

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2021
NAME OF PROVIDER OR SUPPLIER VILLA COURT ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3985 SOUTH PEARL STREET, LAS VEGAS, NEVADA ,89121-7205	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Complaint Investigation survey conducted at your facility on 12/30/20 through 01/05/21, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for 64 Residential Facility for Groups with endorsements for Assisted Living and chronic illness. The census at the beginning of the survey was 50. The facility received a grade of A. Three complaints were investigated: Complaint #NV00062682 with seven allegations was not substantiated: Allegation #1: Employees are being told to transfer back and forth between two facilities (Assisted Living and Memory Care) and there is COVID-19 being spread between the facilities was not substantiated based on review of the staffing schedules for December 2020, and interviews with four employees, the Wellness Director, and the Administrator. Allegation #2: Employees are not being provided with masks was not substantiated based on observation of all staff wearing face masks, observation of 779 surgical face masks available, and interviews with two Caregivers, one Medication Technician, one Housekeeper, the Administrator, and the Director of Maintenance, who verified staff were provided with face masks. Allegation #3: The facility is not keeping track or reporting employees with COVID-19 symptoms was not substantiated based on review of facility's REDCAP documentation submitted to the Office of Public Health Investigation and Epidemiology (OPHIE), review of Employee COVID-19 Screening Logs, and interview with the Administrator. Allegation #4: The facility is not checking temperatures was not substantiated based on the Health Facilities Inspector (Inspector) received a temperature check prior to entry, review of the Employee COVID-19 Screening Logs, and interviews with eight			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SAMANTHA WILLIAMS

Title: Executive Director

Date: 01/26/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2021	
NAME OF PROVIDER OR SUPPLIER VILLA COURT ASSISTED LIVING AND MEMORY CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
	residents, the front desk Receptionist, the Wellness Director, and four employees. Allegation #5: Employees show symptoms of COVID-19 but are still coming to work was not substantiated based on observation and interviews of six employees, the Director of Maintenance, the Administrator, and the Wellness Director, and review of the December 2020 staffing schedule cross referenced with the Employee COVID-19 Screening Logs. Allegation #6: The heat was out for one day was not substantiated based on interviews with the Director of Maintenance, the Administrator, four employees, and eight residents, who reported the heating system was functional and the facility was not cold. Allegation #7: There is an on-going problem with the dishwasher flooding in the kitchen was not substantiated based on successful test of the dishwasher and drainage system, and interviews with two dietary employees and the Director of Maintenance. The investigation into these allegations included: Observations, tour of the facility, and room inspections. Observations of COVID-19 screening of persons entering the facility. Interviews with the Administrator, the Director of Maintenance, the Wellness Director, two Dietary employees, four Caregivers, one Housekeeper, eight residents, and the front desk Receptionist. Document review included the Infection Control and Prevention Plan, screening forms, staffing schedules for the Assisted Living facility and the Memory Care facility, PPE inventory and ordering records, and reporting documentation to the Office of Public Health Investigations and Epidemiology (OPHIE). Complaint #NV00062662 with four allegations was not substantiated: Allegation #1: Staff members mistreat residents was not substantiated based on observations of care provided and interviews with eight residents who reported staff were kind. Allegation #2: Rooms are often filthy and smell like urine was not substantiated based on observation of 12						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2021
NAME OF PROVIDER OR SUPPLIER VILLA COURT ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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
	resident rooms, interviews with eight residents, and interviews with the Director of Maintenance, one Housekeeper, and four employees. Allegation #3: Caregivers are not wearing appropriate PPE when they enter a resident's room with COVID-19 was not substantiated based on interview with four employees and the Director of Maintenance, and review of the PPE supply list with the burn rate for N95 masks, gowns, and gloves. Allegation #4: Caregivers are stealing from resident rooms was not substantiated based on interviews with eight residents and review of the facility grievances with the Administrator. The investigation into these allegations included: Observations, tour of the facility, and 12 resident room inspections. Interviews with the Administrator, the Director of Maintenance, the Wellness Director, two Dietary employees, four Caregivers, one Housekeeper, eight residents, and the front Receptionist. Document review included the Infection Control and Prevention Plan, PPE inventory and ordering records. Complaint #NV00062540 with three allegations was not substantiated: Allegation #1: A resident's room is dirty was not substantiated based on observations of 12 resident rooms (including the resident room in question), interviews with the Director of Maintenance, one Housekeeper, and eight residents. Allegation #2: Medications were found in a resident's trash and on the floor was not substantiated based on observation of 12 resident rooms (including the resident room in question) and interviews with the Administrator and Wellness Director. Allegation #3: Resident falls were not reported was not substantiated based on interviews with the Administrator and the Wellness Director, and review of the facility's Falls Log. The investigation into these allegations included: Observations and tour of the facility and inspection of 12 resident rooms. Interviews were conducted with the Administrator, the Wellness Director, eight residents, six employees,			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2021
NAME OF PROVIDER OR SUPPLIER VILLA COURT ASSISTED LIVING AND MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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
0174 SS= D	and one Housekeeper. A regulatory deficiency not related to the complaint allegations was identified during the course of the complaint investigation survey. See TAG Y174. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified: Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were free from a foul odor. Findings include: On 12/30/20 at 2:00 PM, there was a strong, foul odor present in the hallway adjacent to Room 55. A Housekeeper confirmed the foul odor was a regular, ongoing problem and reported they tried to deodorize the area during daily rounds, but the odor did not go away. The Director of Maintenance stated the foul odor had been a regular, ongoing problem for months. The Director of Maintenance and the Administrator had tried to use an odor control device to eliminate the odor, with no success. The Administrator acknowledged the facility did not identify and take action for the root cause of the odor. Severity: 2 Scope: 1	0174	0174 Health & Sanitation-odors-hazards-insects-dirt How the facility will correct the findings stated in the SOD Critical Violation. • ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Odor was identified, (resident room 55) has underlined health problems that causes him to have a strong yeast odor that cannot be avoided, and has been refusing to comply with recommendations to take frequent showers by his provider. • ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Resident 55 was given a 30 day notice. • ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Resident's provider and state social worker are helping us to find placement for him. What measures will be put into place or systematic changes will be made to ensure the deficient practice will not recur? • ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Going forward, to ensure Villa Court is in compliance Wellness Director/ED has re-trained ALL staff	01/21/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2021	
NAME OF PROVIDER OR SUPPLIER VILLA COURT ASSISTED LIVING AND MEMORY CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
			with the recommendations from NV public health department guidelines. • ☐ ☐ ☐ ☐ ☐ ☐ ☐ Villa Court will be diligent in reminding its residents of the importance of bodily hygiene and the effects of mal bodily odors, not only to themselves but their fellow neighbors. How will the facility monitor the system and who is the responsible party for monitoring compliance with the correction action? • ☐ ☐ ☐ ☐ ☐ ☐ ☐ Following the processes outlined above Wellness Director in conjunction with care staff and housekeeping will monitor the system, Executive Director will be responsible for monitoring compliance. Date of correction • ☐ ☐ ☐ ☐ ☐ ☐ ☐ 01/21/2021				