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 |
|---|---|---|---|
| | 11014 | A. BUILDING _____ B. WING _____ | 06/25/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SANA LIVING, AN AFFILIATE OF WC HEALTH | 5975 W. TWAIN AVENUE, LAS VEGAS, NEVADA ,89103 |

| (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 |
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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.<br><br>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.<br><br>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.<br><br>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.<br><br>Inspector Comments:<br><br>The Statement of Deficiencies was generated as a result of a complaint investigation survey completed in your facility on 06/25/26, in accordance with Nevada Administrative Code, Chapter 449, and Nevada Revised Statutes Chapter 449 - Residential Facility for Groups.<br><br>The census was 88.<br><br>The sample size was five.<br><br>The facility received a grade of A.<br><br>There were three complaints investigated.<br><br>Substantiated:<br><br>1. Complaint #13682 was substantiated. (See TAG #172)<br><br>Unsubstantiated:<br><br>2. Complaint #13679 could not be substantiated. There were no deficiencies identified.<br><br>3. Complaint #13710 could not be substantiated. There were no deficiencies identified.<br><br>The investigation into the complaints included:<br><br>Observations of resident beds, staffing, interactions between staff and residents, residents receiving care, call pendant | | | |

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| | response times, resident lunch meal service to a resident room.<br><br>Interviews were conducted with residents, including the residents of concern, Caregivers, a resident companion, the Dietary Manager, the Business Office Manager, the Health Care Coordinator and the Administrator.<br><br>Clinical Record Review of five resident records, including the residents of concern.<br><br>Document Review of facility policies and procedures, admission documents, Incident Reports and Staffing Schedules. | | | |
| Y 0172 SS= D | NAC 449.209<br><br>2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility.<br><br>3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an | Y 0172 | 1. Bed Rail was repaired that day by maintenance.<br>2. The change was we inspected the bed rail that day and tightened the bolt.<br>3. We will monitor this bed rail by lettings the resident know he can ask us for help with repairs to the bed rail.<br>4. This bed rail repair was implemented by the administrator requesting maintenance to repair.<br>5. 7/30/2026 date completed<br>6. Repair completed by maintenance log<br>7. We have a maintenance log that all the residents are aware of and request repairs. This log is in place to keep hazards from impeding free movement | 07/30/2026 |

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| | enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.<br><br>4. To the extentpracticable, the premises of the facility must be kept free from:<br><br>(a) Offensive odors;<br><br>(b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility;<br><br>(c) Insects and rodents; and<br><br>(d) Accumulations of dirt, garbage and other refuse.<br><br>5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.<br><br>Inspector Comments:<br><br>Based on observation, document review, interview and record review, the facility failed to ensure a resident's bedrail was appropriately attached to the bed, preventing a hazard for 1 of 5 resident's use. (Resident #5)<br><br>Findings include:<br><br>Resident #5 (R5) | | | |

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| | R5 was admitted on 01/29/26 with diagnoses including heart disease, acute kidney failure, polyneuropathy, anemia and atrial fibrillation.<br><br>R5's Physician Assessment and the Resident Assessment dated 01/29/26, documented R5 required assistance with transfers and use of assistive devices at all times. R5 had mild impairment and may need occasional guidance.<br><br>On 06/25/26 at 9:40 AM, R5's bed was observed tilted/leaning to the right. R5 demonstrated the left bedrail was wobbly, making it difficult for R5 to get a firm enough grip to elevate themselves in the bed using the bedrail.<br><br>On 06/25/26 at 9:45 AM, R5 reported their bed was leaning to the right and did not elevate upon command and the bedrail was weak. R5 explained they could get out of the bed but the bedrail was wobbly. R5 verbalized they complained about the bed and bedrail when they were admitted, however the maintenance representative was of no assistance.<br><br>On 06/25/26 in the morning, a resident advocate for R5 confirmed R5's bedrail had been broken for some time and no one had done anything about it.<br><br>On 06/25/26 in the morning, the Administrator reported an unawareness of any ongoing issue with R5's bed andverbalized the facility could probably find another bed for R5 to use while the facility was trying to get a properbed through the Veterans Affairs (VA) channels.<br><br>On 06/25/26 in the morning, the Health Care Coordinator reported to obtain a new bed for R5 the Veterans Affairs had to notify R5's home health agency and coordinate with facility maintenance and the Administrator. | | | |

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| | On 06/25/26, there were no orders or paperwork provided to address R5's bed and/or bedrail.<br><br>The facility's Bed Rail Policy (undated), documented half-length or assist rails may be used to aid mobility when clinically appropriate. Ongoing monitoring was required to ensure continued safety. Any incidents related to bed rail use must be documented and reported. Staff must be trained in proper installation, monitoring and documentation of bed rail use.<br><br>On 06/25/26 in the morning, the Health Care Coordinator acknowledged R5's broken bedrail and confirmed the bedrail should have attached firmly to the bed.<br><br>Severity: 2 Scope: 1 | | | |