DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**05/09/2024**

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

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a Complaint Investigation survey completed at your facility on 05/09/24, 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. The sample size was six resident rooms. The facility received a grade of A. There was one complaint investigated. Substantiated. Complaint #NV00071073 was substantiated. (See Tags Y0170 and Y0178). The investigation of the complaint included: Observations of water temperatures throughout the facility, water taste and appearance, staff demeanor and appearance, working Internet and phone lines, ample supply of food, storage of biohazards and trash and available laundry soap and dish washer sanitizer. Interviews were conducted with the Business Office Manager, kitchen staff, Caregivers, Medication Technicians, the Maintenance Director, the Wellness Director and the Executive Director. Document review including menus, incident reports and food invoices. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARJOLIJN KIRBY Title: Administrator Date: 05/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0170 SS= E	Health And Sanitation-Safe Water & Sewage - NAC 449.209 Health and sanitation. (NRS 449.0302) 1. A residential facility must: (a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage. Inspector Comments: Based on observation and interview, the facility failed to ensure hot water was available in 2 of 6 residents rooms (Room #126 and #127). Findings include: On 05/09/24 in the morning, the hot water temperatures in Room #126 and #127 maximized out at 95 degrees Fahrenheit after 15 minutes of run time. On 05/09/24 in the morning, the Maintenance Director confirmed the hot water temperatures in Rooms #126 and #127 only reached 95 degrees Fahrenheit after running for 15 minutes and was unaware there had not been hot water in these rooms. Severity: 2 Scope: 2 Complaint #NV00071073	0170	On 05/15/24 the resident in apt#127 was moved toapt#120. Apartment #126 is currently vacant. An Estimate from Precision Plumbing was obtained on 04/25/24 and is going through management approval. The Maintenance Director was re-educated by the Administrator on 05/15/24 on Hot Water Temperatures and regular checks. A water temperature log was provided. The Maintenance Director and/or Designee will complete monthly water checks and monitor for compliance.	05/15/2024

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the building was free of trash and debris. Findings include: On 05/09/24 in the morning, two outside dumpster's were found overflowing with garbage and debris and garbage was also observed on the ground next to the dumpsters. On 05/09/24 at 9:20 AM, a Kitchen Staff member indicated there was an issue with trash overflowing due to it not being picked up at regular intervals. On 05/09/24 at 9:45 AM, a Caregiver indicted trash would overflow on occasion. On 05/09/24 at 10:00 AM, the Executive Director indicated there had been issues with trash being picked up on a regular basis. On 05/09/24 in the morning, the Maintenance Director confirmed trash was overflowing out of two dumpsters and there was trash on the ground next to the dumpsters that needed to be removed. Severity: 2 Scope: 3 Complaint #NV00071073	0178	The Maintenance Director was re-educated by the Administrator on 05/15/24 on the garbage. The overflowing garbage was taken to the dump and the dumpster area cleared. The Maintenance Director and/or Designee will monitor to ensure the garbage is not overflowing, boxes are broken down, and that the lids are closed. An In-Service will be held with all the staff regarding the garbage and proper disposal at our next all staff meeting on 05/29/24.	05/15/2024