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
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	**7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147**

(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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147

(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
	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 completed in your facility on 08/06/2026. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00014196 was substantiated. (See Tag Y0181) The investigation of the complaint included: Observation of temperatures, residents, and showers. Interviews were conducted with the residents, Caregiver, House Manager, and Assistant Administrator. Document Review included action plan.			
Y 0181 SS= I	NAC 449.209 8. The temperature in the facility must be maintained at a level that is not less than68 degrees Fahrenheit and not more than 82 degrees Fahrenheit Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure the air conditioning (AC) unit was in working order to maintain temperatures between 68 degrees	Y 0181	1. The Assistant Administrator called an Air conditioning rental company to have portable AC units delivered same day. She also called the AC repair technician to check the units. 2. The AC repair technician changed the circuit breaker and cleaned the units and requested regular check up of the units. 3. The administrator and/or designee will check the thermostats in the house daily to make sure temperature is within the acceptable range. 4. The administrator and/or designee will make sure POC is implemented. 5. August 8, 2026.	08/08/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147

(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
	Fahrenheit (°F) and 82 °F for the majority of the facility. Findings include: On 08/06/2026 in the evening, the facility's thermostat read 68 °F. The facility felt warmer than 68 °F. There were fans in the residents' rooms and ice water by their bedsides. The temperatures were recorded in six resident's rooms, the kitchen, and the living room: - Resident room #1 = 63.1 °F - Resident room #2 = 84.3 °F - Resident room #3 = 84.9 °F - Resident room #4 = 87.6 °F - Resident room #5 = 89.0 °F - Resident room #6 = 75.9 °F - Kitchen = 88.1 °F - Living Room = 92.8 °F On 08/06/2026 in the evening, a caregiver explained two resident rooms (#1 and #6) were being serviced by another AC unit. This AC unit was not cooling the rest of the resident rooms (Rooms 2, 3,4 and 5), Living room and kitchen. The documented outdoor temperatures from 8/2/26 to 8/6/26 in the Las Vegas area were as follows: - 08/02/2026 = 113 °F - 08/03/2026 = 113 °F		6. Please see pictures of the thermostats, and room temperatures.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147

(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
	- 08/04/2026 = 112 °F - 08/05/2026 = 112 °F - 08/06/2026 = 107 °F On 08/06/2026 in the evening, the facility provided a text conversation dated 07/26/2026 between the AC repairman and the Assistant Administrator which documented the AC needed some parts replaced but the unit was still functioning on that day. On 08/06/2026 in the evening, the Assistant Administrator verbalized the AC company would need to come out mid-August to replace the parts. No definite date had been set. On 08/06/2026 in the evening, the Assistant Administrator acknowledged when the AC unit quit working on 08/02/2026 the owners called the AC repair company to repair the facility's AC, but the AC repairman verbalized they had multiple appointments and had to wait until the attic of the facility was below 110 °F. There was no documented evidence that the facility followed up with the AC repairman or had contacted another AC company to see if they could get the unit repaired more quickly when it quit working on 08/02/2026. There was no documented evidence that the facility had tried to purchase or rent portable AC units to ensure the temperature of the home was kept below 82 °F per regulation. On 08/06/2026 in the evening, Resident #2(R2), Resident #3(R3), and Resident #4(R4) acknowledged being hot in their bedrooms (Rooms #3, #4, and #5)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147

(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
	since last week. R2, R3, and R4 verbalized they were uncomfortable in their bedroom since the AC broke on 08/02/2026. The residents acknowledged the facility provided fans in their bedrooms and regularly brought ice water to them. On 08/06/2026 in the evening, Resident #5(R5) in room #6 acknowledged the temperature was fine in their bedroom but would like it cooler. R5 verbalized they were somewhat uncomfortable in their bedroom since the AC broke on 08/02/2026. R5 acknowledged the facility provided fans in their bedroom and regularly brought ice water to them. On 08/06/2026 in the evening, Resident #1(R1) in room #1 acknowledged being cool in their bedroom but verbalized the other residents had been complaining about the heat in their bedrooms since last week. R1 verbalized they were comfortable in their bedroom since the AC broke on 08/02/2026. R1 acknowledged the facility provided fans in their bedroom and regularly brought ice water to them. On 08/06/2026 in the evening, the Assistant Administrator acknowledged the AC had not been working at the facility since 08/02/2026. The facility had provided fans and ice water for the residents while waiting to coordinate an appointment with the original AC repairman to fix the AC. On 08/06/2026 in the evening, the House Manager and a Caregiver acknowledged the AC had not been working at the facility since 08/02/2026 and the facility had been hot since then. They verbalized placing fans in each of the residents' rooms and giving ice			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9505	A. BUILDING _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147

(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
	water to the residents on a regular basis every day. On 08/06/2026 in the evening, the House Manager explained since the dining area was hot the residents had to take all meals in their rooms beginning when the AC quit working on 08/02/2026. On 08/06/2026 in the evening, the Assistant Administrator paid an AC rental company for the delivery of six portable AC units and the AC rental company installed one portable AC unit in each of the resident's bedrooms. On 08/06/2026 in the evening, the Assistant Administrator acknowledged the facility failed to maintain temperatures between 68 °F and 82 °F for the majority of the facility. Severity: 3 Scope: 3 Complaint #NV00014196			