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 _____ | **07/05/2022** |

| 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 07/05/22, 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 ten. One complaint was investigated. Complaint #NV00066562 with one allegations was unsubstantiated. Allegation #1. A caregiver loudly clapped their hands inches from the face of a resident and yelled at them to pay attention was unsubstantiated based on observation of staff and residents interactions which did not show any negligence or maltreatment of residents by staff. Interviews with two Caregivers and three residents indicated staff were pleasant and this type of behavior was not observed. The facility provided the Caregiver with additional training and education, however there was a lack of evidence to indicate the Caregiver yelled at or was disrespectful toward the resident. The investigation into the allegations included: -Observation of staff and resident interactions. -Record review of four resident files for documentation of injuries or unexplained condition changes, including the resident of concern. -Record review of five employee files including elder abuse training and documentation of counseling's. -Review of facility policy on abuse and incident reports. -Interviews with two caregivers, a Social Worker and three residents. 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 under applicable federal, state, or local laws. There were no regulatory deficiencies | 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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| | identified. Please retain a copy for your records. | | | |