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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**01/20/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE OF MONACO - SECTION 10	**7460 PALMYRA AVE, LAS VEGAS, NEVADA ,89117**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 01/20/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The facility received a grade of A. The census at the time of the survey was eight. The sample size was eight residents. One complaint was investigated. Complaint #NV00062872 with two allegations was unsubstantiated. Allegation #1 - Resident was administered medication without physician's orders was unsubstantiated based on review of Medication Administration Records (MAR) for all residents, observation of secured medication storage room, and interviews with the facility's Owner and caregivers. Allegation #2 - Resident fell due to being overmedicated was unsubstantiated based on no sufficient evidence to support resident was overmedicated by facility employees. The investigation into the allegations included: - Record review of eight resident files, including the resident of concern. Incident reports, physician orders, toxicology reports, standard assessment form for cognitive safety, activities of daily living reports. - Record review of two employee files, medication management trainings. - Review of MARs for eight residents - Interviews with the Owner, two caregivers, physical therapist and registered nurse assigned to the resident of concern. - Observation of secured medication room and medications for eight residents, including the resident of concern. 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 investigations, actions or other claims for relief that may be available to any party	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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.

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	under applicable federal, state, or local laws. There were no regulatory deficiencies identified. Please retain a copy for your records.			