STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7273	A. BUILDING _____ B. WING _____	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROYAL PLACE INC	3644 MOUNTCREST DRIVE, LAS VEGAS, NEVADA ,89121

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey and a complaint investigation survey completed at your facility on 01/14/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of the survey was eight. The sample size was nine including the Resident of Concern. There was one complaint investigated. Substantiated without deficient practice: 1. Complaint #12654 was substantiated with no deficient practice. The investigation of the complaint included: Observation of the grooming and appearance of the residents, no physical signs of injury or bruising on residents, staff to resident interaction and the serving of lunch. Interviews were conducted with the Owner, Caregivers and Residents.			

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	Clinical Record Review of nine records, which included the ROC. Document Review included transfer forms and incident reports.			
Y 1600 SS= F	**NAC 449.011943 and R004-24** **NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104)** 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and	Y 1600	Y 1600 1. The facility created a new Resident Information Sheet. It now in includes documentation of preferred pronoun, gender expression and sexual orientation. New information sheets are completed for all residents #1-#8. (See attached) 2. The facility will complete Resident Information Sheet on all new admits. We will update any current resident changes to ensure the deficient practice does not recur. 3. The corrective action will be monitored when the Administrator visits group home, she will review files to ensure the Resident Information Sheets are correct and complete. 4. The Administrator will be responsible to ensure the Plan Of Correction is implemented. 5. Date of Compliance: 2/23/2026	02/23/2026

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	(2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection1, include, without limitation: (a) The preferred name and pronoun ofthe patient or resident; (b) The gender identity or expressionof the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of			

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	the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on interview and record review, the facility failed to ensure 8 of 8 resident files included documentation of preferred pronoun, gender expression and sexual orientation (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 (R1) R1 was admitted on 10/20/20 with diagnoses including dementia and diabetes. R1's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #2 (R2) R2 was admitted on 10/20/20 with diagnoses including dementia and diabetes.			

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	R2's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #3 (R3) R3 was admitted on 05/09/22 with diagnoses including dementia and anxiety. R3's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #4 (R4) R4 was admitted on 08/09/23 with diagnoses including depression and hypertension. R4's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #5 (R5) R5 was admitted on 10/17/20 with diagnoses including dementia. R5's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #6 (R6) R6 was admitted on 11/01/21 with diagnoses including dementia and anxiety. R6's file lacked documentation of preferred pronoun, gender expression and sexual			

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	orientation. Resident #7 (R7) R7 was admitted on 09/10/25 with diagnoses including chronic obstructive pulmonary disease and cardiovascular disease. R7's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #8 (R8) R8 was admitted on 10/21/22 with diagnoses including peripheral vascular disease and chronic obstructive pulmonary disease. R8's file lacked documentation of preferred pronoun, gender expression and sexual orientation. On 01/14/26 in the afternoon, the Owner confirmed there was no documentation of preferred pronoun, gender expression and sexual orientation for Resident #1, #2, #3, #4, #5, #6, #7, and #8). Severity: 2 Scope: 3			