacked documented evidence of eight hours of mental illness training. Employee #4(E4) E4 was hired on 03/17/26 as a Caregiver. E4's file lacked documented evidence of eight hours of mental illness training. Employee #5 (E5) E5 was hired on 01/21/25 as a Medication Technician. E5's file lacked documented evidence of eight hours of mental illness training. Employee #6 (E6) E6 was hired on 10/29/24 as a Caregiver. E6's file lacked documented evidence of eight hours of mental illness training. Employee #7 (E7) E7 was hired on 02/19/29 as a Caregiver. E7's file lacked documented evidence of eight hours of mental illness training. Employee #8 (E8) E8 was hired on 09/24/24 as a Medication Technician. E8's file lacked documented evidence			

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	of eight hours of mental illness training. Employee #9 (E9) E9 was hired on 09/03/24 as a Medication Technician. E9's file lacked documented evidence of eight hours of mental illness training. Employee #10 (E10) E10 was hired on 01/19/26 as a Caregiver. E10's file lacked documented evidence of eight hours of mental illness training. On 08/26/26 in the afternoon, the Business Office Manager acknowledged the missing mental illness training for E1, E2, E3, E4, E5, E6, E7, E8, E9 and E10 and was unable to provide the documentation. Severity: 2 Scope:3			
Y 1825 SS= F	**NAC 449.0109 Designation and training of person responsible for infection control.** 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	Y 1825	As of 09/08/26, Employee #1 and Employee #2 had each completed 17 hours of infection-control training through the CDC. The annual training checklist was updated to require 15 hours of approved infection-control training for the designated primary and secondary infection-control staff. The Business Office Manager will verify annual completion of the required 15 hours of approved infection-control training and maintain training records.	09/08/2026

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	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 interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #1 and Employee #2). Findings include: Employee #1 (E1): E1 was hired on 07/29/24 as the Administrator.			

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	E1 was identified as the primary infection control manager for the facility. E1's file revealed infection control training dated 03/13/24 and lacked documented evidence of the required 15 hours of annual infection control training in 2025 and 2026. Employee #2 (E2) E2 was hired on 08/26/24 as the Wellness Director. E2 was identified as the secondary infection control manager for the facility. E2's file lacked documented evidence of the required 15 hours of annual infection control training. On 08/26/26 in the morning, the Administrator confirmed E1 and E2 were the primary and secondary infection control managers, had not completed a total of 15 hours of annual approved infection control training in the past 12 months and was unaware of the annual requirement. Severity: 2 Scope:3			