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	01/16/2026

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 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and document review, the governing body of the facility failed to oversee services performed by a contracted vendor, including ensuring the accuracy of documentation of resident behaviors and for 6 of 28 residents (Residents 4, 9, 11, 15, 18, and 19). This deficient practice had the potential to lead to inappropriate tiering and state payments for residents in a Medicaid Behaviorally Complex Care Program.Findings include:F0837: Governing BodyBased on interview, record review, and document review, the governing body of the facility failed to oversee services performed by a contracted vendor, including ensuring the accuracy of documentation of resident behaviors and for 6 of 28 residents (Residents 4, 9, 11, 15, 18, and 19). This deficient practice had the potential to lead to inappropriate tiering and state payments for residents in a Medicaid Behaviorally Complex Care Program.Findings:The investigation included a review of a document titled Behavior Frequency Documentation Data Sheet, consisting of four pages for tracking resident behaviors:Page 1 consisted of columns for date, tracked behaviors, Other, and staff initials, with a grid for days 1-31 and instructions to check applicable behaviors daily. Pages 2-3 consisted of sections listing behaviors and a table with columns for the date, time, behaviors, intervention, and signature.Resident #4 (R4) was re-admitted to the facility on [DATE], with diagnoses including peripheral vascular disease, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and personal history of transient ischemic attack.R4's Behavior Frequency Documentation Data Sheets for September 2025 revealed staff checked off behaviors which occurred on each day and initialed. Review of the document revealed initials were recorded by two different staff members. Fourteen of these entries, marked as AB, were associated with a staff member whose identity could not be verified. Interventions documented for R4 included a token economy system, loss of privileges, group contingency systems, seating arrangement changes, and frequent movement breaks. All interventions were noted as effective; however, these interventions were unapproved for this resident.Resident #9 (R9) was re-admitted to the facility on [DATE], with diagnoses including unspecified dementia, cognitive communication deficit, atherosclerosis of aorta, and anxiety disorder.R9's Behavior Frequency Documentation Data Sheets for September 2025, revealed staff checked off behaviors which occurred on each day and initialed. Review of the document revealed initials were recorded by two different staff members. Nine of these entries were associated with the staff member whose identity could not be verified.Interventions documented for R9 included those noted as effective such as scheduled movement breaks, clear consequences and a quiet corner or calming space; and those noted as successful such as student-teacher conferences, school-wide PBIS (positive behavior interventions and supports), behavior tracking apps, classroom jobs and those noted as somewhat effective such as whole-class reward systems. All of these interventions were unapproved for this resident.Resident #11 (R11) was admitted to the facility on [DATE], with (continued on next page)

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

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	diagnoses including hemiplegia and hemiparesis following unspecified cerebrovascular disease, cerebral infarction, metabolic encephalopathy, and bipolar disorder.R11's Behavior Frequency Documentation Data Sheets for August 2025 revealed staff checked off behaviors which occurred each day and initialed. Review of the document revealed initials were recorded by two different staff members. Fifteen entries, marked as AB, were associated with a staff member whose identity could not be verified.Resident #15 (R15) was admitted to the facility on [DATE], with diagnoses including unspecified atrial fibrillation, aneurysm of carotid artery, atherosclerotic heart disease, and unspecified schizophrenia.R15's Behavior Frequency Documentation Data Sheets for August 2025, revealed staff checked off behaviors which occurred each day and initialed. The record contained 15 unidentified initials. Review of the document revealed initials were recorded by two different staff members. Fifteen entries, marked as AB, were associated with a staff member whose identity could not be verified.Resident #18 (R18) was re-admitted to the facility on [DATE], with diagnoses including gastrostomy malfunction, type 2 diabetes mellitus, unspecified hypotension, and unspecified dementia.R18's Behavior Frequency Documentation Data Sheets for September 2025 revealed staff checked off behaviors which occurred each day and initialed. The record contained 10 unidentified initials. Review of the document revealed initials were recorded by two different staff members. Ten of these entries, marked as AB, were associated with the staff member whose identity could not be verified.Resident #19 (R19) was admitted to the facility on [DATE], with diagnoses including other schizophrenia, morbid obesity, drug induced akathisia, and unspecified abnormal involuntary movements.R19's Behavior Frequency Documentation Data Sheets for September 2025 revealed staff checked off behaviors which occurred each day and initialed. The record contained 14 unidentified initials. Review of the document revealed initials were recorded by two different staff members. Fourteen of these entries, marked as AB, were associated with the staff member whose identity could not be verified.Interventions documented for R19 included those noted as effective such as time-outs, loss of privileges and proximity control; and those noted as successful such as a calm down corner, and teacher praise; those noted as failed such as expulsion and corporal punishment; and those noted as ineffective such as detention and corporal punishment again. All of these interventions were unapproved for this resident.On 12/03/2025, during a telephone interview, the Chief Clinical Officer with the contracted agency indicated not noticing any abnormalities with R4, R9, R11, R15, R18, or R19's documentation and had approved it to be sent to the Medicaid Behaviorally Complex Care Program in an application for consideration.On 12/04/2025 a Care Coordination Director (CCD) with the contracted agency, explained the behaviors the care coordination staff documented came from nursing documentation, care plans, meetings, and personal observations. The interventions the care coordination staff documented should have come from the resident care plans. The information gathered was used to fill out the BCCP resident application on behalf of the facility. The CCD was not aware if anyone at the facility reviewed the applications before their company submitted the applications to the Medicaid Behaviorally Complex Care Program responsible for approval. On 12/04/2025, the Director of Nursing explained none of the facility staff documented on the Behavior Frequency Documentation Data Sheets as the facility staff did not have access to these sheets. The DON verified the interventions documented on the sheets did not come from the care plans for R4, R9, or R19, and verified the facility had not been using any of the listed interventions for behaviors.On 12/04/2025, the Director of Nursing explained none of the facility staff documented on the Behavior Frequency Documentation Data Sheets as the facility staff did not have access to these sheets. The DON verified the interventions documented on the sheets did not come from the care plans for R4, R9, or R19 as the facility had not been using any of the listed interventions for behaviors.On (continued on next page)

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F 0837 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/04/2025, during email correspondence, the Chief Clinical Officer with the contracted agency communicated there was an ongoing investigation regarding the use of the initials AB in the resident documents because those initials did not correspond with any current contracted staff.On 12/04/2025, in the afternoon during a telephone interview, a Behavior Coordinator with the contracted agency admitted to using initials other than their own on the Behavior Frequency Documentation Data Sheets. The Behavior Coordinator used a template already containing initials similar to a supervisor, so they left them in place.The Behavior Coordinator reported using an internet-based artificial intelligence (AI) application to generate the interventions and determine whether the interventions were effective. The Behavior Coordinator was unsure of the meaning of certain interventions, such as seclusion, detention, suspension, expulsion, or corporal punishment, but noted that these terms sounded bad.The Behavior Coordinator further disclosed being new to the position at the time and had only received one day of training and a few weeks of shadowing other coordinators. They had not been trained on processes to ensure documentation accuracy. The Behavior Coordinator stated the supervisor had instructed them over a month prior to stop using the term corporal punishment. The Behavior Coordinator explained that during a group meeting held a week earlier, the provider directed staff to discontinue using the templates altogether.The Behavior Coordinator indicated once staff completed the sheets, the sheets were placed in a completed folder for the Lead Behavior Coordinator to review and forward to the office.On 12/31/2025 in the morning, during a telephone interview, a Lead Behavior Coordinator, with the contracted agency explained that prior to October, each coordinator submitted their data sheets directly to the office staff, who gathered the sheets and submitted them with the application packet to the physician for final review and submission to the State.After October, a new process was implemented: each coordinator placed the completed data sheets in a designated folder. The Lead Behavior Coordinator reviewed the sheets for accuracy and then moved them to a Management Review folder. Once management reviewed the sheets, they were forwarded to the office staff, who compiled them with the application packet for physician review and submission to the State.The Lead Behavior Coordinator admitted instructing the Behavior Coordinator to stop using spanking and corporal punishment as interventions after noticing those terms on the sheets and explained where to find the correct information. The Lead Behavior Coordinator acknowledged being aware that the Behavior Coordinator was using other initials to sign off on paperwork but had not reported it. The Lead Behavior Coordinator stated they were not aware the Behavior Coordinator was using AI to generate interventions.The Lead Behavior Coordinator also reported a supervisor held a meeting one week prior to the state survey, instructing staff to discontinue using templates and showed them where to locate the required information.The facility's Governing Body Policy and Procedure, revised 04/2025, documented the Governing Body provided support and direction to the facility and appointed an administrator who was responsible for the management and operation of the facility.The facility provided a copy of the Independent Services Agreement, effective July 1, 2022; amended 6/4/2024, which outlined the service provider's responsibility to maintain complete service records, including legible and accurate progress notes and observations, and to promptly incorporate these records into the facility's clinical and business records. The agreement stated that any work product created in the course of providing services became the exclusive property of the facility. The facility retained responsibility for ensuring that all services met professional standards and principles within the facility.Complaint 2651442