Division of Public and Behavioral Health

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 _____	08/11/2025

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 08/11/25 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 seven. Seven resident files and six employee files were reviewed. The facility received a grade of B. 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		
0356 SS= D	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. Inspector Comments: Based on observation and interview the facility failed to ensure one resident bathroom door was equipped with a single motion lock. Findings include: On 08/11/25 in the morning, it was observed that the resident bathroom door near bedroom #3 had a lock which required more than one motion to unlock the door leading to the interior of the facility from the bathrooms. On 08/11/25 in the morning, the Caregiver acknowledged the double motion lock on the door and verbalized being unaware the bathroom door had a single motion lock. Severity: 2 Scope: 1	0356	TAG 0356---BATHROOM AND TOILET FACILITIES A) Bathroom doorknob near room #3 has been changed to single motion to open door. A key is always available to unlock from the outside. * Please see attached documents. B) All bathroom door lock will be checked every six months to ensure all door locks can be unlock to single motion. The administrator will monitor for compliant. C) 8/20/2025	08/20/2025

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EDWIN VALENTIN Title: Administrator Date: 08/21/2025

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 _____	08/11/2025

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
0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a Foley catheter and received wound care for 1 of 7 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 06/19/24 with diagnoses including atrial fibrillation and brain atrophy. On 08/11/25 in the afternoon, R4 was observed to have a Foley catheter and a bandaged wound on their left forearm. Home Health Nurse Progress notes dated 08/08/25, documented R4 had a blot clot removed from the left arm at a local hospital. The wound on R4's left arm was 1 x 1 centimeters (cm) to 2.0 x 2.0 cm and required wound care twice a week for 4 weeks to treat the wound due to the surgical removal of the blot clot. On 08/11/25 in the afternoon, R4 reported receiving wound care for their left arm and stated someone else provided care for all aspects of the catheter. On 08/11/25 in the afternoon, E5 confirmed R5 had a Foley catheter and a wound which required care from R4's home health nurse. R4's file lacked documented evidence of an approved medical exemption for the catheter or wound. A review of the Bureau's Medical Exemption log lacked documented evidence an exemption for a catheter or wound was submitted from the facility. On 08/11/25 in the afternoon, E5 acknowledged the facility had not submitted for approval to the Bureau for a medical exemption for R4's catheter or wound. Severity: 2 Scope: 1	0830	TAG 0830 --- EXEMPTION REQUEST. A) A medical exemption request has been submitted for R#4 with foley catheter and wound care has been submitted to the DPBH and has been approved. * Please see attached documents. B) Whenever a resident is admitted/retain in the facility with foley catheter, wounds etc., an exemption request will be submitted to the DPBH for approval. The approved document will be kept into the resident file. The Administrator will monitor for compliant. C) 8/19/2025	08/19/2025

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 _____	08/11/2025

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
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 7 sampled residents. (Resident #1) Findings include: Resident #6 (R6) R6 was admitted on 06/08/25, with a diagnosis of Alzheimer's. On 08/11/25 in the morning, R6's room was unoccupied, and the corridor door was not locked. On R6's nightstand there was a bottle of eye drops, a bottle of oral pain reliever and a tube of arthritis pain reliever. On 08/11/25 in the morning, a Caregiver acknowledged R6's medications were not secured and should have been. Severity: 2 Scope: 1	0920	TAG 0920 --- MEDICATION STORAGE. A) The bottle of eye drops, a bottle of oral pain reliever, and a tube of arthritis pain reliever has been removed from R#6 nightstand. *Please see attached document. B) Al medications will be kept in a lock cabinet/lock room at all times. Staff will check every room daily to make sure no medication is floating around the facility especially in patient room. Family members will be educated regarding bringing medications to the resident, that they will made aware to the caregivers if they bring such medication especially over the counter medications. Only prescribe medications will be administered to the resident. The Administrator will monitor for compliant. C) 8/11/2025	08/11/2025

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 _____	08/11/2025

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
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 record review and interview, the facility failed to ensure 1 of 7 sampled residents received a two-step tuberculosis (TB) test (Resident #1), per the requirement. Findings include: Resident #1 (R1) R1 was admitted on 12/14/24, with a diagnosis of dementia. R1's file revealed a one-step TB test on 12/11/24. R1's file lacked documented evidence of a second-step TB test. On 08/11/25 in the morning, a Caregiver acknowledged the missing TB test and was unable to provide the documentation, per the requirement. Severity: 2 Scope: 1	0936	TAG 0936 --- MAINTENANCE AND CONTENTS OF SEPARATE FILES. A) Resident #1 (2 step TB) test has been completed. * Please see attached documents. B) Whenever a resident is admitted to the facility, a 2 step TB test will be performed prior to admission. Document will retain for 5 years in the resident file. The administrator will monitor for compliant. C) 8/11/2025	08/11/2025

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 _____	08/11/2025

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
0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure all doors, which exited the facility, had an audible alarm. Findings include: On 08/11/25, in the morning, a patio door in Bedroom #3, which led to the backyard, did not have a functional audible alarm when the door was opened. On 08/11/25, in the morning, a Caregiver confirmed a door, which led into the backyard, did not have an audible alarm because the facility was out of door alarm batteries. Severity: 2 Scope: 3	0991	TAG 0991 --- ALZHEIMER'S CARE STANDARD OF SAFETY. A) Door alarm in Bedroom #3 that exited to the patio has been corrected. A new battery has been installed and function audible alarm when the door is open. * Please see attached documents. B) Door alarm batteries will be available at all times in the facility. Batteries will be stored in the facility and will be checked every 6 months to ensure the facility will not run out of alarm batteries. Door alarms will be checked every month to ensure that all is functioning. The Administrator will monitor for compliant. C) 8/11/2025	08/11/2025