

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2025
NAME OF PROVIDER OR SUPPLIER GRAND MONTECITO MEMORY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 6660 GRAND MONTECITO PARKWAY, LAS VEGAS, NEVADA ,89149		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory State Licensure grading resurvey completed at your facility on 07/14/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 37. Five resident files were reviewed. The facility received a grade of A. 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:			
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.	0255	N/A	07/29/2025
0515 SS= D	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;	0515	N/A	07/29/2025

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MARJOLIYN KIRBY Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 07/30/2025

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(X4) ID PREFIX TAG 0620 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0620	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 07/29/2025
	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.		N/A	
0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	N/A	07/29/2025
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.	0874	N/A	07/29/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the	0878	On 07/08/25 we received resident#2's Quetiapine 100mg but the medication was not properly stored and accessible at time of survey. An In-Service was held on 07/23/25 with the Medtech's, Memory Care Director, and Executive Director regarding timely refills and ensuring the medication is stored properly and easily accessible. We also reviewed our internal medication policies and procedures and what to do with	07/23/2025

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	medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure medications were administered per the physician's order for 1 of 5 Residents. (Resident #2) Findings include: Resident #2		a Med Error if a medication is not in the facility. The Executive Director and/or Health Services Director will monitor for compliance by doing periodic medication cart audits, and twice a year the contracted pharmacy will conduct medication cart audits.	

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	(R2) R2 was admitted on 12/01/24, with a diagnosis of dementia. R2's physician order dated 01/15/25 and the July 2025 Medication Administration Record (MAR) documented Quetiapine 100 milligrams (mg), take one tablet by mouth at bedtime. There was no documented evidence on the MAR the Quetiapine 100 mg tablet was administered on 07/06/25 at 8:00 PM. On 07/14/25 at 11:48 AM, the Memory Care Director acknowledged R2's Quetiapine was not administered per the physician's orders because the medication had not been onsite and available to administer. Severity: 2 Scope: 1			
0883 SS= D	Medication - Resident Refusal - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed.	0883	N/A	07/29/2025
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident 's physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the	0895	On 07/23/25 an In-Service was held with Medtechs, Memory Care Director, and Executive Director. We reviewed policies and procedures for medication availability, documentation/properly signing off on the MAR, checking overflows, timely refills, cycle fills, time of when to order medications/refills, and medication errors. The Executive Director and/or Health Services Director will monitor for ongoing compliance by doing periodic medication cart audits, and twice a year the contracted pharmacy will conduct medication cart audits.	07/23/2025

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	medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, record review and document review the facility failed to ensure the Medication Administration Record (MAR) was initialed as given at the time of medication administration for 1 of 5 residents. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted to the facility on 06/06/24, with a diagnosis of dementia. R1's medication bin contained Mirtazapine 15 milligrams (mg), take one tablet by mouth at bedtime. A Physician's Order dated 10/02/24, and the July 2025 Medication Administration Record (MAR) documented Mirtazapine 15 milligrams (mg), take one tablet by mouth at bedtime. The medication was not documented on the MAR as being administered at 7:00 PM on 07/06/25. On 07/14/25 in the morning, the Medication Technician (Med Tech) acknowledged R1's Mirtazapine was not documented as given at 7:00 PM on 07/06/25 but verbalized the Mirtazapine had been administered as prescribed. Severity: 2 Scope: 1			

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(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 5 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #2). Findings include: Resident #5 (R5) R5 was admitted to the facility on 04/15/25, with a diagnosis of dementia. R5's record documented a negative chest x-ray completed on 03/05/25, and signs and symptoms check on 04/17/25 however lacked documented evidence of an indication for a chest x-ray. R5's record lacked documented evidence a two-step TB test or QuantiFERON test had been completed prior to admission. On 07/14/25 in the afternoon, the Memory Care Director acknowledged R5 only had a chest X-ray completed and lacked evidence a two-step or QuantiFERON TB test had been completed at admission. Severity: 2 Scope: 1	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) On 07/23/25 resident#5 was given a QuantiFeron TB test which had a negative result on 07/25/25 so no chest x-ray was needed. The Administrator retrained the Executive Director and Memory Care Director on 07/23/25 on the TB test options, and when each test is appropriate (1 Step, 2 Step, QuantiFeron, Chest x-ray, and signs and symptoms) along with the TB regulations. Going forward the Memory Care Director and/or Executive Director will ensure all residents have the correct TB steps in place for initial and annual TB's of residents.	(X5) COMPLETION DATE 07/25/202 5

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0938 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	N/A	07/29/202 5
0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer 's disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer 's disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility.	0991	N/A	07/29/202 5

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(X4) ID PREFIX TAG 0999 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.	ID PREFIX TAG 0999	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) N/A	(X5) COMPLETION DATE 07/29/202 5