

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2026
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CELIDA PADILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 MONACO SHORES DR, LAS VEGAS, NEVADA ,89117
---	---

(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
0001	<p>The findings and conclusions of any investigation by the Health Division 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.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility. This State Licensure survey was conducted by the authority of NRS 432A.180, Inspection by Health Division, State Fire Marshal and State Health Officer.</p> <p>NAC432A.195: The Division may impose an administrative fine in the amount of \$100 for the failure to correct any violation of a provision of this chapter or chapter 432A of NRS within the time frame set forth in the notice of violation, whereas the notice of violation may be issued in the form of a statement of deficiencies or a report of an inspection of the facility. A fine may be imposed for each day a facility is in noncompliance with the notice of violation.</p> <p>Failure to submit Plan of Correction by due date may result in a \$100 a day fine until the Plan has been submitted and/or further progressive action.</p> <p>The following deficiencies were identified:</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of the on-site State licensure inspection conducted at your facility on 2/12/2026. Please respond to each deficiency and attach documents as requested for the deficiency it pertains to. Sign and submit your Plan of Correction within 10 business days of receipt. Inspection consensus, the facility is licensed for 6 children as a family care. The census at the time of survey was 3 children. 3 children's files and 2 staff files were reviewed.</p>	0001		

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: CELIDA PADILLA Title: OWNER Date: 03/01/2026

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2026	
NAME OF PROVIDER OR SUPPLIER CELIDA PADILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 3221 MONACO SHORES DR, LAS VEGAS, NEVADA ,89117		
(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
	<p>NAC432A.195: The Division may impose an administrative fine in the amount of \$100 for the failure to correct any violation of a provision of this chapter or chapter 432A of NRS within the time frame set forth in the notice of violation, whereas the notice of violation may be issued in the form of a statement of deficiencies or a report of an inspection of the facility. A fine may be imposed for each day a facility is in noncompliance with the notice of violation.</p> <p>Failure to submit Plan of Correction by due date may result in a \$100 a day fine until the Plan has been submitted and/or further progressive action.</p> <p>The following deficiencies were identified:</p>			
NAC.370	<p>1. Evidence of each child ' s health must be presented to the director of a facility, other than an accommodation facility or a facility that provides care for ill children, within 30 days after the child ' s initial admission. The evidence must include a written statement from a licensed physician or registered nurse attesting to the status of the child ' s health and stating that all known special conditions are under treatment and the child is capable of adjusting to the programs of the facility.</p> <p>2. A licensee of each such facility shall keep a record of each child which includes any pertinent information on the status of the child ' s health and any special needs of the child.</p> <p>Inspector Comments: Based on record review and interview, the facility did not have a health statement signed by a registered nurse or physician within 30 days after admission for children listed. Please submit copy of the health statement signed by a physician or registered nurse for the children noted below: Child #1 and #3.</p>	NAC.370	<p>1- Provide the required forms from both children 2- Correction done 3-1-2026 3-double check paperwork after initial enrollment. 4- I am responsible for this matter.</p>	03/01/2026 6