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
	10625	A. BUILDING _____ B. WING _____	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF LAS VEGAS	3185 E. FLAMINGO ROAD, LAS VEGAS, NEVADA ,89121

(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 05/12/26. The facility is licensed for 150 Residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illnesses, and/or persons with Alzheimer's disease, and/or Assisted Living Services, Category II residents. The census at the time of the survey was 100. Twenty resident files and ten employee files were reviewed. The facility received a grade of A.			

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Y 0179 SS= F	NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure residents' windows had screens to prevent the entry of insects. Findings include: On 05/12/26 in the morning during a facility perimeter walk, 25 of the 202 resident and activity room windows were observed to have either no screens, damaged screens, or screens which had been removed and were propped up against the building. The Maintenance Director viewed and acknowledged the windows which did not have screens. The Maintenance Director explained that the screens had been subject to wear and tear, and that replacing the screens was a current project for the facility. The Maintenance Director agreed that intact screens on windows were important for keeping insects out of the building. Severity: 2 Scope: 3	Y 0179	1. Community has a vendor that will make 26 window screens. See attached vendor invoice. 2. Maintenance Director will walk the outside of the community to ensure that all opening windows have a screen on a routine monthly basis and add this to TELS as a monthly task. 3. Maintenance Director will walk the outside of the community to ensure that all opening windows have a screen on a routine monthly basis and add this to TELS as a monthly task. 4. Executive Director and Maintenance Director will monitor for compliance. 5.Scheduled completion date 06.16.2026.	06/04/2026