STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5742	A. BUILDING _____ B. WING _____	03/04/2025

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 a annual State Licensure survey completed at your facility on 03/04/25, 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 10. Ten resident files and four employee 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified.	0000		
0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 1 of 10 residents (Resident #8). Findings include: Resident #8 (R8) was admitted on 12/29/23 with diagnosis including dementia. On 03/04/25, in the morning, R8 was observed in bed, with full bed rails in the raised position. Due to cognition R8 was not able to be interviewed and could not demonstrate the use of the bed rails for mobility or to demontrate if they could exit the bed. On 03/04/25, in the morning, a Caregiver revealed R8 did not use the rail for any purpose such as mobility and the rails were in the up position to keep R8 in bed. Severity: 2 Scope: 1	0557	1. The full bed rails were removed. Please see attached photo. 2. The staff will ensure that full bed rails are not used for any residents. 3. The manager and administrator will check resident beds to ensure full bed rails are not used, and half rails are only used if residents are cognitively able to use them for mobility. 4. Administrator and Manager. 5. 3/4/2025.	03/04/2025

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 REPRESENTATIVE'S SIGNATURE	Name: HEATHER MARIE JACALNE	Title: Administrator	Date: 03/17/2025

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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 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,	0878	1. The medications that were not on site were ordered and received the same day as the survey. 2. The administrator and manager held a staff meeting regarding the medication policy and discussed that refills must be submitted within 7 days of medications running out or expiring. 3. The manager and lead med-tech will monitor medications weekly to ensure medications are available and not expired. 4. Administrator and Manager. 5. 3/4/2025.	03/04/2025

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	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 observation, interview and record review, the facility failed to ensure all medications were on site and available for 2 of 10 residents (Resident #4 and Resident #8). Findings include: Resident #4 (R4) R4 was admitted on 06/29/23 with diagnosis including hypertension and chronic kidney disorder. Physician's order dated 09/16/23 documented Morphine sulfate 20 milligrams (mg)/1 milliliter solution, take every two hours as needed for pain and shortness of breath. The Morphine for R4 was not onsite and available. Resident #8 (R8) R8 was admitted on 12/29/23 with diagnosis including dementia. Physician's order dated 12/30/23 documented Lorazepam concentrate, 2mg sublingual, take 1 mg under the tongue every two hours as needed for anxiety. The Lorazepam for R8 was not onsite and available. Facility policy on mediation refills, 2022-2023, documented the facility would order refills seven days prior to the projected last dose of the medication being available. On 03/04/25 at 10:15 AM, a Caregiver confirmed the Morphine for R4 had expired on 12/17/24 and Lorazepam for R8 had expired 12/17/24 and were not onsite and available. Severity: 2 Scope: 1			