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
	9216	A. BUILDING _____ B. WING _____	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND MONTECITO MEMORY CARE	6660 GRAND MONTECITO PARKWAY, LAS VEGAS, NEVADA ,89149

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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 04/23/24, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 46 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease and/or Assisted Living Services, Category II residents. The census at the time of the survey was 33. Ten resident files were reviewed and ten 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculosis (TB) testing was completed annually for 1 of 10 employees (Employee #2). Findings include: Employee #2 (E2) was hired on 10/17/22 as a Caregiver. Review of E2's record revealed a QuantiFERON test was last completed on 10/11/22 with an indeterminate result and a chest x-ray on 10/11/22. An additional chest x-ray was completed on 10/23/23 but no TB screening was completed. On 04/23/24 in the morning, the Executive Director confirmed E2 only completed a chest x-ray in the last year without an annual TB screening. Severity: 2 Scope: 1	0102	The Business Office Manager was re-educated by the Executive Director on 04/29/24 on Employee TB's. Employee #2 completed a new Tspot Tb on 05/06/24. All other employee files will be reviewed for compliance and updated if needed by 05/31/2024. The Executive Director and/or Designee will monitor for on-going compliance. An employee tickler has been created to help monitor.	05/06/2024

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 04/23/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the walk-in cooler, a carton of lime juice was expired on 03/10/24, and six cartons of liquid egg whites were expired on 04/12/24. b. The internal temperature of the refrigerated juice dispenser was approximately 85 degrees Fahrenheit (F) and contained four containers of juice of the following varieties: orange, apple, tropical mango and cranberry. 2. Major Violations: a. There was grease and debris build-up on the cook's line around the salamander broiler and under the grill and griddle. Severity: 2 Scope: 3	0255	1. On 04/23/24, a carton of lime juice, and six cartons of liquid eggs were disposed of due to being past the expiration date. The internal temperature of the refrigerated juice dispenser was fixed on 04/30/24. 1. An estimate to professionally clean the kitchen walls and floors including the ovens, stove, and grill was given on 05/02/24, and has been scheduled and will be completed by 05/31/2024. The dietary staff were in-serviced on 05/06/24 on expired foods, dating, and labeling of foods and on cleaning the kitchen thoroughly including the cook's line, broiler, grill, and griddle areas. A cleaning schedule was created to help maintain cleanliness of the kitchen. The Executive Chef and/or Designee will monitor to ensure the staff are keeping to the cleaning schedule, checking the internal temperature of the juice dispenser, and will check the refrigerators daily to ensure that all food items inside are labeled, dated, and that there are no expired food items. TH	05/06/2024
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs	0870	The Memory Care Director was re-educated by the Administrator on 04/29/24 , and the Memory Care Director and/or Designee will complete an on-going quarterly audit to ensure that medication reviews are completed every 6 months and	05/31/2024

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	taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a six-month medication review and recommendations were reviewed and signed by the physician for 4 of 10 sampled residents (Resident # 1, #3, #5, & #6). Findings include: Resident #1 (R1) R1 was admitted on 06/27/2022 with a diagnosis of neurocognitive disorder. R1's medical record lacked documented evidence of a six-month medication review. Resident #3 (R3) R3 was admitted on 07/15/2023 with a diagnosis of dementia. R3's medical record lacked documented evidence of a six-month medication review. Resident #5 (R5) R5 was admitted to the facility on 05/15/2023 with a diagnosis of dementia. R5's medical record lacked documented evidence of a six-month medication review. Resident #6 (R6) R6 was admitted to the facility on 07/10/2023 with a diagnosis of dementia. R6's medical record lacked documented evidence of a six-month medication review. On 04/23/2024 in the morning, the Executive Director acknowledged a six-month medication review had not been completed. Scope: 2 Severity: 2		are available in the residents file. A tickler has been created for tracking purposes. Med reviews will be completed by 05/31/2024 for residents #1, #3, #5, and #6.	
1540 SS= F	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once	1540	The Business Office Manager was re-educated by the Executive Director on 04/29/24 on Employee Files and Cultural Competency training. On 05/09/24 we prepaid Flexed	05/09/2024

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	each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor,		registration and Cultural Competency will be completed by 05/31/24 for employees#1, #2, #3, #4, #6, #8, and #9. The Business Office Manager will conduct an audit of all employee files by May 31st to ensure all employees have completed an Approved Cultural Competency. The Executive Director and/or Designee will monitor for on-going compliance. An employee tickler has been created to help monitor compliance.	

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	including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant			

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	can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias			

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	and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on interview and record review, the facility failed to			

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	ensure Cultural Competency training was completed from an approved program, within 30 days of hire, for 7 of 10 employees (Employee #1, #2, #3, #4, #6, #8 and #9). Findings include: Employee #1 (E1) E1 was hired on 04/23/23 as a Caregiver. Review of E1's employee record lacked documentation of completed Cultural Competency training. Employee #2 (E2) E2 was hired on 10/17/22 as a Caregiver. Review of E2's employee record documented E2 completed Cultural Competency training from an unapproved program. Employee #3 (E3) E3 was hired on 02/09/22 as a Medication Technician. Review of E3's employee record documented E3 completed Cultural Competency training from an unapproved program. Employee #4 (E4) E4 was hired on 05/13/22 as a Caregiver. Review of E4's employee record documented E4 completed Cultural Competency training from an unapproved program. Employee #6 (E6) E6 was hired on 10/17/22 as a Caregiver. Review of E6's employee record documented E6 completed Cultural Competency training from an unapproved program. Employee #8 (E8) E8 was hired on 03/19/24 as a Caregiver. Review of E8's employee record lacked documentation of completed Cultural Competency training. Employee #9 (E9) E9 was hired on 03/01/24 as the Executive Director. Review of E9's employee record lacked documentation of completed Cultural Competency training. On 04/23/24 in the morning, the Executive Director acknowledged Cultural Competency training was not completed within 30 days of hire for E1, E8 or E9 and Cultural Competency training was not completed from an approved program for E2, E3, E4, E5 and E6. Severity: 2 Scope: 3			