STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295037	A. Building B. Wing	01/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Henderson Health and Rehabilitation	1180 E. Lake Mead Parkway Henderson, NV 89015

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50513 Based on observation, interview, record review, and document review, the facility failed to ensure the call light buttons were within the reach of the residents for 1 of 11 sampled residents (Resident 1). The deficient practice had the potential safety risk of the resident experiencing delays in receiving necessary assistance, leading to potential safety risks like falls, discomfort, and being unable to alert staff when they need help. Findings include: Resident 1 (R1) was admitted on [DATE], with diagnoses including secondary malignant neoplasm of bone, generalized muscle weakness, repeated falls, with need for assistance with personal care. On 01/28/2025 at 10:56 AM, R1 was lying in bed and the call light was not within reach. R1's call light button was at the bedside table of adjacent resident. On 01/28/2025 at 11:01 AM, a housekeeper confirmed the call light was not within R1 reach. On 01/28/2025 at 11:13 AM, a Licensed Practical Nurse (LPN) verbalized the call light should have been within R1 reach and not on the bedside table of the adjacent resident. The LPN stated the resident was a fall risk. The LPN communicated all staff are responsible for ensuring the call light are within the resident's reach. On 01/28/2025 at 12:12 PM, the Director of Nursing stated call lights should be placed within the reach of the resident. Complaint NV00072771

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE