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 _____	**12/18/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EUROPEAN HOME CARE	**3212 EL CAMINO RD, LAS VEGAS, NEVADA ,89146**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual and complaint investigation survey completed at your facility on 12/18/24, 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 ten. Ten resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00072948 was substantiated - see tag 0950. The investigation of the complaints included: Observation of the resident(s) of concern, staff working with residents and staff to resident interactions. Interviews were conducted with residents, Caregiver, Medication Technicians, any resident family members who were present, Facility Consultant and the Administrator. Clinical Record review of ten residents, including the resident(s) of concern which included the facility's resident file(s) and the hospice agency binders. Document review including policy and procedures for reporting changes in resident condition, staffing schedule, service plan reports, resident Service Agreement, any grievance reports and facility incident reports. 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		
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS	0515	1) We have located the Care Plans started for each Resident and have received signatures that were missing from most of	03/06/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: PHILIP PRENTISS Title: Administrator Date: 03/14/2025

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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	449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to develop and have a person-centered service plan for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Findings include: Resident #1 (R1) R1 was admitted on 08/10/24, with diagnoses including altered mental state, coronary artery disease, hypertension and atrial fibrillation. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #2 (R2) R2 was admitted on 04/5/2024, with diagnoses including Wericke's disease, encephalopathy. depression, anxiety, hypertension with a history of alcohol abuse. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #3 (R3) R3 was admitted on 07/12/2022, with diagnoses including dementia with late onset of Alzheimer's disease. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #4 (R4) R4 was admitted on 02/16/2023, with diagnoses including dementia, behavioral disturbance, anxiety, generalized weakness and, hypertension. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #5 (R5) R5 was admitted on 11/15/2024, with diagnoses including hypertension, hemiplegia - right sided,		them. In the future, all Service Care Plans will commence upon admittance and be completed within 10-14 days. Final signatures by all participants will then be obtained so that immediate Care Plan directions can be followed. 2) We will make sure that Service Care Plans will be tagged for a 10-day and 14-day review from the admittance date so that we can finalize any last-minute changes or additions before final signatures are obtained and implementation of the plan Commences. 3) The Administrator will be the final signature and will make sure that the entire process was within the 14-day goal. If not, additional changes can be made to the process from what was learned. 4) Administrator will be responsible for implementing this plan of correction. 5) March 6, 2025 6) **Attached copies of 9 Service Care Plans** (Resident #6 has expired)	

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	mood disorder, high cholesterol, gastroenteritis, diabetes type II, history of cerebral infarction and alcohol abuse and hypertension. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #6 (R6) R6 was admitted on 10/26/2024, with diagnoses including osteoarthritis, hypertension, dyslipidemia, morbid obesity, cerebral vascular accident, asthma, migraines, edema in lower extremities. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #7 (R7) R7 was admitted on 05/08/24, with diagnoses including dementia, abnormal gait and mobility, altered mental status, hypertension, insomnia and muscle weakness. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #8 (R8) R8 was admitted on 10/27/23, with diagnoses including Alzheimer's, dementia and osteoporosis. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #9 (R9) R9 was admitted on 08/31/24, with diagnoses including Parkinson's disease, vascular dementia, CVA, vitamin B12 and vitamin D deficiency. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. Resident #10 (R10) R10 was admitted on 07/03/2018, with diagnoses including Parkinson's disease, gait abnormality, neuropathy, hyperlipidemia, hypotension, insomnia and incontinence. The clinical record review revealed the facility failed to have documented evidence of a person-centered service plan on file. On 12/18/2024, the Administrator and Lead Medication Technician indicated the facility had not developed the required person-centered service plan and acknowledged			

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	the findings during the exit interview. Severity: 2 Scope: 3			
0950 SS= F	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident. Inspector Comments: Based on interview and record review, the facility failed to obtain a copy of the hospice plan of care required for 6 of 10 residents who were receiving hospice care (Resident #1, #2, #3, #4, #5 and #6). Findings include: Resident #1 (R1) R1 was admitted on 08/10/24, with diagnoses including altered mental state, coronary artery disease, hypertension and atrial fibrillation. The facility had a designated hospice binder for the resident. However, the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a hospice care plan, per the requirement. Resident #2 (R2) R2 was admitted on 04/5/24, with diagnoses including Wericke's disease, encephalopathy. depression, anxiety, hypertension with a history of alcohol abuse. The facility had a designated hospice binder for the resident. However, the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice	0950	1) We have contacted the Hospice companies for all our Residents to make sure they supply us with the most current POC available, as required by regulation. We currently have a Hospice POC for residents still on the program. 2) In the future, when a Hospice program is added to a resident, we will make sure they are aware that as soon as the POC is completed, we would need a copy. If a Hospice comes in with a new resident, the POC in effect at that time will be requested so that all staff are aware of the Plan. 3) We have added the need for an immediate or ASAP Hospice POC for all new admittances already on a Hospice program and all current and new residents that are added to a Hospice program after admittance. 4) Administrator will be responsible for implementing this Plan of Correction. 5) March 6, 2025 6) **Attached copies of 5 Hospice Plans of Care** (Resident #6 has expired).	03/06/2025

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	services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a care plan, per the requirement. Resident #3 (R3) R3 was admitted on 07/12/22, with diagnoses including dementia with late onset of Alzheimer's disease. The facility had a designated hospice binder for the resident. However, the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a care plan, per the requirement. Resident #4 (R4) R4 was admitted on 02/16/23, with diagnoses including dementia, behavioral disturbance, anxiety, generalized weakness and, hypertension. The facility had a designated hospice binder for the resident. However, the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a care plan, per the requirement. Resident #5 (R5) R5 was admitted on 11/15/24, with diagnoses including hypertension, hemiplegia - right sided, mood disorder, high cholesterol, gastroenteritis, diabetes type II, history of cerebral infarction and alcohol abuse and hypertension. The facility had a designated hospice binder for the resident. However,			

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	the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a care plan, per the requirement. Resident #6 (R6) R6 was admitted on 10/26/24, with diagnoses including osteoarthritis, hypertension, dyslipidemia, morbid obesity, cerebral vascular accident, asthma, migraines, edema in lower extremities. The facility had a designated hospice binder for the resident. However, the hospice binder did not have any of the required care plan documentation nor medication details, progress/visit notes and care plan interventions. There was a lack of evidence when the resident began hospice services as there was no documentation in the resident hospice binder. There were no documents to establish communication between the facility and hospice. The clinical records lacked documented evidence of a care plan, per the requirement. On 12/18/24 in the morning, the Lead Medication Technician (LMT) indicated the residents with hospice binders which had not been updated were still receiving hospice services and all of the communication between the facility and hospice was mainly verbal, because there were no documents available. The LMT was not aware of a written coordinated care plan between the facility and the hospice agencies. On 12/18/24 in the afternoon, the Administrator and Lead Medication Technician acknowledged the hospice binders had not been updated with hospice communication and neither the facility's resident file nor the hospice binders had evidence of a coordinated care plan. Severity: 2 Scope: 3 Complaint			

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