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 _____	**08/03/2023**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation initiated at your facility on 08/03/23 and concluded on 08/04/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was eight. The sample was nine residents and six employees. The facility received a grade of A. There was one complaint investigated: Unverified: Complaint #NV00068890 could not be verified. No regulatory deficiencies could be identified. The investigation into the complaint included: Observation of eight residents receiving care and assistance by caregivers, activities, snacks, and redirection as necessary. Review of a video recording of the Resident of Concern and a Caregiver. Interviews were conducted with the Administrator, the Manager, three Caregivers, and four residents. Clinical record review of nine residents, including the Resident of Concern. Document review of Resident Rights, incident reports, facility policies regarding behavior management of persons with dementia and elder abuse. Review of six employee records, including training for care of persons with dementia, elder abuse identification and prevention training, caregiver training, and background checks. 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 deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EDWIN CB VALENTIN Title: Administrator Date: 08/18/2023

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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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to provide physical examination results upon admission for 1 of 9 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/30/23 and was discharged on 06/20/23. There was no documented evidence of a physical examination completed by a physician for R1. On 08/03/23 at 12:00 PM, the Administrator and the Manager acknowledged there was no physical examination with diagnoses and physician assessment for R1. Severity: 2 Scope: 1	0859	0859- MEDICAL CARE OF RESIDENT AFTER ILLNESS. A) Resident #1 who was admitted on 4/30/2023 and discharged on 6/20/2023, the facility was unable to obtained a physical examination from Primary Care Physician prior to admission. B) Whenever a resident is admitted in the facility, a physical examination with diagnosis and physical assessment will be obtained from Primary Care Physician prior to admission. The House Manager and/or Administrator will monitor for compliant. C) 8/04/2023	08/18/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as	0878	0878- MEDICATION/OTC's, SUPPLEMENTS, CHANGE ORDERS. A) A physician order is already corrected in the Medication Administration Order for resident #2. Buspirone 5 mg tablet, take one tablet by mouth twice a day. * Pls see attached documents. B) Whenever there is a change in medication order from Primary Care Physician (PCP), the medication order will be written in the Medication administration Record(MAR) exactly the same as written. The House Manager/Administrator will monitor for compliant. C) 8/04/2023	08/18/2023

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	otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview and record review, the facility failed to ensure physician's orders were followed for 1 of 9 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 01/30/23 with diagnoses including Parkinson's dementia, diabetes mellitus, and hypertension. The Physician's Order dated 08/01/23 documented Buspirone, five milligrams (mg), one tablet twice daily. The Medication Administration Record (MAR) for August 2023 documented the Buspirone was administered only once daily at 7:00 AM on 08/01/23 and 08/02/23. On 08/03/23 at 12:00 PM, the Manager acknowledged the Buspirone should have been administered twice a day. Severity: 2 Scope: 1			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to provide tuberculin (TB) testing for 1 of 9 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 03/14/20 with diagnoses including dementia and chronic kidney disease. There was no documented evidence of annual TB test results for R7. The most recent documented TB test was a Quantiferon test dated 02/04/22, negative results. On 08/03/23 at 12:00 PM, the Manager confirmed R7's file lacked annual TB test results. Severity: 2 Scope: 1	0936	0936- MAITENANCE AND CONTENTS OF SEPERATE FILES. A) A 2 step TB test has been administered to resident # 7. * please see attached documents. B) All residents annual TB test will be administered prior to expiration date. A check list to all residents will be reviewed every 6 months. The house manager/administrator will monitor for compliant. C) 8/04/2023	08/18/2023