STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6261	A. BUILDING _____ B. WING _____	07/30/2024

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 an annual State Licensure survey completed at your facility on 07/30/24 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 elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of A. 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. The following regulatory deficiencies were identified:	0000		
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 07/13/23, with diagnoses including Alzheimer's, gout, incontinence, dysphagia, and Bell's palsy. R1's file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 10/27/23, with diagnoses including hypokalemia, hypothyroidism, hypertension, and a history	0515	TAG 515 - SUPERVISION AND TREAMENT OF RESIDENTS. A) Residents 1,2,3,4,5,6, person centered service plan is completed signed by the patient/POA and facility staff. Signed person centered service plan document is filed in patient's binder. ***Please see attached documents*** B) Whenever a patient is admitted in the facility, a person centered service plan will be included in the admission pocket signed by the POA/patient and the admitting facility staff. Person centered service plan will be followed for each individual patient. The Administrator and the lead caregiver will monitor for compliant. C) 8/03/2024	08/03/2024

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	of falls. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 06/19/24, with diagnoses including atrial fibrillation, brain atrophy, and depression. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 12/20/21, with diagnoses including Alzheimer's, hypertension, and chronic obstructive pulmonary disease. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 03/15/24, with diagnoses including hemiplegia and hemiparesis after cerebral infraction. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 07/29/24, with diagnoses including chronic heart failure, hypertension, polyneuropathy, chronic kidney disease, and functional quadriplegia. R6's file lacked a person-centered service plan. On 07/30/24 in the afternoon, the Caregiver on site confirmed R1, R2, R3, R4, R5, R6, and R7's files did not have person-centered service plans. Severity: 1 Scope: 3			

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1820 SS= C	Infection Control Policy - Infection Control Policy LCB File No. R048-22 Sec. 5. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. Inspector Comments: Based on record review and interview, the facility failed to adopt an infection control policy. Findings include: On 07/30/24 in the afternoon, a review of facility policies and procedures lacked documented evidence of an infection control policy. On 07/30/24 in the afternoon, the Caregiver on site acknowledged the lack of an infection control policy developed specifically for the facility. Severity: 1 Scope: 3	1820	TAG 1820 - INFECTION CONTROL POLICY. A) Infection control policy has been adopt/developed for the facility. *** Please attached documents *** B) Whenever a patient is admitted to the facility, an infection control policy that is adopted/developed will be presented to the POA/patient by the admitting staff and will be included in the admission pocket to ensure that infection control is practice in the facility. The Administrator and the infection control designee will monitor for compliant. C) 8/01/2024	08/01/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to list the primary and secondary infection control managers and to ensure the secondary infection control designee completed 15 hours of infection control training from a nationally recognized organization (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 01/21/24 as a Caregiver. E2's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 07/30/24 in the afternoon, E2 confirmed the designation of who the primary and secondary infection control managers had not been completed and15 hours of infection control training regarding the control and prevention of infections from an approved organization had not been completed for E2. Severity: 2 Scope: 1	1830	TAG 1830 - INFECTION CONTROL REQUIRED TRAINING. A) A list of primary infection control manager (Edwin Valentin) and secondary infection control manager (Rosalina Sabado-Juan) has been addressed. A 15 hours infection control training for the managers has been completed from CDC, a nationally recognized organization and is filed in the caregiver binder. *** Please see attached documents*** B) Whenever a patient is admitted to the facility, a list of infection control managers will be included in the admission pocket for information to the family members and the patient to ensure that the facility is practicing infection control. A training certificates will be done every year from a nationally recognized organization. The administrator will monitor for compliant. C) 8/16/2024	08/16/2024