

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/03/2025
NAME OF PROVIDER OR SUPPLIER THE ROYAL PLACE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3644 MOUNTCREST DRIVE, 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 03/03/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight 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 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: JOANNE MISURACA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 04/08/2025

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(X4) ID PREFIX TAG 1840 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 1840	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/08/2025
	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees received infection control training through a nationally recognized organization. (Employee #3 and #4) Findings include: Employee #3 (E3) E3 was hired on 09/29/23 as a Caregiver. E3's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. Employee #4 (E4) E4 was hired on 10/26/23 as a Caregiver. E4's record lacked documented evidence of infection control and prevention training through a nationally recognized organization. On 03/03/25 in the morning, the Administrator acknowledged the in-service infection control and prevention training for Employees #3 and #4 was not through a nationally recognized organization and acknowledged the requirement for the infection control and prevention training should be through a nationally recognized organization. Severity: 2 Scope: 1		Tag 1840 UNL Caregiver Training 1. The employees #3 & #4 will complete an infection control training through a nationally recognized organization. The training will include hand hygiene, PPE including- masks, gowns, gloves, eye protection, respirators. 2. Any current or new employees will take the infection control training yearly and have certificate in file going forward. 3. The administrator, will monitor employee files at visits to the group home. This will ensure all caregiver training is completed and the deficient practice does not recur. 4. Joanne Misuraca, the Administrator will be responsible for ensuring the plan of correction is implemented. 5. Date of compliance: 4/8/2025	