

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7722	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2019
NAME OF PROVIDER OR SUPPLIER EUROPEAN SENIORS LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3045 S. MONTE CRISTO WAY, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey initiated at your facility on 10/03/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for persons with chronic illness, mental illness, residential facility for elderly or disabled and/or five Category I and five Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and seven 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.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0620 SS= D	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, record review and interview on 10/03/19, the facility failed to ensure it had a bed fast exemption for a bed fast resident (Resident #2). Resident #2 was incapable of repositioning themselves in bed without assistance and the residents file did not contain an exemption. Severity: 2 Scope: 1	0620	We applied for a bed-fast exemption of 10- 10-19. The House Manager will ensure that each resident can turn in bed without assistance at the time of admission and at the time of any change in condition. The House Manager will inform the Administrator if see that the resident is unable to get out of bed or turn side-to-side without assistance. The House Manager is responsible for ensuring that this deficiency does not reoccur.	10/10/201 9

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 Name: PATRICIA THERESA Title: Administrator
REPRESENTATIVE'S SIGNATURE BRUSHFIELD

Date: 10/17/2019

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(X4) ID PREFIX TAG 0876 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0876	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 10/03/2019
	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on interview and record review on 10/03/19, the facility failed to ensure an agreement was signed for the facility to administer medications to Resident #2. Severity: 2 Scope: 1		We will have the resident sign an authorization. The authorization is included in the admission agreement. The admission agreement is in the computer system and will be printed out with each admission agreement. The House Manager is the person responsible for ensuring this deficiency does not happen again.	