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
	11754	A. BUILDING _____ B. WING _____	08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW TERRACE RETIREMENT COMMUNITY	**180 VILLE DRIVE, BOULDER CITY, NEVADA ,89005**

(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 0000- No 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, 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. The facility was found to be in substantial compliance. No regulatory deficiencies were identified. No further action is necessary. Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 08/24/26. The census at the time of the survey was 72. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint #14036 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of grooming and physical appearance for residents, and a tour of the facility. Interviews were conducted with residents, Resident Assistants, Med Techs, the House Service Director, and the Administrator. Clinical Record Review of five records,	RFG 0000- No Deficiencies		

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	which included the residents of concern. Document Review included a review of the facility's call bell response log.			