STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9444	A. BUILDING _____ B. WING _____	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA COURT ASSISTED LIVING	3985 SOUTH PEARL STREET, LAS VEGAS, NEVADA ,89121-7205

(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 a complaint investigation and an annual survey conducted at your facility on 06/01/26 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 69 Residential Facility for persons with elderly and disabled and/or persons with mental illness, Category II residents. The census at the time ofthe survey was 66. Fifteen resident files and ten employee files were reviewed. The facility received a grade of A. There were two complaints investigated. Unsubstantiated: 1. Complaint #NV13688 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV13349 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observations included interactions between staff and residents, use of Hoyer lift, trash and laundry in resident rooms, staffing levels and a tour of the facility. Interviews were conducted with residents,			

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	caregivers, a Medication Technician, the Wellness Director, the Maintenance Director and the Wellness Coordinator. Clinical Record Review of five records, which included the resident(s) of concern. Document Review included facility policy and procedures, employee training, the facility's grievance and resolution log, staffing schedules, a sample resident agreement and the resident select services list.			
Y 0255 SS= E	NAC 449.217 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 06/01/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In a reach-in refrigerator, an open container of sour cream was covered with plastic wrap and dated 04/20/26. In dry	Y 0255	# Deficiency The facility failed to ensure the kitchen and supportivedining services complied with NAC 446 standards. Findings included expired foodproducts, grease accumulation on cooking equipment, soiled cabinets andrefrigeration units, and food debris on kitchen floors. # 1. Corrective Action for Affected Areas •□□□□□□Immediately upon notification of the deficiency,the Dietary Manager conducted a comprehensive inspection of the kitchen andfood storage areas. •□□□□□□The expired sour cream and expired thickenedapple juice products were discarded immediately. •□□□□□□All food storage areas were inspected toidentify and remove any additional expired food items. •□□□□□□A deep cleaning of the kitchen was completed,including removal of grease buildup from cooking equipment,	06/07/2026

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	storage, a box containing multiple thickened apple juice containers were expired 05/19/26. 2. Major Violations: a. There was heavy grease build-up on the range above the griddle and on the sides of cooking equipment. b. The exterior and interior of cabinets and the inside of reach-in units were soiled with debris and spillage. c. The floors throughout the kitchen were soiled with food debris underneath tables and equipment. Severity: 2 Scope: 2		cleaning andsanitizing cabinets and refrigeration units, and thorough floor cleaningthroughout the kitchen. •□□□□□□Completion Date: June 7, 2026 **2. Identification of Other Areas Potentially Affected** •□□□□□□A facility-wide audit of all food storagelocations, refrigerators, freezers, and dry storage areas was completed. •□□□□□□All kitchen equipment and food preparation areaswere inspected for cleanliness and sanitation compliance. •□□□□□□Any findings identified during the audit werecorrected immediately. •□□□□□□Completion Date: June 7, 2026 **3. Systemic Changes to Prevent Recurrence** •□□□□□□Food storage and sanitation procedures werereviewed and reinforced in accordance with NAC 446 requirements. •□□□□□□A daily kitchen sanitation checklist wasimplemented to verify food expiration dates, cleanliness of storage areas,equipment, and floors. •□□□□□□Dietary staff received re-education regardingfood storage, labeling, expiration date monitoring, infection control,sanitation standards, and cleaning expectations.	

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			•□□□□□□The Dietary Manager will maintain cleaning logsand expiration-date audit logs. •□□□□□□Completion Date: June 7, 2026 **4. Monitoring to Ensure Ongoing Compliance** •□□□□□□The Dietary Manager will conduct and documentdaily kitchen sanitation audits for 30 days. •□□□□□□The Executive Director or designee will conductweekly audits for 4 weeks. •□□□□□□Kitchen sanitation, food storage compliance,expiration date audits, and corrective actions will be reviewed monthly. Responsible Persons: Executive Director, Dietary Manager,Maintenance Director Alleged Compliance Date: June 7, 2026	