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 _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL CARE HOME LLC	**1012 PARADISE VIEW ST., HENDERSON, NEVADA ,89052**

(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 complaint investigation completed in your facility on 05/19/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was six. The sample size was seven resident files, and four employee files. The facility received a grade of A. There were two complaints investigated: Substantiated without deficient practice: Complaint #NV00073945 was substantiated with no deficient practice. Unsubstantiated: Complaint #NV00074124 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaint included: Observation of residents interacting with residents, fall precautions, staff attending to residents, and a tour of the facility. Interviews were conducted with the residents, Caregivers, and the Manager. Record review of seven resident files and four employee files. Document review of facility policies and procedures. 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 deficiency unrelated to the complaint was identified:	0000		
0740 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter	0740	1. Corrective action will be taken by ensuring to have medical exemption waiver for any residents who has a urinary catheter. E3 immediately contacted R5's home health agency to request for their plan of care. We attempted several times but was unsuccessful due to the home health office not answering/ returning our calls. We finally were able to receive their most recent plan of care and submitted medical exemption waiver application (See	06/03/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MINKYUNG LIM Title: Administrator Date: 06/03/2025

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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	is performed in accordance with the physician ' s orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a urinary catheter for 1 of 7 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 05/06/25 with a diagnosis of chronic kidney disease. On 05/19/25 in the morning, R5 was observed to have a urinary catheter. R5 reported being unable to care for the catheter and stated someone else provided care for all aspects of the urinary catheter. On 05/19/25 in the morning, E2 confirmed R5 had a urinary catheter and verbalized E2's home health nurse provided care for R5's catheter. R5's file lacked documented evidence of a medical exemption waiver for the urinary catheter. A review of the Bureaus' Medical Waiver log lacked documented evidence a waiver for a urinary catheter was submitted from the facility. On 05/19/25 in the morning, the Manager was not sure if the facility had submitted for approval to the Bureau for a medical exemption waiver for the urinary catheter for R5. The Manager verbalized needing to verify with the Administrator the status of R5's waiver. Severity: 2 Scope: 1		attachment A). 2. The manager and the administrator will review plan of care from home health/hospice agencies more closely and observe residents' conditions to make sure have medical exemption waiver if required. 3. The manager and the administrator will observe all residents' condition on a regular basis and communicate with their providers to make sure all are in compliance. 4. The manager and the administrator will be responsible for monitoring this corrective action. 5. 06/03/25	