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
	11522	A. BUILDING _____ B. WING _____	09/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKEY ASSISTED LIVING	3900 W OAKEY BLVD, LAS VEGAS, NEVADA ,89102

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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. 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 a complain investigation completed in your facility on 09/24/2026. The census at the time of the survey was 99. The sample size was six. There was one complaint investigated. Substantiated: 1. Complaint #NV00014229 was substantiated. (See Tag Y0620) The investigation of the complaint included: Observations of residents and bed rails on resident beds. Interviews were conducted with residents, Caregivers, Wellness Director, Administrator, and Consulting Administrator. Record Review of resident files including facility care plan, hospice care plans, and bedfast medical exemptions. Document Review included facility policies and emails.			
Y 0620 SS= E	NAC 449.2702 and R089-24 4. Except as otherwise provided in this section and NAC 449.2736 and 449.275, a residential facility shall not admit or allow to remain in the facility any person who:	Y 0620	1) We have corrected the deficiency by submitting a Hospice POC waiver request for R6 and Home Health POC request for R2. R6 approval is attached (see #6 below). We have received a Provisional Waiver for R2 but we have sent back the POC which states the meaning of Bedfast was indeed spelled out in the resident Plan of Care for Home Health that is attached. 2) We have completed a Bedfast Resident Assessment Tool to help assist those staff	10/09/2026

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	(a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; (d) Requires skilled nursing or other medical supervision on a 24-hour basis; (e) Requires gastrostomy care; (f) Requires vacuum-assisted wound closure therapy; (g) Requires dialysis, if the person is unable to leave the facility to obtain dialysis services; (h) Suffers from a serious staphylococcus infection or other serious infection; or (i) Suffers from any other serious medical condition or requires care not described in NAC 449.2712 to 449.2734, inclusive. 5. A residential facility that provides care to persons with Alzheimer's disease or other severe dementia, as described in paragraph (a) of subsection 2 of NRS 449.1845, may admit or retain a resident who requires confinement in locked quarters. 6. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident		members who need to determine if a Bedfast waiver is needed. As this tool will mostly be used for those residents who may be bedbound but have not yet been assessed as needing a waiver, because they have become bedfast over time. 3) This tool will also be used on all new residents who are to be admitted in a bedbound condition. Since differing opinions might be in play as to who is bedfast or not, this tool should cut through those opinions and dictate who we are requesting a waiver for. 4) The Care Director will be responsible for implementing this POC. 5) September 29, 2026 for R6 (pending R2 by 10/09/2026). 6) R6 Waiver approval uploaded & Bedfast Assessment Tool has also been uploaded. We have also added the Provisional Waiver for R2 an d expecting a full 12 month exemption to follow.	

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	suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing. 7. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. 8. As used in this section, "restraint" means: (a) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (b) A manual method for restricting a resident's freedom of movement or the resident's normal access to his or her body; or (c) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or the resident's normal access to his or her body. Reference - R089-24 Sec. 9. "Bedfast" means: 1. Incapable of changing his or her position in bed without the assistance of another person; or 2. Immobile. Inspector Comments: Based on observation, interview, record review and document review, the facility failed to obtain a waiver to retain residents who were			

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	bedfast for 2 of 6 sampled residents (Resident #2 and #6). Findings include: Resident #2 (R2) R2 was admitted on 08/13/2025 with diagnoses including spinal stenosis arthritis, chronic obstructive pulmonary disease, type 2 diabetes, and hypertension. On 09/24/2026 in the morning, R2 was observed lying on their back in bed. R2 verbalized they were unable to turn on their side without caregiver assistance because of R2's spinal stenosis arthritis making it difficult to move their back. R2's file lacked documented evidence of an approved bedfast medical exemption. Resident #6 (R6) R6 was admitted on 07/19/2026 with diagnoses including bipolar disorder with psychosis, Alzheimer's disease, and atherosclerotic heart disease of native coronary artery without angina pectoris. On 09/24/2026 in the morning, R6 was observed sleeping on their back in bed. R6 remained sleeping throughout the survey. R6's Care Plan dated 07/25/2026 documented total assistance with positioning and assistance with re-positioning for comfort in bed daily as needed. Bedfast Resident Assessment & Determination Tool not filled out for September 2026. R6's Hospice Care Plan dated 09/02/2026 documented bedbound status and totally dependent for all activities of daily living due to advanced cognitive and functional decline. R6's file lacked documented evidence of an approved bedfast medical exemption. On 09/24/2026 in the morning, two caregivers explained they would assist			

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	turning R6 in their bed every two hours. The two caregivers confirmed R6 was bedfast. The two caregivers confirmed R6 would sleep for the majority of the day. On 09/24/2026 in the morning, the Wellness Director acknowledged they would assist turning R2 and R6 every two hours and confirmed R2 and R6 were bedfast. The Wellness Director confirmed R6 would sleep for the majority of the day. On 09/24/2026 in the afternoon, the Administrator acknowledged R2 and R6 were bedfast and required assistance in turning and was unable to provide documentation of an approved bedfast medical exemption for R2 and R6. Facility policy of bedridden status included a residential facility shall not admit or allow to remain in the facility a person who was bedfast unless the Division had granted a request to retain a resident who was on hospice care. Facility policy about allowable health conditions included except as otherwise provided in regulations, a residential facility shall not admit or allow to remain in the facility any person who was bedfast. Severity: 2 Scope: 2 Complaint #NV00014229			