STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3643	A. BUILDING _____ B. WING _____	08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	5544 SURREY STREET, LAS VEGAS, NEVADA ,89119

(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 State Licensure and complaint investigation surveys completed at your facility on 08/25/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint #13637 was could not be substantiated. No deficiencies were identified. The investigation of the complaint included. Observations of doorbell at entrance to the facility, working thermostats and appropriate temperature in the facility. Interviews were conducted with caregivers and residents. Clinical record review of seven resident's records, including the resident of concern. Document review including maintenance reports, incident reports and grievances.			
Y 0106 SS= F	NAC 449.0113 and R089-24 2. The personnel file for a caregiver of a	Y 0106	Both E3 & E4 immediately attended a hands on CPR train course [completed 08/31/2026]	08/31/2026

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	residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation in accordance with the requirements of section 2 of R089-24; **Reference - R089-24 Sec. 2**. 1. A person who is required by this chapter to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation may complete any training, course or program to become certified or to renew certification, as applicable, through: (a) In-person instruction only; (b) A combination of in-person instruction and virtual or electronic instruction, if interactive, hands-on skills training or skills verification is provided in person; or (c) Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded. 2. If a certificate is earned in accordance with the requirements of subsection 1, the Division shall accept a certificate issued by the American Red Cross, the American Heart Association, the Health and Safety Institute or another similar nationally recognized organization as proof of certification or renewal of certification. Inspector Comments: Based on interview and document review, the facility failed to ensure 2 of 5 employees received cardiopulmonary resuscitation (CPR) training with a hands-on component (Employee#3 and Employee#4).		Administrator will monitor to ensure that all employees attend CPR training courses with specific Hands-On, in person training	

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	Findings include: Employee #3 (E3) E3 was hired on 07/02/23, as a Caregiver. Review of E3 employee record documented CPR training was completed online on 11/13/24 and did not include a hands-on component. Employee #4 (E4) E4 was hired in 2021 as a Caregiver. Review of E4 employee record documented CPR training was completed online on 02/07/25 and did not include a hands-on component. On 08/25/26 in the morning, a Caregiver confirmed E3 and E4 completed CPR training online and it did not contain a hands-on component. Severity: 2 Scope: 2			