STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4367	A. BUILDING _____ B. WING _____	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE OF MONACO ANGEL PARK	8617 HIGHLANDVIEW AVE, LAS VEGAS, NEVADA ,89145

(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
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 survey completed at your facility on 04/16/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0870 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once	Y 0870	TAG Y0870 ---- ADMINISTRATION OF MEDICATION: > Responsibilities of Administrator, Caregivers and Employees of the Facility. A) Updated Medication Review for Resident #3 has been obtained. * Please see Attached Documents. B) All Medication records to all residents will be reviewed every 6 months by license professional (RN, MD, PHARMACIST). A checklist will be posted and will be reviewed every 4 months by the Administrator, caregiver, employee of the facility prior to expiration date. The Administrator will monitor for compliant. C) 4/16/2026	04/16/2026

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	every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a medication review was completed every six months for 1 of 3 residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 09/08/23 with diagnoses including chronic kidney disease and hypertension. Review of R3's medical record documented a medication review was last completed on 10/03/25. There was no documentation a medication review was completed for R3 in the past six months.			

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	On 04/16/26 in the morning, a caregiver confirmed a medication review had not been completed for R3 in over six months. Severity: 2 Scope: 1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and document review, the facility failed to ensure infection control training for unlicensed caregivers was completed annually for 1 of 4 employees (Employee #3). Findings include: Employee #3 (E3) was hired on 09/29/09 as a caregiver. Review of E3's infection control training for unlicensed caregivers revealed E3 last completed the training on 03/31/25. There was no documentation E3 completed	Y 1840	TAG #Y1840 ---- CAREGIVER INFECTION CONTROL TRAINING FOR UNLICENSED CAREGIVER. A) Infection control training for unlicensed caregiver has been obtained for Employee #3 from a nationally recognized organization. (CDC). * Please see attached documents. B) All employee files will be reviewed every 4 months to ensure certificates, CE, TB test etc. will be obtained prior to expiration date. A checklist will be posted. The Administrator will monitor for compliant. C) 4/20/2026	04/20/2026

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	infection control training for unlicensed caregivers in the past 12 months. On 04/16/26 in the morning, a caregiver confirmed E3 had not completed infection control training for unlicensed caregivers in the past 12 months. Severity: 2 Scope: 1			