

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 08/30/2021
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)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control survey conducted at your facility on 08/30/21, 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 elderly and disabled persons and/or persons with chronic illness, and/or persons with mental illness Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of A. 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.			

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: JOHANA BOCANCEA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 09/17/2021

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(X4) ID PREFIX TAG 0450 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0450	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 09/14/202 1
	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 5 employees received first aid and cardiopulmonary resuscitation (CPR) training within 30 days of employment (Employee #1 - hired 10/01/20). Employee #1 had documented CPR training on 02/18/21. On 08/30/21, the House Manager acknowledged Employee #1 did not receive CPR training within 30 days of start date. Severity: 2 Scope: 1		1. The administrator will correct these findings by implementing a more vigorous method to check employee and resident files. 2. Furthermore, when the facility hires an employee we will do all that's necessary to make sure that they have all of the appropriate paperwork needed. 3. The manager and administrator will work together to ensure that all of the required documentation is present in the files at our facility. 4. The administrator and manager are responsible for the implementation for the plan of correction. 5. Once we discovered that the CPR card was past due, we sent the employee to get an new CPR card on February, 2021. 6. The valid CPR card is in the employee file at the facility.	