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
	11375	A. BUILDING _____ B. WING _____	06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HONOR CARE HOME, LLC	4530 FRESHWATER DR, LAS VEGAS, NEVADA ,89103

(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 survey completed at your facility on 06/24/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for three Residential Facility for Group beds for elderly and disabled persons, Category II residents and five Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and five 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 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 was identified:	0000		
1600 SS= F	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by	1600	1) The findings will be corrected by adding the choice of pronouns on all resident admission paperwork and all new hire applications. 2) The systematic changes put into place will be to add the section of pronoun choice to all new hire and resident admission forms. 3)The corrective actions will be monitored by the manager 4) The manager will be responsible to ensure that the plan of corrections is implemented. 5) The corrective action was taken the very same date as the survey on June 24th 6) The supportive documents have been uploaded for review 7) Facility forms used have been reviewed to ensure that the correct inclusive wording has been added where applicable.	08/14/2025

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	subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on interview and record review, the facility failed to ensure 8 of 8 residents files included documentation of preferred pronoun, gender expression and sexual orientation (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 (R1) R1 was admitted on 03/24/25, with diagnoses including dementia and hypertension. R1's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #2 (R2) R2 was admitted on 12/23/24, with diagnoses including congenital mental disability and diabetes. R2's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #3 (R3) R3 was admitted on 09/27/24, with diagnoses including dementia and hypertension. R3's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #4 (R4) R4 was admitted on 12/23/24, with diagnoses including intellectual development disorder and diabetes. R4's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #5 (R5) R5 was admitted on 12/01/24, with diagnoses including senile			

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	degeneration of the brain and hypertension. R5's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #6 (R6) R6 was admitted on 03/17/25, with diagnosis including intracranial bleed and hypertension. R6's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #7 (R7) R7 was admitted on 12/12/24, with diagnoses including dementia and hypertension. R7's file lacked documentation of preferred pronoun, gender expression and sexual orientation. Resident #8 (R8) R8 was admitted on 09/27/24, with diagnoses including dementia. R8's file lacked documentation of preferred pronoun, gender expression and sexual orientation. On 06/24/25 in the afternoon, the Administrator confirmed there was no documentation of preferred pronoun, gender expression and sexual orientation for Resident #1, #2, #3, #4, #5, #6, #7, and #8. Severity: 2 Scope: 3			