STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410	A. BUILDING _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT SPRINGS SENIOR LIVING	6650 W FLAMINGO RD, LAS VEGAS, NEVADA ,89103

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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 complaint investigation survey and an annual survey initiated at your facility on 05/18/26 in accordance with Nevada Administrative Code, chapter 449, and Nevada revised statues chapter 449 Residential Facility for Groups (RFG), medical facilities and other related entities. The facility is licensed for 125 Residential Facility for persons with elderly and disabled and/or persons with mental illness, Category I and Category II residents. The census at the time of the survey was 117. Twenty-five resident files and ten employee files were reviewed. The facility received a grade of A. There were five complaints investigated. Unsubstantiated: 1. Complaint #NV00013218 was unsubstantiated. Substantiated: 2. Complaint #NV00013257 was substantiated. (See Tag 0393) 3. Complaint #NV00013258 was substantiated. (See Tag 0393) Substantiated without deficient practice: 4. Complaint #12823 was substantiated			

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	with no deficient practice. 5. Complaint #13420 was substantiated with no deficient practice. The investigation of Complaints included: Observation of precautions in place for fall prevention, residents not wandering or exit seeking, electrical outlet covers, call light response times, and a tour of the facility. Interviews were conducted with residents, the Wellness Coordinator, the Wellness Director, the maintenance director, caregivers, medication technicians and the Administrator. Clinical Record Review of 26 records, which included the resident(s) of concern. Document Review included facility policy and procedures, call bell report, maintenance logs and the facility's falls report.			
Y 0393 SS= F	NAC 449.226 **Safety requirement: Auditory systems for bathrooms and bedrooms -More than 10 residents** 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member	Y 0393	The Deficiencies related to Call Light Response Time will be corrected in the following manner: 1.All Caregiving Staff will have a "Beeper" which receives all call lights when initiated. Staff will respond to the room to respond to the call lights, and if the resident is not in their room, they will search and find the resident and provide needed care. 2.The Call Light System has a Computer Monitor at the Front Desk and this will be monitored by the Front Desk and Caregiving Staff. As the Call System permits, an additional Large Screen Monitor will be mounted in the Wellness Office for additional Monitoring and ensuring calls are answered. 3.A 4th Caregiver will be available for the waking hours (7am-8pm), as the schedule permits, to add additional staff for responding to call lights and other caregiving duties. 4.Extra Laundry and Shower Staff will be used as the schedule and staffing permits, to free up Caregivers for answering Call Lights.	06/24/2026

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	of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure call lights were answered in a timely manner and per the facility policy's expectation. Findings include: Resident#1 (R1) (ROC) R1 was admitted on 12/12/25 with diagnoses including cerebral infarction without residual deficits and coronary artery dissection. R1 stated the response time was not always timely and the staff answered the call light about half the time in 10 minutes or less. R1 relayed use of the call light only a few times. On 05/18/26 in the morning, the Wellness Coordinator stated the facility attempted to respond to call lights as soon as possible and they utilized radios to dispatch staff to answer call lights. The call light system was monitored from the front desk and the front desk communicated with the caregiving staff by pager. On 05/18/26 in the morning, the Wellness Director relayed the facility attempted to answer call lights in a timely manner and as soon as possible. On 05/18/26 in the afternoon, the		5.The Policy for Call Lights at Desert Springs has been updated to better reflect the NAC 449.226. 6.A Training will be held on June 26, 2026 and this Plan of Corrective Action will be Trained on. The Call Light System will be monitored by the Administrator and Wellness Director and will delegate the monitoring to the Front Desk Staff and/or the Caregiving Staff.	

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	Administrator relayed the facility's response time goal was under 10 minutes. On 05/18/26 in the morning, the facility's call light policy revealed the facility's goal for responding to each call light was under 10 minutes and resident potentially could receive assistance after 10 minutes during times where high caregiving is being provided to other residents. Documentation review of the call bell log also revealed thirty-eight instances of extended call bell response times of over 30 minutes. On 05/17/26 for room #234, response time was 1 hour, 21 minutes and 02 seconds. On 05/17/26 for room #343, response time was 57 minutes and 04 seconds. On 05/17/26 for room #162, response time was 1 hour, 27 minutes and 14 seconds. On 05/17/26 for room #123, response time was 2 hours, 22 minutes and 49 seconds. On 05/17/26 for room #137, response time was 34 minutes and 57 seconds. On 05/17/26 for room #220, response time was 38 minutes and 01 seconds. On 05/17/26 for room #322, response time was 36 minutes and 11 seconds. On 05/17/26 for room #236, response time was 49 minutes and 12 seconds. On 05/17/26 for room #137, response time was 47 minutes and 27 seconds.			

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	On 05/17/26 for room #318, response time was 39 minutes and 39 seconds. On 05/17/26 for room #162, response time was 32 minutes and 11 seconds. On 05/17/26 for room #137, response time was 40 minutes and 42 seconds. On 05/17/26 for room #258, response time was 38 minutes and 07 seconds. On 05/17/26 for room #142, response time was 35 minutes and 21 seconds. On 05/17/26 for room #162, response time was 1 hour, 00 minutes and 54 seconds. On 05/17/26 for room #138, response time was 42 minutes and 44 seconds. On 05/17/26 for room #352, response time was 43 minutes and 28 seconds. On 05/17/26 for room #137, response time was 43 minutes and 21 seconds. On 05/17/26 for room #162, response time was 34 minutes and 49 seconds. On 05/17/26 for room #254, response time was 36 minutes and 48 seconds. On 05/17/26 for room #154, response time was 1 hour, 17 minutes and 26 seconds. On 05/17/26 for room #151, response time was 1 hour, 23 minutes and 41 seconds. On 05/17/26 for room #352, response time was 1 hour, 53 minutes and 13 seconds. On 05/17/26 for room #322, response time was 33 minutes and 11 seconds.			

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	On 05/17/26 for room #137, response time was 40 minutes and 42 seconds. On 05/18/26 for room #308, response time was 1 hour, 29 minutes and 45 seconds. On 05/18/26 for room #163, response time was 34 minutes and 32 seconds. On 05/18/26 for room #316, response time was 31 minutes and 51 seconds. On 05/18/26 for room #202, response time was 51 minutes and 05 seconds. On 05/18/26 for room #352, response time was 49 minutes and 46 seconds. On 05/18/26 for room #244, response time was 59 minutes and 19 seconds. On 05/18/26 for room #162, response time was 50 minutes and 10 seconds. On 05/18/26 for room #137, response time was 46 minutes and 25 seconds. On 05/18/26 for room #316, response time was 34 minutes and 05 seconds. On 05/18/26 for room #162, response time was 34 minutes and 55 seconds. On 05/18/26 for room #216, response time was 39 minutes and 50 seconds. On 05/18/26 for room #123, response time was 1 hour, 09 minutes and 13 seconds. On 05/18/26 for room #110, response time was 2 hours, 10 minutes and 36 seconds. On 05/18/26 in the afternoon, the Administrator acknowledged call light response times were outside the			

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	facility's expected goal of ten minutes. On 05/21/26 in the morning, the Administrator acknowledged that a call response time of over half an hour or an hour would be an unreasonable response time for a resident, who had experienced a fall or other unsafe situation which required immediate help. Severity:2 Scope: 3 CPT#13257			