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 _____	05/05/2026

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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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		

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	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 an annual State Licensure and Complaint Investigation survey, completed at your facility on 05/05/26, 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 46. Fifteen resident files and nine employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #12749 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of lunch service, interactions between staff andresidents, and a tour of the facility. Interviews were conducted with residents, Caregivers, Dining Manager, Medical Technicians, and the Executive Director. Document Review included facility policy and procedures,dietary menus,			

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	and incident reports.			
Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed for 1 of 9 employees (Employee #8). Findings include: Employee #8 (E8) was hired on 02/01/26 as the Administrator. Review of E8's employee record revealed E8 had not completed fingerprints or a background check. On 05/05/26 in the morning, the Administrator confirmed a background check had not been completed for E8. Severity: 2 Scope: 1	Y 0104	**NAC449.200**- PersonalFiles (1) (f) Evidence of compliance with NRS449.122 to 449.125, inclusive. **I. HOWTO IDENTIFY OTHER EMPLOYEES** An audit of the E8(Administrator) employee file has been performed. **II. SYSTEMIC CHANGES** Upon hire all employees will follow the required documents for employment. **III. MONITORING PROCESS** Monthly audits will be completed on all employees' files to make sure that all required documents are received and updated when needed. **IV. DATECOMPLETION** The plan of correction for E8 (Administrator) fingerprints and background check will be completed by 05.14.26.	05/14/2026

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Y 0255 SS= E	NAC 449.217 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 05/05/2026, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Two open cartons of milk in the reach-in refrigerator and one open carton of milk in the walk-in cooler were expired on 05/03/26. 2. Major Violations: a. There was no hand soap available at the hand-washing sink in the dining room kitchenette. Severity: 2 Scope: 2	Y 0255	**NAC449.217**- A residential facility with **more than ten residents** must: a) Comply with the standards prescribed in chapter 446 of NAC; and b) Obtain the necessary permits from the Division. 7.The equipment used for cooking and storing food and for washing dishes in aresidential facility with more than ten residents must be inspected and approved by the Division and State and local fire safety authorities. **I. HOWTO IDENTIFY OTHER EMPLOYEES** 100% of the kitchenstaff attended in-service training. **II. SYSTEMICCHANGES** Kitchen staff will check all food upon shipment of expiration dates. Kitchen Staff will complete weekly checks of walk-in refrigerator and walk-in freezer. Milk was thrown away. Faucet was changed out and replacedwith a faucet that also had the soap dispenser paired. Hand soap will be replaced as needed. **III. MONITORINGPR**	05/08/2026

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			OCESS Monitoring will becompleted by the Executive Chef Monthly. IV. DATECOMPLETION This plan of correction was completed on 05/08/2026.	
Y 1035 SS= F	NAC 449.2768 **Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training:** 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which holds an endorsement as a residential facility which provides care to persons with Alzheimer's disease or other forms of dementia pursuant to NAC 449.2754 shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes, in addition to the training required by NAC 449.196: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of tier 2 training. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. (3) If such an employee is licensed or certified by an occupational licensing board,	Y 1035	NAC449.2768-Residential facility which provides care to persons with Alzheimer's disease: Alzheimer's/dementia Training: I. HOWTO IDENTIFY OTHER EMPLOYEES 100% of the employees 'files have been performed (E2, E3, E4, E6, E9). II. SYSTEMICCHANGES The Business Office Manager will keep track of renewal of all employees. 8 hours of Alzheimer's and Dementia training upon annual renewal. III. MONITORINGPROCESS Employees' files will be monitored monthly to ensure those employees are nearing	05/08/2026

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	at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months. Inspector Comments: Based on interview and document review, the facility failed to ensure three hours Alzheimer's disease training was completed annually, for 5 of 9 employees (Employee #2, Employee #3, Employee #4, Employee #6 and Employee #9). Findings include: Employee #2 (E2)		expirations of any certifications, training and licenses coming due. IV. DATECOMPLETION The plan of correction has been completed 05/08/2026.	

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	E2 was hired on 05/13/22 as a medication technician. Review of E2's employee record documented E2 last completed Alzheimer's disease training on 04/05/25. There was no documentation E2 completed three hours of Alzheimer's disease training in the last 12 months. Employee #3 (E3) E3 was hired on 09/17/24 as a caregiver. Review of E3's employee record documented E3 last completed Alzheimer's disease training on 09/17/24. There was no documentation E3 completed three hours of Alzheimer's disease training in the last 12 months. Employee #4 (E4) E4 was hired on 08/05/23 as a caregiver. Review of E4's employee record documented E4 last completed Alzheimer's disease training on 08/05/23. There was no documentation E4 completed three hours of Alzheimer's disease training in the last 12 months. Employee #6 (E6) E6 was hired on 03/20/25 as a caregiver. Review of E6's employee record documented E6 last completed Alzheimer's disease training on 03/20/25. There was no documentation E6 completed three hours of Alzheimer's disease training in the last 12 months. Employee #9 (E9) E9 was hired on 08/26/24 as the Executive Director. Review of E9's employee record documented E9 last completed Alzheimer's disease training on 08/28/24. There was no documentation E9 completed three hours of Alzheimer's disease training in the last 12 months. On 05/05/26 in the morning, the Executive Director and Business Office Manager confirmed E2, E3, E4, E6 and E9 had not completed three hours of Alzheimer's disease training in the last 12 months.			

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	Severity: 2 Scope: 3			