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 _____	02/12/2026

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

(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
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		

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 _____	02/12/2026

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

(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
	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 a complaint investigation survey completed at your facility on 02/12/26. The census at the time of the survey was eight. The sample size was five. There was one complaint investigated. Substantiated: 1. Complaint #12925 was substantiated. See Tag Y0590. The investigation of the complaint included: Observation of physical signs of injury or bruising on residents, staff to resident interaction, and preparing lunch. Interviews were conducted with the residents, Caregivers, and the Owner. Record Review of five records, which included the resident of concern. Document Review included incident reports.			
Y 0590 SS= F	NAC 449.268 **Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response.** 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the	Y 0590	Y 0590 1. The facility failed to ensure residents were treated with dignity and respect. All staff had a review of Resident's Rights policy, Elder Abuse Policy, and Complaint/Grievance Policy. (See attached dated 3/11/2026) The staff will abide by the resident rights policy and procedures adopted moving forward. They understand the rights of residents, the procedure for filing a complaint or grievance. Residents are aware they may file a complaint or grievance with the administrator. The Compliant/Grievance	03/11/2026

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 _____	02/12/2026

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

(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
	facility, another resident of the facility or any person who is visiting the facility; (b) A resident is not prohibited from speaking to any person who advocates for the rights of the residents of the facility; (c) The residents are treated with respect and dignity; (d) The facility is a safe and comfortable environment; (e) Residents are not prohibited from interacting socially; (f) Residents are allowed to make their own decisions whenever possible; (g) Residents are aware that they may file a complaint or grievance with the administrator and that a resident who files such a complaint receives a response in a timely manner; (h) A resident is informed as soon as practicable that he is being moved to a new room or that he is receiving a new roommate; and (i) Residents are afforded the opportunity to initiate an advance directive or power of attorney for health care and that the employees of the facility comply with the wishes contained in such a document. 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievance, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken.		Policy will be posted for residents to view. 2. The staff or residents will report any complaints or grievances to the administrator. The administrator will respond and will exert all efforts to resolve the complaint as soon as possible for all parties involved. This will ensure the deficient practice does not recur. 3. The corrective action will be monitored when the administrator visits group home. She will speak to all residents to ensure they are not abused or neglected and their resident rights are respected. 4. The administrator will be responsible for ensuring ng the plan of correction is implemented. 5. Date of compliance: 3/11/2026	

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 _____	02/12/2026

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

(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
	3. The employees of the facility shall comply with the procedures adopted pursuant to subsection 2. Inspector Comments: Based on interview and record review, the facility failed to ensure residents were treated with dignity and respect. Findings include: On 02/12/26 in the morning, Resident #1 (R1) reported Caregiver #3 (C3) yelled at residents frequently and served R1 last because C3 does not like R1. R1 reported one occasion when C3 refused to serve R1 food until another caregiver intervened. R1 reported feeling embarrassed and disrespected. R1 felt like a fool staring at R1's fork and knife while sitting at the table waiting to be served. On 02/12/26 in the morning, Resident #2 (R2), reported staff treat R2 well except for C3. R2 reported C3 yelled at residents and stated the behavior made R2 uncomfortable. On 02/12/26 in the morning, Resident #3 (R3), reported C3 yelled at other residents and stated C3 was not nice to others; however, was unable to give specific circumstances. On 02/12/26 in the morning, Caregiver #1 (C1) reported C3 yelled at residents and staff and lacked empathy toward residents. C1 reported one incident in which C3 refused to feed R1 and only served R1 after C1 intervened. On 02/12/26 in the morning, Caregiver #4 (C4), reported C3 yelled at residents frequently and stated the behavior made C4 uncomfortable. C4 was unable to provide specific instances. On 02/12/26 in the morning, the owner, reported C3 had been spoken to in the past			

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 _____	02/12/2026

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

(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
	regarding C3's tone and manner of speaking to residents, staff, and the Owner. The Owner reported an argument occurred between staff regarding a resident being fed and stated the resident was ultimately served. The Owner acknowledged no formal disciplinary action had been documented regarding C3's behavior. The undated policy Resident Rights documented r ight to be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality. Right to be free from mental and physical abuse, and physical and chemical restraints. Severity: 2 Scope: 3			