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

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

(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 State licensure survey conducted in your facility on 08/24/26, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility was licensed for 125 Residential Facility for Group beds for elderly and disabled persons and/or requiring assisted living services and/or with mental illnesses, 125 Category-II residents. The facility has applied for a twelve-bed increase and was approved to add twelve group beds which provide services for elderly and disabled persons and/or persons requiring assisted living services and/or with mental illnesses, for a total of 137 Category-II beds. The census at the time of the survey was 118. The sample size was five. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: Complaint #NV00013762	RFG 0000- No Deficiencies		

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	The investigation of Complaint included: Observation of medication administration to residents, interactions between staff and residents, residents in their rooms, and physical environment. Interviews were conducted with residents, Caregivers, Wellness Director, the Maintenance Manager, and the Administrator. Document review of physician notes, hospital records, Resident Medication Administration Records, incident reports for May, June, and July, resident progress notes, and Administrator notes. Interviews with five residents, which included the resident of concern, one caregiver, two medication technicians, the Maintenance Director, the Wellness Director and the Administrator. Clinical record review of one record, which included the resident of concern. Document review included facility policy and procedures.			