STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7545	A. BUILDING _____ B. WING _____	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107

(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 survey completed at your facility on 06/15/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Individuals with Intellectual Disabilities and/or Mental Illness, three Category I and seven Category II residents. The census at the time of the survey was ten. Ten resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0430	**NAC 449.229 Protection from fire; plans for evacuation; emergency drills; testing, inspection and recordkeeping.** 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. 3. An exit door in a residential facility must	Y 0430	1: On June16, 2026 calls were placed to the Fire Marshal to request revisions to the Certificate of Compliance for Hastings House. ASI was advised that only a State Agency could make a request for revisions. This information was provided to the inspector prior to the conclusion of the survey. Inspector provided ASI with additional information and a contact at the Bureau of Healthcare Quality and Compliance on 6/26/2026. An email was sent on that date requesting guidance on making the required corrections. NVHA HCQC Licensing responded requesting additional information on 6/29/2026 which was immediately provided. No further instruction was received. A follow up email was again sent on 7/10/2026 requesting resolution as well as a call placed to the Health Facilities Licensing Unit. An additional follow up call was placed to HCQC on 7/10/2026. On 7/13/2026 a revised Certificate of Compliance from the Nevada State Fire Marshal was received by the Administrator via email and was posted at Hastings House. 2: Corrected version of the Certificate of Compliance will be displayed ongoing. Any	07/13/2026

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HASTINGS HOUSE	**3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107**

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	not be equipped with a lock that requires a key to open it from the inside unless approved by the State Fire Marshal or his or her designee. Inspector Comments: Based on document review and interview, the facility failed to ensure the Certificate of Compliance issued by the Nevada State Fire Marshall correctly identified the licensed and approved use of the facility. Findings include: The Certificate of Compliance issued by the Nevada State Fire Marshall on 03/15/23 did not contain verbiage stating the endorsements of Mental Illness and Intellectual Disabilities, for which the facility was licensed by the Bureau of Healthcare Quality and Compliance. On 06/15/26 in the morning, the Administrator acknowledged the facility's Certificate of Compliance did not specify the Use of the facility according to the licensure approved for the facility by HCQC.		changes to our approved endorsements will be reported to Nevada Fire Marshal for amendments to the Certificate of Compliance 3: Certificate of Compliance will be prominently displayed in its revised form. Should any endorsements change a request for a new Certificate of Compliance will be requested. 4: Administrator 5: Completed 7/13/2026 6: Attached are copies of email correspondence requesting changes 7: All other certificates are in compliance 8: N/A	