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 _____	**08/30/2023**

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 complaint investigation completed in your facility on 08/30/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons, chronically ill persons, and persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. The sample size was four. The facility received a grade of A. There were two complaints investigated: Verified: 1. Complaint #NV00069282 was verified. See TAG Y673. Unverified: 2. Complaint #NV00068975 could not be verified. The investigation of the complaint included: Tour of the facility, observation of residents, who were clean and well groomed, caregivers responding to residents with care and assistance, residents eating lunch and snacks, and review of a video recording and photographs of the resident of concern. Interviews were conducted with the Owner / Operator, one Caregiver, a Hospice Registered Nurse, and five residents. Clinical record review of four residents, including the resident of concern. Document review of Admission / Transfer / Discharge policies and procedures, text message correspondence, and Resident Rights. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRESENCIA SMITH Title: Administrator Date: 09/18/2023

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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0673 SS= D	Discharge of Resident; Notice of Discharge - NAC 449.2708 Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior. (NRS 449.0302) 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his or her approval pursuant to this section, the facility must provide the resident, his or her representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged. Inspector Comments: Based on interview, record review, and document review, the facility failed to notify a resident and representative in writing of discharge of one resident (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 05/17/23 with diagnoses including Alzheimer's dementia and chronic obstructive pulmonary disease. The Discharge / Transfer Sheet documented R1 was transferred to another residential facility for groups on 07/06/23, and the Power of Attorney was notified of the transfer on 07/06/23 the same day as the transfer, the same day as the transfer. R1's file lacked documented evidence of a written notice of discharge to the next of kin or Power of Attorney. On 08/30/23 at 1:30 PM, the Owner verbalized not giving any written notice in advance of the transfer. The Owner indicated it was the facility's policy to give a 30-day notice in writing to the next of kin or Power of Attorney. The facility's policy, Involuntary Discharge of Patient (undated) documented before a resident may be discharged from a residential facility without his/her approval, the facility must provide the resident, his / her representative, and/or the person who pays the bill on behalf of the resident, if any, with written records that the resident will be discharged. Severity: 2 Scope: 1 Complaint #NV00069282	0673	1) Our correction of this deficiency is to follow the Policy of the Group Home. We will give a written notice, as required, when transferring a resident to another facility. It was an unfortunate error to transfer the resident with same day notice, even though it was to ownership's other facility where it was thought a private room would be more appropriate for the resident. 2) The Administrator has discussed this policy with ownership, and we agree that no transfer will take place unless both are engaged in the decision to transfer and proper notices, both written and verbal, are first to be made. 3) As stated in #2 above, both Ownership and the Administrator must be engaged in the decision to transfer a resident, for whatever reason. The Ombudsman and the Resident / (POA, et al) will be notified and all regulations will be followed. 4) The Administrator will be responsible for ensuring the Plan will be followed. 5) 9/3/2023	09/03/2023