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
	6035	A. BUILDING _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	**3212 EL CAMINO RD, 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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey and infection control survey conducted at your facility on 12/02/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled and/or persons with chronic illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of survey was eight. Eight resident files and three employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 deficiencies were identified.	0000		

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: FAITH RAMOS | Title: RFA | Date: 12/20/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6035	A. BUILDING _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	3212 EL CAMINO RD, 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
0050 SS= E	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, interview and employee record review, the facility failed to ensure infection control practices were implemented and maintained in response to the COVID-19 pandemic. Findings include: On 12/02/21 at 8:30 AM, the Health Facility Inspector was not asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus. The Administrator acknowledged COVID-19 screening questions should have been asked prior to entry into the facility. Severity: 2 Scope: 2	0050	Administrator gave a class to employees on 12/4/21 to address Covid protocols including asking the Covid screening questions to each person that enters the facility, regardless of who they are. Manager will review protocols with staff quarterly and will monitor by watching staff to see if they are asking screening questions in order to make sure this problem does not reoccur. This was addressed 12/4/21.	12/04/2021
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior of the facility was maintained. Findings include: On 12/02/21 at 8:40 AM, the following were observed: -Excessive dust build up on two heating/air conditioning vents located in the dining area and a resident's room. -Dryer in laundry room lint filter was full of lint. -Oven door in kitchen had shattered glass. -Inoperable microwave was not removed out of kitchen. The Caregiver and Administrator acknowledged the interior of the facility was not properly maintained. Severity: 2 Scope: 3	0178	Manager to ensure that facilities are kept in clean and repaired order at all times. Manager will speak with staff weekly regarding any repairs that need to be done in the facility to ensure that repairs are made immediately upon discovery. Dust build up on two air conditioning vents were cleaned on 12/02/21. Dryer in laundry was cleaned and lint removed on 12/02/21 before end of survey, and Manager is checking randomly to ensure lint is removed after every wash. New Double oven was ordered on 12/14/21. New Microwave was ordered on 12/14/21 and inoperable one removed. Administer spoke to staff and management regarding need to maintain facilities, doing this to ensure that these maintenance issues do not reoccur. This was done on 12/02/21.	12/02/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6035	A. BUILDING _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	3212 EL CAMINO RD, 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
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp items were not accessible to residents. Findings include: On 12/02/21 at 8:30 AM, a kitchen knife was observed on the kitchen counter. The Caregiver acknowledged the kitchen knife was not locked away and secured. The Caregiver indicated the kitchen knife should have been locked up and not accessible to the residents. Severity: 2 Scope: 3	0994	Administrator had a class on 12/04/21 with staff to address Keeping all Sharps Locked Up. Manager to check area frequently to ensure no sharps are not locked up. Staff and Management to work together to watch behind each other to ensure that everyone is locking up all sharps, including all knives. Management will reprimand staff if they find any unlocked sharps to ensure that this deficiency is not repeated. This was addressed on 12/04/21.	12/04/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6035	A. BUILDING _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	3212 EL CAMINO RD, 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
0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure an exterior gate in the backyard was locked. Findings include: On 12/02/21 at 8:30 AM, during a facility tour, the back yard gate that led to the street was observed as not secure and unlocked. The Caregiver acknowledged the gate was not locked and was unsecured. The Caregiver indicated the gate should have been locked. Severity: 2 Scope: 3	0995	Administrator gave staff a class regarding keeping doors, cabinets, and gates locked for safety on 12/04/21. Back yard gate is now locked and all staff shown the gates at the facility to draw attention to their location and the need to monitor them being locked at all times for resident safety. Gate was locked on 12/02/21 and has remained locked. Management to monitor all gates to make sure they remain locked at all times to ensure this is not repeated. This was addressed on 12/02/21.	12/02/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6035	A. BUILDING _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	3212 EL CAMINO RD, 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
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents. Findings include: On 12/02/21, the following toxic substances were accessible to residents and found in the unlocked laundry room: -One bucket of detergent. -Three bottles of Shampoo. -Two boxes of hair dye. The Caregiver acknowledged the toxic substances should have been secured. Severity: 2 Scope: 3	0999	Administrator gave staff a class regarding keeping doors, cabinets, and gates locked for safety on 12/04/21. Laudry room door is now locked and staff taught the need to monitor laundry room door being locked at all times for resident safety. Door was locked on 12/02/21 and has remained locked at all times accept when caregiver inside doing laundry. Management to monitor Laundry room door to make sure it remains locked to ensure this is not repeated. This was addressed on 12/02/21.	12/02/2021