

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2026
NAME OF PROVIDER OR SUPPLIER  Tlc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 W Warm Springs Rd Henderson, NV 89014	
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 - Few	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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, for 2 of 13 sampled residents (Resident 4 and 6). This deficient practice had the potential to result in inappropriate tiering and state payments for residents in the Medicaid Behaviorally Complex Care Program. Findings include: The investigation included a review of a document titled Behavior Frequency Documentation Data Sheet, consisting of four pages used for tracking resident behaviors: Page 1 contained columns for the date, tracked behaviors, Other, and staff initials, along with a grid for days 1-31 and instructions directing staff to check applicable behaviors daily. Pages 2 and 3 contained sections listing behaviors and a table with columns for the date, time, behaviors, interventions, and signature. Resident #4 (R4) was admitted on [DATE], with diagnoses including schizophrenia, dementia, major depressive disorder, and generalized anxiety disorder. R4 was discharged on 10/18/2025. R4's Behavior Frequency Documentation Data Sheets for September 2025 revealed staff checked off behaviors which occurred each day and initialed the entries. 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. R4's Behavior Frequency Documentation Data Sheets for October 2025 revealed staff checked off behaviors which occurred each day and initialed the entries. Review of the document revealed initials were recorded by two different staff members. Eight of these entries, marked as AB were associated with a staff member whose identity could not be verified. Interventions documented for R4 included those noted as effective, such as loss of privileges, time-out, detention, parent teacher conferences, suspension, student-teacher conferences, expulsion, and seclusion; those noted as successful, such as a calm-down corner; those noted as failed, such as expulsion and corporal punishment; and those noted as ineffective, such as detention and corporal punishment. All these interventions were unapproved for R4. R6's Behavior Frequency Documentation Data Sheets for August 2025 revealed staff checked off behaviors which occurred each day and initialed the entries. Review of the document revealed initials were recorded by two different staff members. Fifteen of the entries, marked as AB were associated with a staff member whose identity could not be verified. R6's Behavior Frequency Documentation Data Sheets for September 2025 revealed staff checked off behaviors which occurred each day and initialed the entries. Review of the document revealed initials were recorded by two different staff members. Nine of the entries, marked as AB were associated with a staff member whose identity could not be verified. On 12/31/2025 at 11:45 AM, a Unit Manager explained contracted behavioral health staff came to the facility to visit residents who had behavioral issues and were contracted to provide treatment and interventions for residents who were enrolled in the behaviorally complex care program. The Unit Manager indicated the facility typically held interdisciplinary team (IDT) meetings with contracted behavioral health staff to discuss each resident's progress. The Unit Manager indicated the facility had never used terms such as loss of (continued on next page)</p>		

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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2026
NAME OF PROVIDER OR SUPPLIER  Tlc Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 W Warm Springs Rd Henderson, NV 89014	
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)		
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>privileges, time-out, detention, parent-teacher conferences, suspension, expulsion, or seclusion when addressing resident behaviors. The Unit Manager explained none of the facility staff documented on the Behavior Frequency Documentation Data Sheets because facility staff did not have access to these sheets. The Unit Manager verified the interventions documented on the sheets did not come from R4's care plan, as the facility had not used any of the listed interventions for behaviors. On 12/30/2025 at 10:30 AM, the Assistant Administrator indicated an outside vendor was contracted by the facility to provide services for residents with behavioral issues. The vendor had its own behavioral health staff who came to the facility to provide treatment and interventions. The Assistant Administrator stated behavioral health staff and facility staff participated in interdisciplinary team (IDT) meetings; however, all treatment and documentation were completed by behavioral health staff. On 12/30/2025 at 2:45 PM, the Administrator explained none of the facility staff documented on the Behavior Frequency Documentation Data Sheets because facility staff did not have access to these sheets. The Administrator stated contracted behavioral health staff were solely responsible for submitting all documents to Medicaid. The Administrator further indicated the facility and contracted behavioral health staff met during IDT meetings to discuss and review residents, and BHS brought its own staff to provide the services. On 12/31/2026, an email communication from the Chief Clinical Officer with the contracted vendor, indicated after reviewing the documents, the issue was determined to be isolated to a single employee who had documented interventions which were not actually implemented at the facility. The employee signed a statement confirming they had never witnessed any inappropriate interventions. The Chief Clinical Officer explained when documenting behavioral interventions, the employee was expected to obtain source information directly from facility staff regarding the real-time interventions being used in response to specific behaviors. Instead, the employee used an AI tool to generate interventions and entered this information into the documentation. 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 locate 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 policy titled Quality Assurance and Performance Improvement (QAPI) Program-Governance and Leadership (undated) documented the governing body was responsible for ensuring the QAPI focused on problems and opportunities reflecting processes, functions and services provided to the residents. The facility provided a copy of the Consulting Agreement, effective September 1, 2022, which documented during the term of the agreement, the consultants shall render the following services on behalf of the company: recommend best practices for maintaining adequate and accurate documentation of patient behavioral symptoms and conditions, and verify that patient data is correctly labeled and identified to ensure that claims are properly submitted. Complaint NV0002655916</p>		