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 _____	**03/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONARCH GROUP HOME LLC	**6112 FISHER AVE, LAS VEGAS, NEVADA ,89130**

(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 an annual State Licensure and complaint investigation survey initiated at your facility on 03/05/24 and completed offsite on 03/06/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease and/or mental illness, 10 Category II residents. The census at the time of the survey was ten. Eleven resident files and six employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Verified without deficient Practice: Complaint #NV00070304 was verified without deficient practice. The investigation of the Complaint included: Observation of residents not appearing dehydrated or malnourished, all residents with food and water available, no residents exit seeking or wondering and residents were given medications at scheduled times. Interviews were conducted with residents, a hospice Certified Nursing Assistant, a Caregiver, the Owner and a Manager. Clinical Record Review of six resident records, which included the resident of concern. Document review included facility policy and procedures on discharge, incident reports and employee schedules. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: HEATHER MARIE JACALNE | Title: Administrator | Date: 03/22/2024

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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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the backyard was free of debris and equipment. Findings include: On 03/05/24 in the morning, multiple items including six mattresses, multiple bed frames and bed pieces, commodes, walkers and wheelchairs were found scattered throughout the backyard. Many of these items were broken or in disrepair. On 03/05/24 in the morning, a Caregiver confirmed there were multiples pieces of equipment in the backyard that needed to be properly stored or discarded. Severity: 2 Scope: 3	0178	1. All of the junk around the shed and backyard has been cleared out completely. 2. Both the interior and exterior of the facility will be maintained. 3. The lead caregiver, manager, owner, and administrator will check for cleanliness several times a week. 4. Manager, owner, and administrator. 5. 3/18/2024	03/18/2024

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0936 SS= D	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 a tuberculosis (TB) test was competed annually for 1 of 10 residents (Resident #2). Findings include: Resident #2 (R2) was admitted on 02/11/23 with diagnosis including dementia and heart failure. Record review revealed R2 completed a two-step TB test on 11/25/22. There was no documentation of an annual TB test for R2. On 03/06/24 at 10:10 AM, a Manager confirmed R2 did not complete an annual TB test and was last tested on 11/25/22. Severity: 2 Scope: 1	0936	1. The missing TB test was completed the same day as survey. 2. The administrator will ensure that all TB's and other requirements are done on time. A spreadsheet is maintained with all due dates for residents and employees. 3. The administrator and manager will look through files more often to make sure nothing is missing. 4. Manager and Administrator. 5. 3/5/2024	03/05/2024