

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER GRACE OF MONACO ANGEL PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 8617 HIGHLANDVIEW AVE, LAS VEGAS, NEVADA ,89145		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control survey initiated at your facility on 07/20/21 and completed on 07/21/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility was licensed for six Residential Facility for Group beds for persons with Alzheimer's disease. Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered	0878	A) The physician is notified regarding the medication error with order. Monitor patient for restlessness, depression, and adverse reaction such as change in level of consciousness and change of condition and notify Hospice. B) Whenever there is a new order from the doctor, the caregiver will follow instruction order as written and record it in the MAR. The Administrator will monitor for compliance.	07/20/2021

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
REPRESENTATIVE'S SIGNATURE

Name: EDWIN VALENTIN

Title: Administrator

Date: 07/28/2021

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	in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the 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 interview and record review, the facility failed to ensure medications were given as prescribed for 1 of 5 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 01/12/28, with diagnoses including hypertension and Alzheimer's Disease. A physician's order with unknown date, documented Citalopram 10 milligrams (mg) take one tablet by mouth daily. R4's Medication Administration Record (MAR) dated July 2021 documented, Citalopram 10 mg, take one half tablet by mouth every other day. On 07/20/21 at 12:25 PM, R4's medication bubble pack was labeled Citalopram 10 mg, take one tablet by mouth every day. The Caregiver acknowledged R4's medication bubble pack did not match R4's MAR. On		C) 7/20/21 * Pls see supporting document.	

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	07/21/21 at 2:25 PM, the Manager acknowledged there was a medication error. Severity: 2 Scope: 1			
1555	Within 90 days after a facility is licensed Inspector Comments: Based on interview the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. Findings include: On 7/20/21 at 11:30 AM, the Manager acknowledged there was no cultural competency training program implemented for the employees.	1555	A) Cultural diversity training for employees will be submitted as soon as possible. We have attached part of the training we will be submitting. We are still in the process of completing all the required course content. Thank you for your consideration.	07/29/202 1