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 _____	12/14/2022

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 12/14/22, 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 nine. Nine resident files and six 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 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: CHRISTOPHER LANE Title: Administrator Designee RFA	Date: 12/22/2022

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0620 SS= E	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain and/or update annually, exemptions to retain residents who were bedfast and unable to turn on their own without assistance for 3 of 9 residents (Resident #5, Resident #7 and Resident #9). Findings included: Resident #5 (R5) R5 was admitted on 01/12/21 with diagnosis including dementia. R5 was unable to demonstrate the ability to turn in bed without the assistance of a caregiver. Record review revealed R5 had a bedfast waiver dated 05/07/21. There was no documented evidence a bedfast waiver had been renewed annually in the record of R5. Resident #7 (R7) R7 was admitted on 08/25/22 with diagnosis including dementia. R7 was unable to demonstrate the ability to turn in bed without the assistance of a caregiver. There was no documented evidence of a bedfast waiver in the record of R7. Resident #9 (R9) R9 was admitted on 11/15/22 with diagnosis dementia and diabetes type 2. R9 was unable to demonstrate the ability to turn in bed without the assistance of a caregiver. There was no documented evidence of a bedfast waiver in the record of R9. The Division of Public and Behavioral Health's (DPBH) Medical Waiver log lacked documented evidence the facility applied for a bedfast waiver for R7 and R9 and had renewed annually for R5. On 12/14/22 in the morning, a Caregiver indicated R5, R7 and R9 were immobile and required assistance to turn in bed and the Administrator designee confirmed they did not have current bedfast waivers for R5, R7 or R9. Severity: 2 Scope: 2	0620	1) The Waiver deficiencies noted have been addressed by submitting the Bedfast Waiver Exemption request via the HCQC online system. Although the system does not generate a "request submitted" receipt, the attached documents show the three Residents (Resident's #5, #7 & #9) that have been submitted as of December 21, 2022. **(See Attachments to POC).** 2) Upon admittance while completing the in-house ADL Assessment form, the Administrator or Designee will assess the Resident to see if a Waiver from the Bureau is required for any and all conditions, including Bedfast. Should a Resident not yet be needing a Waiver but is in a physical state where the Resident may need one before the annual assessment is required, the Resident will be "tagged" on his latest ADL assessment to be re-assessed monthly at a maximum. 3) The Administrator, at the beginning of every month will review folders, medical documents and conduct a visual inspection of each Resident to see if a request for a Waiver is justified and all documents needed to apply for a Waiver are available (Plan of Care, etc.). 4) Administrator will be responsible for ensuring correction is implemented. 5) 12/21/22	12/21/2022

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure all medications were properly labeled for 2 of 10 residents (Resident #8 and Resident #9). Findings include: Resident #8 (R8) was admitted on 07/12/22 with diagnosis including Alzheimer's disease. Physician's order dated 07/06/22 documented calcium tablets, 600 milligrams (mg), take one tablet daily. Calcium was found without the prescribing physician's name and when to administer to R8. On 12/14/22 at 10:45 AM, a Caregiver confirmed R8's calcium was unlabeled without the prescribing physician's name and when to administer. Resident #9 (R9) was admitted on 11/15/22 with diagnosis including dementia and atrial fibrillation. Physician's order dated 11/04/22 documented Acetaminophen, 325 mg, take two tablets every four hours as needed. A bottle of Acetaminophen was found without the resident's name, prescribing physician's name and when to administer to R9. On 12/14/22 at 10:55 AM, a Caregiver confirmed R9's Acetaminophen was unlabeled with the resident's name, prescribing physician's name and when to administer. Severity: 2 Scope: 1	0923	1) We have corrected the deficiencies found with regards Resident #8 & #9's OTC Medications during the survey when they were discovered. Labels were correctly applied to all unlabeled Meds found and verified with the MAR. 2) We will reinforce the standing policy we have for labeling OTC and other unlabeled Medications delivered to the facility, generally through the Resident's family. This Policy entails writing the Residents and Physicians name at a minimum and applying it to the Med bottle on a blank white sticky label we stock specifically for this purpose. Responsible Med Techs will log any medication they find without labels applied in the Bin as they are preparing daily medications, so we can track received logs and identify those Staff that may need additional Medication Training. 3) Beside the daily Med Tech observations, both the Chief Medication Technician and the Administrator or her Designee, will spot check Resident Medication Bins on a weekly basis to look for this and other irregularities. 4) The Administrator will be responsible for seeing this correction is made. 5) 12/14/2022	12/14/2022