STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4000	A. BUILDING _____ B. WING _____	07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMM	10401 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89135

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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 an annual survey completed in your facility on 07/08/26. The facility is licensed for 76 Residential Facility for Group beds for elderly and disabled persons, assisted living services, and/or persons with Alzheimer's disease, and/or persons with intellectual disability, Category II residents. The census at the time of the survey was 71. 15 resident files and ten employee files were reviewed. The facility received a grade of A.			
Y 0106 SS= D	**NAC 449.0113 and R089-24** 2. The personnel file for a caregiver of a 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	Y 0106	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* *0106* *What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:*	07/31/2026

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	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 record review and interview, the facility failed to ensure 1 of 10 sampled employees received retraining in cardiopulmonary resuscitation (CPR) and first aid training. (Employee #3) Employee #3 (E3) E3 was hired on 02/09/26 as the Assisted Living Manager. E3's file revealed initial CPR and first aid training was completed on 06/30/24 and expired on 06/30/26. E3's file lacked documented evidence of CPR and first aid retraining.		Regarding Team Member # 3, this team member completed the First Aid/ CPR class and provided a certificate to HR for her File on 07/09/26 and was allowed to return to work at that time. *How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents have the potential to be affected by this practice. The HR Director/ designee has completed a review of all team members requiring CPR and all CPR cards are current as of 7/17/26. *What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* The Administrator/ designee is conducting in-services for all Leadership and direct care staff to ensure that they understand the provisions of the regulations and that there is no grace period First aid/CPR certification. It must be current and renewed timely and that the training meets the criterion spelled out in the regulation. *How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* The HR Director or designee will complete an on-going audit to monitor when Team Member CPR certifications are coming due in the next month. Monthly at compliance meetings, the Administrator and Director of Wellness will review upcoming renewals and will hold Team members accountable for compliance. If not compliant the Team Member will be removed from the schedule. *Responsible person :* Administrator	

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	On 07/08/26 in the afternoon, the Administrator acknowledged E3's CPR and first aid training were expired. Severity: 2 Scope: 1		*Completion Date:* 7/31/26	
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the	Y 0878	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* *0878* *What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* Regarding Resident #10, The bottle of CoQ10, 100 mg capsules was removed from the cart and replaced on 7/08/26 after the survey team pointed out the error. The order now matches the label on the bottle. The physician and Family have now been notified of the error. *How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents have the potential to be affected by this practice. A 100% audit of all carts was completed by 7/13/26 to verify that the dosage noted on the bottles of all Over the counter meds matched the physician orders and the MARS. Any non-compliance was corrected immediately.	07/26/2026

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	medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a medication was given in accordance with physician orders for 1 of 15 residents (Resident #10). Findings include: Resident #10 (R10) was admitted on 11/12/25 with diagnosis of dementia. Review of R10's medical record documented physician's order dated 11/12/25 of CoQ10, 200 milligram (mg) capsule, take one capsule by mouth daily. On 07/08/26 in the morning, a bottle of CoQ10, 100 mg capsules were found on the medication cart for R10, with a hand-written label that documented to give one 100 mg capsule to R10 daily. On 071/08/26 in the morning, a Medication Technician confirmed the physician's orders for R10's CoQ10 documented 200 mg, but the label on the bottle documented 100 mg. The Medication Technician indicated they		*What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* Licensed Nurses/Med Techs are being re-educated by the Administrator/Director of Wellness on the provisions of NAC 449.2742. and the standards of care related to verifying correct Dose and following the 6 rights of Medication Administration to ensure following the Physicians Order of any medication including OTCs. Any discrepancies between the Order/MAR and the OTC label should be reported and corrected immediately. *How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* The Wellness Director or designee will complete weekly audits x 4 weeks and then at least monthly audits thereafter, of each Medication cart to verify ALL OTC bottles are labeled consistent with Physician orders/ MARS. Any non-compliance will be reported immediately to the Administrator and corrected immediately. *Responsible Person :* Director of Wellness *Completion Date:* 7/26/26	

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	were unsure if R10 received a 100 mg or 200 mg dose. Severity: 2 Scope: 1			
Y 1825 SS= E	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be	Y 1825	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* *1825* *What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* Regarding Team Member # 3, this team member completed required 15 hours of approved Infection Control training as of 7/17/26 and her employee file now contains the certificate. This allows her to act as the secondary infection control staff. *How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents have the potential to be affected by this practice. A review by the administrator shows that currently we meet the regulations with a Primary Infection Control person, The Director of Wellness and the secondary as the Assisted Living Manager and they have the required hours of training as of 7/17/26. *What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* The Administrator reviewed the provisions	07/19/2026

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	maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control staff completed 15 hours of approved infection control training (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 02/09/26 as the Assisted Living Manager. On 07/08/26 in the morning, the Wellness Director identified E3 as the secondary infection control staff. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 07/08/26 in the afternoon, the Administrator confirmed E3 had not completed the required 15 hours of infection control and prevention training from an approved organization. Severity: 2 Scope: 2		of NAC 449.0109 with both the Director of Wellness and the Assisted Living Manager to ensure understanding of the requirements of the Primary and Secondary Infection Control Staff including the initial 15 hours of education from an approved organization and the annual 15-hour training requirement. *How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* The Administrator will conduct at least every 6-month reviews of the Infection Control Program, to include verifying educational compliance for both the Primary and secondary Infection Control staff. Any non-compliance will be corrected Immediately. *Responsible person :* Administrator *Completion Date:* 7/19/26	