

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 63	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2024
NAME OF PROVIDER OR SUPPLIER MONTHILL PALMS		STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL AVE, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 05/17/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and/or intellectual disabilities, Category II residents. The census at the time of the survey was five. Five resident files and two 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 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:			

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

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NAME OF PROVIDER OR SUPPLIER MONTHILL PALMS		STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL AVE, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 0991 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 the front door was equipped with an operational alarm. Findings include: On 05/17/24 at 1:00 PM, there was no audible alarm activated upon opening the front door. On 05/17/24 at 4:30 PM, the Caregiver indicated the alarm was broken and needed to be fixed. The Administrator acknowledged the front door should have had an audible alarm upon opening. Severity: 2 Scope: 3	ID PREFIX TAG 0991	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Front door alarm is now functioning. Administrator replaced the battery. Administrator had a meeting with the employees to make sure all the alarms are working all the time. Administrator is responsible to ensure compliance. 5/27/2024	(X5) COMPLETION DATE 05/27/2024

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NAME OF PROVIDER OR SUPPLIER MONTHILL PALMS		STREET ADDRESS, CITY, STATE, ZIP CODE 4062 MONTHILL AVE, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 0999 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents. Findings include: On 05/17/24 at 1:30 PM, toxic substances were accessible to residents in the following areas: -The shed in the back yard had four cans of paint. The door to the shed was unlocked. - The back yard patio had two cans of paint and two containers of Clorox cleaner. - There was glass cleaner in a storage room in the hallway. On 05/17/24 at 1:30 PM, the Administrator acknowledged all toxic substances should have been secured with a lock and not accessible to residents. Severity: 2 Scope: 3	ID PREFIX TAG 0999	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The shed is now locked and all toxic substances has been removed. Administrator had a meeting with the employees that to make sure shed should always locked. All toxic substances should be in a locked room. Administrator wil visit and check always to make sure all toxic substances and shed should be locked all the time. Exh. #1 shed locked Exh.#2 toxic substances - locked	(X5) COMPLETION DATE 05/27/202 4