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
	11884	A. BUILDING _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT ROYAL VILLA HOME CARE LLC	2970 S TORREY PINES DR, LAS VEGAS, NEVADA ,89146

(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 survey and bed category change initiated at your facility on 06/16/26. The Facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category I residents and five Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The facility is approved to change five Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category I residents to ten Residential Facility for Group beds for elderly and disabled persons and/or Mental Illness, Category II residents. The census at the time of survey was seven. Seven resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0820 SS= B	**NAC 449.2734 and R089-24 Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers.** 1. Except as otherwise provided in NAC 449.2702, a person who has a tracheostomy or an open wound that requires treatment by a medical	Y 0820	1) Thehospice Plan of Care for the small pressure ulcer was sent to the facility andfiled the same day as survey. The nurse was present at the survey and was ableto explain further details and level of healing. 2) If a resident is admitted with, or develops, an open wound or pressureinjury while residing at the facility, current hospice wound documentationshall be maintained in	06/16/2026

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	professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; (b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must have been diagnosed by a physician; (b) The condition must be cared for by a medical professional who is trained to provide care for and reassessment of that condition; and (c) Before a caregiver provides care to a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer, the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or		the resident's file. 3) Administrator and Owner. 4) Administrator and Owner. 5) 6/16/2026	

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	stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on observation, interview and record review the facility failed to ensure that records of the care provided to a person who has a pressure or stasis ulcer were maintained at the facility for 1 of 7 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 01/13/26 with diagnoses including Parkinson's Disease and chronic kidney disease. R6 was observed lying on a pressure relieving air mattress. A Caregiver verbalized R6 had a small wound on their coccyx, and hospice cares for the wound. The Caregiver verbalized hospice comes in once a week to change the dressing. A hospice binder labeled with R6's name was reviewed and did not contain any patient care information including care of R6's wound. On 06/16/26 in the afternoon, the administrator acknowledged R6 had a wound on their coccyx and acknowledged the hospice binder provided did not contain frequency of dressing changes, progress of healing and cause of the wound from the hospice agency caring for R6's wound. Severity: 1 Scope: 2			

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