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 _____	**08/13/2024**

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 completed in your facility on 08/13/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 31. The sample size was five. There was one complaint investigated. Substantiated: Complaint #NV0007195 was substantiated. (See Tag Y0850) The investigation of Complaint included: Observation of physical appearance for residents, and a tour of the facility. Interviews were conducted with the Business Office Manager, Wellness Director, and Executive Director. Record Review of five records, which included the resident of concern. Document Review included facility policy and procedures. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARJOLIJN KIRBY Title: Administrator Date: 08/29/2024

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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0850 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident ' s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary. Inspector Comments: Based on interview and record review the facility failed to notify a resident's responsible party after a fall for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 08/12/2021 with a primary diagnosis of dementia. Review of R1's record documented R1 sustained a fall on 03/23/24. A history and physical from the hospital dated 03/23/2024 documented R1 was admitted to the hospital from the Residential Group Care facility on 03/23/2024 for a fall and bradycardia. R1's file lacked documented evidence R1's responsible party was notified of R1's fall and transfer to the hospital on 03/23/24. On 08/13/2024 at 8:59 AM, the Wellness Director indicated if a resident had fallen the resident was to be assessed for injuries followed by notifying the resident's responsible parties. The Wellness Director confirmed R1's responsible party was not notified of R1's fall and transfer to the hospital on 03/23/24. On 08/13/2024 at 10:33 AM, the Executive Director revealed R1's medical record lacked documented evidence R1's responsible party was notified on 03/23/2024 when the fall occurred and when R1 was transferred to the hospital. Severity: 2 Scope: 1	0850	The Health Services Director re-educated the medicationtechnician staff on 08/24 on incident reports and who is to be notified when aresident is sent to the hospital. The Health Services Director and/or Designeewill monitor for on-going compliance.	08/16/2024