

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11118	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2026
NAME OF PROVIDER OR SUPPLIER ESCALANTE AT THE LAKES		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: JAMES A COX
REPRESENTATIVE'S SIGNATURE

Title: RFA #9405

Date: 07/10/2026

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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 mandatory regrading and Complaint Investigation surveys, completed at your facility on 06/24/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons, with endorsements for Alzheimer's disease and Category II residents. The census at the time of the survey was 51. Five resident files and six employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint #13709 was substantiated. (See Tag Y1200). Unsubstantiated: 2. Complaint #13749 could not be substantiated. No regulatory deficiencies were found. The investigation of Complaints included: Observation of staff/resident interactions, resident hygiene, no odors, medications being administered and no resident with injuries or bruises. Interviews were conducted with the Executive Director, Medication Aides, Resident Services Coordinator, Caregiver, Personal Care Attendants and residents.			

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	Clinical record review of five resident records, including the residents of concern. Document review of facility policies and procedures, staff schedule and incident reports			
Y 0850 SS= D	NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the	Y 0850	The Executive Director and/or designee will ensure that each resident receives and has documented a comprehensive skin integrity assessment upon admission to identify existing skin concerns and risk factors for pressure injury. (Please note R1 wounds, documented in these deficiencies have healed and she remains stable and predictable). Care staff will perform ongoing skin observations during bathing, personal care, and ADL assistance, reporting any concerns or changes in skin condition to the Health Services Director (HSD) or designee as appropriate. The HSD will ensure timely assessment and implementation of appropriate interventions, including notification of the resident's physician, responsible party, and third-party providers when indicated. All assessments, interventions, and notifications will be documented in the resident's electronic health record. Residents identified as being at increased risk for pressure injuries will receive individualized preventive interventions, including routine repositioning, pressure-relieving devices as appropriate, skin monitoring, nutritional support, hydration, and ongoing care plan review. Care staff will promptly report any concerns or observations related to skin integrity to the Health Services Director or designee. The HSD, Executive Director, and Administrator will review resident care, documentation, and interventions as appropriate to ensure compliance with physician orders, care plans, and facility policy. Any identified concerns will be addressed immediately through corrective action and staff education as needed.	07/09/2026

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	members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure appropriate resident care was provided to reduce risk of a resident developing a bed sore, for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 12/14/25 with diagnoses of dementia. Review of R1's care plan dated 12/18/25 documented R1 had no skin issues and no pressure sores. Care plan for R1 dated 06/08/26 documented R1 had a stage one pressure sore. Hospice admission document for R1 documented R1 had no skin issues or pressure sores. Hospice orders dated 03/06/26 documented R1 had a pressure sore and should be turned every two hours. On 06/24/26 at 11:46 AM, a caregiver revealed R1 developed a bed sore while in the facility. Facility policy Pressure Sore Prevention and Wound Care Coordination, undated, documents assess each resident's skin condition with routine skin checks during bathing and activities of daily living care. Implement preventive measures for at risk residents. Document repositioning schedules and skin observations in the resident record. Caregivers shall document skin observations and delegated supportive care each shift. Review of R1's record did not document skin checks or			

STATE FORM

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