IN THE SUPREME COURT OF THE STATE OF NEVADA

MAIDE, L.L.C. D/B/A GENTLE SPRING CARE HOME; SOKHENA K. HUCH; MIKI N. TON,

Appellants,

v.

CORINNE R. DILEO AS SPECIAL ADMINISTRATOR FOR THE ESTATE OF THOMAS DILEO; THOMAS DILEO, JR., AS STATUTORY HEIR TO THOMAS DILEO; AND CINDY DILEO, AS STATUTORY HEIR TO THOMAS DILEO,

Appellees,

Supreme Court No.: 81804

District Court No. Electron Cany-Filed Feb 10 2021 04:46 p.m. Elizabeth A. Brown Clerk of Supreme Court

APPELLANTS' APPENDIX VOL I

S. BRENT VOGEL
Nevada Bar No. 006858
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APPELLANTS' APPENDIX

Number	Date	Document	Volume	Page Number
1.	6/27/2019	Complaint	I	APP. 00001-00010
2.	8/14/2019	Defendants Maide, LLC D/B/A Gentle Spring Care Home, Sokhena K. Huch, and Miki N. Ton's Answer to Plaintiff's Complaint	I	APP. 00011-00018
3.	9/13/2019	Maide, L.L.C., a Nevada limited-liability company d/b/a Gentle Spring Care Home; Sokhena K. Huch, an individual; Miki N. Ton's Motion to Compel Arbitration	Ι	APP. 00019-00026
4.	9/24/2019	Plaintiffs' Opposition to Defendants Maide, L.L.C., a Nevada limited-liability company d/b/a Gentle Spring Care Home's, Sokhena K. Huch, and Miki N. Ton's Motion to compel Arbitration	I	APP. 00027-00070
5.	10/10/2019	Maide, L.L.C, a Nevada limited-liability company d/b/a Gentle Spring Care Home; Sokhena K. Huch, an individual; Miki N. Ton's Reply in support of Defendants' Motion to Compel Arbitration	I	APP. 00071-00096
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7.	4/21/2020	Plaintiff's Motion for	I	APP. 00110-00155
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13.	9/14/2020	Defendants' Notice of	III	APP. 00284-00334
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CERTIFICATE OF MAILING

I hereby certify that on this 10th day of February, 2021, I served the foregoing APPELLANTS' APPENDIX VOL. I upon the following parties by placing a true and correct copy thereof in the United States Mail in Las Vegas, Nevada with first class postage fully prepaid:

Jamie S. Cogburn, Esq. Hunter S. Davidson, Esq. COGBURN LAW OFFICES 2580 St. Rose Parkway, Suite 330 Henderson, NV 89074 Tel: 702.748.7777

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Attorneys for Real Party In Interest

/s/ Roya Rokni

An employee of LEWIS BRISBOIS BISGAARD & SMITH, LLP

6/27/2019 11:44 AM Steven D. Grierson CLERK OF THE COURT COMP **COGBURN LAW OFFICES** Jamie S. Cogburn, Esq. Nevada Bar No. 8409 isc@cogburncares.com CASE NO: A-19-797533-C Hunter S. Davidson, Esq. Nevada Bar No. 14860 Department 1 2580 St. Rose Parkway, Suite 330 Henderson, Nevada 89074 Telephone: (702) 748-7777 Facsimile: (702) 966-3880 Attorneys for Plaintiffs **DISTRICT COURT** 8 2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 **CLARK COUNTY, NEVADA** Telephone: (702) 748-7777 | Facsimile: (702) 966-3880 9 CORINNE R. DILEO as Special 10 Administrator for the ESTATE OF THOMAS DILEO; THOMAS DILEO, JR. as Statutory Case No.: COGBURN LAW OFFICES 11 Heir to THOMAS DILEO; and CINDY Dept. No.: DILEO, as Statutory Heir to THOMAS **DILEO** 12 Plaintiffs, 13 **COMPLAINT** 14 VS. MAIDE, L.L.C, a Nevada limited-liability 15 company d/b/a GENTLE SPRING CARE 16 HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE 17 INDIVIDUALS 1–10, inclusive; ROE ENTITIES 11–20, inclusive; 18 Defendants. 19 20 Plaintiffs Corinne R. DiLeo, as Special Administrator for the Estate of Thomas DiLeo, 21 Thomas DiLeo, Jr., as Statutory Heir to Thomas DiLeo, and Cindy DiLeo, as Statutory Heir to 22 Thomas DiLeo (collectively, "Plaintiffs"), by and through their counsel of record, Jamie S. Cogburn, Esq. and Hunter S. Davidson, Esq. of Cogburn Law Offices, hereby alleges as follows: 23 24 || / / / 25 || / / /

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APP. 00001

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2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880 COGBURN LAW OFFICES

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GENERAL ALLEGATIONS

(Parties to the Action)

- Thomas DiLeo ("Decedent") was Plaintiff Thomas DiLeo, Jr.'s and Plaintiff Cindy 1. DiLeo's father, and Plaintiff Corinne R. DiLeo's ex-husband. Decedent suffered significant neglect while an elderly resident at Gentle Spring Care Home, a skilled-nursing facility.
- 2. Decedent died in Clark County, Nevada and, at the time of his passing, was a resident of Clark County, Nevada.
- 3. Decedent was born on August 15, 1934 and, therefore, was an "older person" as that term is defined in NRS 41.1395.
- At all times relevant hereto, Plaintiff Corinne R. DiLeo was, and continues to be, 4. an individual residing in Clark County, Nevada.
- 5. At all times relevant hereto, Plaintiff Thomas DiLeo, Jr. was, and continues to be, an individual residing in Clark County, Nevada.
- 6. At all times relevant hereto, Plaintiff Cindy DiLeo was, and continues to be, an 15 individual residing in Clark County, Nevada.
 - 7. At all times relevant hereto, Defendant Maide, L.L.C d/b/a Gentle Spring Care Home ("Maide") was, and continues to be, a Nevada limited-liability company.
 - 8. At all times relevant hereto, Defendant Sokhena K. Huch ("Sokhena") was, and continues to be, an individual residing in Clark County, Nevada.
 - At all times relevant hereto, Defendant Miki N. Ton ("Ton") was, and continues to 9. be, an individual residing in Clark County, Nevada.

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- 10. Plaintiffs will ask for leave of Court to amend this Complaint to show such true names and capacities of Doe Individuals 1–10 ("Doe Individuals") and Roe Entities 11–21 ("Roe Entities") when the names of such Defendants have been ascertained. Upon information and belief, each of the Defendants designated herein as Doe Individuals or Roe Entities are responsible in some manner, and liable herein, by reason of negligence and other actionable conduct and, by such conduct, proximately caused the injuries and damages to Plaintiffs as alleged.
- 11. At all times relevant hereto, Defendants Maide, Sokhena, Ton, Doe Individuals, and/or Roe Entities (collectively, "Defendants") owned, operated, and/or controlled the Gentle Spring Care Home skilled-nursing facility, located at 6418 Spring Meadow Drive, Las Vegas, Nevada 89103 ("Nursing Facility"), and were in the business of providing 24-hour custodial care while subject to the requirements of Nevada state law.
- 12. At all times relevant hereto, each of the Defendants were the agents, servants, employees, and/or partners of each of their Co-Defendants, and were acting within the course and scope of their employment. Each of the Defendants as aforesaid, when acting as principal, was negligent in the selection, hiring, training, and/or supervision of each and every other Defendant, as its agent, servant, employee and partner.

FIRST CAUSE OF ACTION

(Abuse/Neglect of An Older Person as to Each of the Defendants)

- 13. Plaintiffs re-allege and incorporate by reference the allegations in the paragraphs above as though fully set forth herein.
- 14. Decedent was born on August 15, 1934 and, therefore, was an "older person" as that term is defined in NRS 41.1395.
- 15. In or about the year 2014, Decedent was admitted into the Nursing Facility for 24-hour care and supervision.

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- 16. Upon being admitted into the Nursing Facility, in or about the year 2014, Decedent suffered from dementia.
- 17. Upon being admitted into the Nursing Facility, in or about the year 2014, Defendants knew that Decedent suffered from dementia.
- 18. Defendants voluntarily assumed responsibility for Decedent's care, including, among other things, providing him with food, shelter, clothing, and services necessary to maintain his physical and mental health.
- 19. Given Decedent's condition upon admission into the Nursing Facility, Defendants knew that Decedent required 24-hour care and supervision to ensure that his daily needs were met.
- 20. Given Decedent's condition upon admission into the Nursing Facility, Defendants knew that Decedent struggled to care for himself and that Decedent relied upon the Nursing Facility's staff to provide assistance.
- 21. During Decedent's residency at the Nursing Facility, Defendants failed to provide the basic care to Decedent and protect him from harm.
 - 22. As a result of Defendants' inadequate care, Decedent suffered various injuries.
- 23. In particular, at the beginning of July 2017, Decedent purportedly injured his leg on a wheelchair while at the Nursing Facility.
- 24. To treat Decedent's leg injury, an employee or agent of the Nursing Facility wrapped Decedent's leg with an elastic bandage wrap and would not let Decedent remove it.
- 25. The employee or agent of the Nursing Facility wrapped Decedent's leg too tight with the elastic bandage wrap.
- 26. As a result of Decedent's leg being wrapped too tight with an elastic bandage wrap, Decedent developed gangrene on his leg.
- 27. After noticing that Decedent's leg had begun to change colors, the Nursing Facility 25 attempted to treat Decedent themselves, rather than transporting Decedent to a hospital.

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- 28. On or about July 21, 2017, after realizing the Nursing Facility would not transport Decedent to a hospital, Plaintiff Cindy DiLeo called 911 and had Decedent immediately transported to Spring Valley Hospital, in Las Vegas, Nevada.
- 29. On or about July 21, 2017, upon being admitted into Spring Valley Hospital, hospital physicians determined they would need to amputate Decedent's leg that developed gangrene.
- 30. On or about July 27, 2017, Decedent's leg amputation was postponed because Decedent's sodium chloride levels were too high.
- 31. On or about August 3, 2017, Decedent's leg was amputated, as a result of the gangrene he developed while a resident at the Nursing Facility.
- 32. On or about August 10, 2017, Decedent passed away from complications stemming from Defendants' inadequate care.
- 33. Decedent's injuries and death were, in part, caused by Defendants' failure to sufficiently staff the Nursing Facility with enough qualified employees to meet all of Decedent's daily needs.
- 34. Defendants' staffing practices may have saved them costs associated with labor, but they cost Decedent his dignity and comfort, while jeopardizing his safety, health, wellbeing and, ultimately, Decedent's life.
- 35. Although Defendants owed a duty of services to Decedent in regard to his personal safety, health and welfare, Defendants failed to provide Decedent services necessary to maintain his physical and mental health.
 - 36. Defendants' failures constitute neglect of Decedent.
- 37. Defendants' failures were made in conscious disregard of the health and safety of 24 Decedent.

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- 38. Defendants acted with recklessness, oppression, fraud, and/or malice in commission of their neglect of Decedent.
- 39. As a direct and proximate result of Defendants' neglect, recklessness, and other wrongful conduct, Decedent suffered unjustified pain, injury, mental anguish, and disfigurement.
- 40. As a direct and proximate result of Defendants' neglect, recklessness, and other wrongful conduct, Decedent incurred medical expenses.
- 41. Because Decedent was an "older person," as that term is defined in NRS 41.1395, Defendants are liable for double damages pursuant to NRS 41.1395(1).
- 42. Because Defendants acted with recklessness, oppression, fraud, and/or malice, Defendants are liable for attorney's fees and costs pursuant to NRS 41.1395(2).
- 43. As a direct and proximate result of the aforesaid willful, intentional and unjustified conduct of the Defendants, including conduct committed by their highest managing agents, Decedent suffered significant and multiple injuries, including gangrene, an amputated leg, and further decline in his mental status and overall physical health. The conduct as set forth above was a direct consequence of the motive and plans set forth herein. As such, Defendants are guilty of malice, oppression, recklessness, and fraud, justifying an award of punitive and exemplary damages.

SECOND CAUSE OF ACTION

(Negligence as to Each of the Defendants)

- 44. Plaintiffs re-allege and incorporate by reference the allegations in the paragraphs above as though fully set forth herein.
- 45. In caring for Decedent, Defendants, Defendants' staff, and Defendants' employees/agents had a duty to exercise the level of knowledge, skill, and care of those in good standing in the community.

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46.	Defendants had a duty to properly train their staff and employees to act	with the
level of know	edge, skill, and care of nursing homes in good standing in the community.	

- 47. Defendants, Defendants' staff, and Defendants' employees/agents breached their duties to Decedent and were negligent and careless in their actions and omissions, as set forth above.
- 48. As a direct and proximate result of Defendants' breaches, Decedent and Plaintiffs suffered numerous injuries as set forth.

THIRD CAUSE OF ACTION

(Wrongful Death as to Each of the Defendants)

- 49. Plaintiffs re-allege and incorporate by reference the allegations in the paragraphs above as though fully set forth herein.
- 50. Decedent's death was caused by the wrongful acts and negligence of Defendants, jointly and severally, by and through their employees, servants, and agents regarding a foreseeable harm.
- 51. Plaintiffs are entitled to maintain an action for wrongful death against Defendants for damages, and join the action pursuant to NRS 41.085(3).
- 52. Plaintiffs may recover pecuniary damages for their grief or sorrow, loss of probable support, companionship, society, comfort, and damages for pain and suffering of Decedent, and no such damages shall be liable for any debt of Decedent.
- 53. The Estate of Thomas DiLeo may recover any special damages, such as medical expenses, which Decedent incurred or sustained before his death, and funeral expenses.
- 54. Plaintiffs may recover any penalties, including, but not limited to, exemplary or 23 punitive damages, that Decedent would have recovered had he survived.

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- 55. Plaintiffs have individually suffered severe emotional distress, loss of society, companionship and comfort, grief, sorrow, mental pain and suffering, psychiatric impairment and loss of enjoyment of life as a proximate cause of the acts or omissions of the Defendants, their servants, agents, and employees, in excess of Fifteen Thousand Dollars (\$15,000.00).
- 56. Plaintiffs are informed and believe that the alleged acts of the Defendants were done with conscious disregard and deliberate indifference of the rights, welfare, and safety of Plaintiffs and Decedent.
- 57. As a further result of Defendants' conduct, Plaintiffs have had to retain the services of Cogburn Law Offices in this matter, and therefore, seek reimbursement of attorney's fees and costs.

FOURTH CAUSE OF ACTION

(Survival Action as to Each of the Defendants)

- 58. Plaintiffs re-allege and incorporate by reference the allegations in the paragraphs above as though fully set forth herein.
- 59. Prior to Decedent's death on or about August 10, 2017, Decedent sustained damages caused by Defendants' negligent acts in June, July, and August of 2017.
- 60. Plaintiffs are entitled to maintain a survival action against Defendants for damages, and join the action pursuant to NRS 41.100.
- 61. Plaintiffs may recover pecuniary damages for their grief or sorrow, loss of probable support, companionship, society, comfort, and damages for pain and suffering of Decedent, and no such damages shall be liable for any debt of Decedent.
- 62. The Estate of Thomas DiLeo may recover any special damages, such as medical expenses, that Decedent incurred or sustained before his death, and funeral expenses.
- 63. Plaintiffs may recover any penalties, including, but not limited to, exemplary or 25 punitive damages, that Decedent would have recovered if he had survived.

64. Plaintiffs have individually suffered severe emotional distress, loss of society, companionship and comfort, grief, sorrow, mental pain and suffering, psychiatric impairment and loss of enjoyment of life as a proximate cause of the acts or omissions of Defendants, their servants, agents, and employees, in excess of Fifteen Thousand Dollars (\$15,000.00).

- 65. Plaintiffs are informed and believe that the alleged acts of the Defendants were done with conscious disregard and deliberate indifference of the rights, welfare, and safety of Plaintiff and Decedent
- 66. As a further result of Defendants' conduct, Plaintiffs have had to retain the services of Cogburn Law Offices in this matter, and therefore, seek reimbursement of attorney's fees and costs.

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COGBURN LAW OFFICES 2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs pray for judgment against all Defendants, and each of

them, as follows:

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- 1. For compensatory damages in an amount in excess of \$15,000;
- 2. For special damages in an amount in excess of \$15,000;
- 3. For punitive damages in an amount in excess of \$15,000;
- 4. For reasonable attorney's fees and costs incurred herein;
- 5. For additional damages pursuant to NRS Chapter 41;
- 6. For pre-judgement and post judgment interest;
- 7. For costs of suit; and
- 8. For such other and further relief as the court may deem just and proper.

DATED this 27th day June, 2019.

COGBURN LAW OFFICES

By: Hunter S. Davidson, Esq.

Jamie S. Cogburn, Esq. Nevada Bar No. 8409 Hunter S. Davidson, Esq. Nevada Bar No. 14860 2580 St. Rose Parkway, Suite 330 Henderson, Nevada 89074 Attorneys for Plaintiffs

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1 S. BRENT VOGEL Nevada Bar No. 006858 Brent.Vogel@lewisbrisbois.com JOHN M. ORR Nevada Bar No. 14251 3 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 TEL: 702.893.3383 FAX: 702.893.3789 7 Attorneys for Maide, L.L.C, d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki N. Ton 8 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special CASE NO. A-19-797533-C Administrator for the ESTATE OF THOMAS Dept. No.: 1 13 DILEO; THOMAS DILEO, JR., as Statutory Heir to THOMAS DILEO; and CINDY DEFENDANTS MAIDE, LLC D/B/A 14 DILEO, as Statutory Heir to THOMAS GENTLE SPRING CARE HOME, DILEO, SOKHENA K. HUCH, AND MIKI N. 15 TON'S ANSWER TO PLAINTIFFS' Plaintiffs, COMPLAINT 16 VS. 17 MAIDE, L.L.C, a Nevada limited-liability 18 company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; 19 MIKI N. TON, an individual; DOE INDIVIDUALS 1-10, inclusive; ROE ENTITIES 11-20, inclusive. 20 21 Defendants. 22 COME NOW Defendants MAIDE, LLC d/b/a GENTLE SPRING CARE HOME, 23 SOKHENA K. HUCH, and MIKI N. TON, by and through their attorneys of record S. Brent Vogel, 24 Esq. and John M. Orr, Esq., of the law firm of Lewis, Brisbois, Bisgaard & Smith, LLP, and in answer 25 to Plaintiffs' Complaint on file herein, admit, deny, and allege as follows: 26 /// 27 /// 28

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GENERAL ALLEGATIONS

(Parties to the Acction)

- 1. Answering Paragraph 1 of Plaintiffs' Complaint, Defendants deny each and every allegation contained therein.
- 2. Answering Paragraph 2 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge to form a belief as to the truth or falsity of the allegations contained therein and upon that basis, denies each and every allegation contained therein.
- 3. Answering Paragraph 3 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge about the decedent's date of birth, therefore denies the allegation. Defendant admits that decedent was an "older person" under NRS 41.1395.
- 4. Answering Paragraphs 4, 5, 6, and 10 of plaintiffs' Complaint, Defendants are without sufficient information or knowledge to form a belief as to the truth or falsity of the allegations contained therein and upon that basis, denies each and every allegation contained therein.
- 5. Answering Paragraphs 7, 8, 9, and 11 of Plaintiffs' Complaint, Defendants admit the allegations therein.
- 6. Answering Paragraph 12 of Plaintiffs' Complaint, Defendants deny the allegations therein.

FIRST CAUSE OF ACTION

(Abuse/Neglect of An Older person as to Each of the Defendants)

- 7. Answering Paragraph 13 of Plaintiffs' Complaint, Defendants hereby repeat, reallege, and incorporate by reference their responses to Paragraphs 1 through 6 as though fully set forth herein.
- 8. Answering Paragraph 14 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge about the decedent's date of birth, therefore Defendants deny the allegations contained therein. Defendants admit that decedent was an "older person" as that term is defined in NRS 41.1395.
- 9. Answering Paragraphs 15 and 16 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge to form a belief as to the truth or falsity of the allegations

contained therein and upon that basis, denies each and every allegation contained therein.

- 10. Answering Paragraph 17 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge about the date of the admission of decedent to the Nursing Facility, therefore denies the allegations contained therein. Defendant admits that decedent suffered from dementia.
- 11. Answering Paragraph 18 of Plaintiffs' Complaint, Defendants admit they assumed the care of Decedent. Defendants deny the remaining allegations contained therein.
- 12. Answering Paragraphs 19, 20, 21, and 22 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.
- 13. Answering Paragraph 23 of Plaintiffs' Complaint, Defendants admit the allegations contained therein.
- 14. Answering Paragraphs 24, 25, 26, and 27 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.
- 15. Answering Paragraphs 28, 29, 30, 31, and 32 of Plaintiffs' Complaint, Defendants are without sufficient information or knowledge to form a belief as to the truth or falsity of the allegations contained therein and upon that basis, deny each and every allegation contained therein.
- 16. Answering Paragraphs 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, and 43 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.

SECOND CAUSE OF ACTION

(Negligence as to Each of the Defendants)

- 17. Answering Paragraph 44 of Plaintiffs' Complaint, Defendants hereby repeat, reallege, and incorporate by reference their responses to Paragraphs 1 through 16 as though fully set forth herein.
- 18. Answering Paragraphs 45, 46, 47, and 48 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.

THIRD CAUSE OF ACTION

(Wrongful Death as to Each of the Defendants)

19. Answering Paragraph 49 of Plaintiffs' Complaint, Defendants hereby repeat, reallege,

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and incorporate by reference their responses to Paragraphs 1 through 18 as though fully set forth herein.

20. Answering Paragraphs 50, 51, 52, 53, 54, 55, 56, and 57 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.

FOURTH CAUSE OF ACTION

(Survival Action as to Each of the Defendants)

- 21. Answering Paragraph 58 of Plaintiffs' Complaint, Defendants hereby repeat, reallege, and incorporate by reference their responses to Paragraphs 1 through 20 as though fully set forth herein.
- 22. Answering Paragraphs 59, 60, 61, 62, 63, 64, 65, and 66 of Plaintiffs' Complaint, Defendants deny the allegations contained therein.

CONCLUDING ANSWER TO ALL ALLEGATIONS

23. All allegations not specifically addressed above due to the nature of the language and construction of the allegations, or for any other reason, are specifically denied.

AFFIRMATIVE DEFENSES

- 1. Plaintiffs' Complaint fails to state a claim against Answering Defendants upon which relief can be granted.
 - 2. Plaintiffs' Complaint is barred by the applicable statute of limitations.
- 3. The injuries, if any, suffered by Plaintiffs as set forth in the Complaint were caused in whole or in part by the negligence of a third party or third parties over which Answering Defendants had no control.
- 4. The damages, if any, suffered by Plaintiffs are not the result of any acts of omission, commission, or negligence of Answering Defendants, but were the result of a known risk, which was consented to by Plaintiffs.
- 5. Pursuant to NRS 41A.110, Answering Defendants are entitled to a conclusive presumption of informed consent.
- 6. The damages, if any, incurred by Plaintiffs are not attributable to any act, conduct, or omission on the part of Answering Defendants.

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LEWIS BRISBOIS BISGAARD & SMITH LLP 7. Answering Defendants Deny that that they were negligent or otherwise culpable in any matter or in any degree with respect to the matters set forth in Plaintiffs' Complaint.

- 8. It has been necessary for Answering Defendants to employ the services of an attorney to defend this action and a reasonable sum should be allowed Answering Defendants for attorneys' fees, together with costs of suit incurred herein.
- 9. Pursuant NRS 41A.035 Plaintiffs' non-economic damages, if any, may not exceed \$350,000.
- 10. Answering Defendants are not jointly liable with any other entities that may or may not be named in this action, and will only be severally liable for that portion of Plaintiffs' claims that represent the percentage of negligence attributable to Answering Defendants, if any.
 - 11. Plaintiffs' damages, if any, were not proximately caused by Answering Defendants.
- 12. Plaintiffs' injuries and damages, if any, are the result of forces of nature over which Answering Defendants had no control or responsibility.
- 13. Plaintiffs are barred from asserting any claims against Answering Defendants because the alleged damages were the result of one or more unforeseeable intervening and superseding causes.
 - 14. Plaintiffs failed to mitigate damages, if any.
 - 15. Plaintiffs failed to allege facts in support of any award of pre-judgment interest.
- 16. The incident alleged in the Complaint, and the resulting damages, if any, to Plaintiffs, were proximately caused or contributed to by Plaintiffs' own negligence, and such negligence was greater than the negligence, if any, of Answering Defendants.
 - 17. Plaintiffs failed to substantively comply with NRS 41A.071.
- 18. At all times mentioned herein, Answering Defendants acted reasonably and in good faith with regard to the acts and transactions which are the subject of this lawsuit.
- 19. To the extent Plaintiffs have been reimbursed from any source for any special damages claimed to have been sustained as a result of the incidents alleged in Plaintiffs' Complaint, Answering Defendants may elect to offer those amounts into evidence and, if Answering Defendants elect, Plaintiffs' special damages shall be reduced by those amounts pursuant to NRS 42.021.
 - 20. Answering Defendants thereby incorporates by reference those affirmative defenses

enumerated in NRCP 8 as though fully set forth herein. In the event further investigation or discovery reveals the applicability of such defenses, Answering Defendants reserve the right to seek leave of the court to amend this Answer to assert the same. Such defenses are incorporated herein by reference for the purpose of not waiving the same.

- 21. Answering Defendants avail themsleves of all affirmative defenses and limitations of action as set out in NRS 41.085, 41A.035, 41A.045, 41A.061, 41A.071, 41A.097, 41A.100, 42.005, 42.021, 41.141, and all applicable subparts.
- 22. NRS Chapters 41 and 41A limit damages that may be collectable against Answering Defendants.
 - 23. Plaintiffs' claims are barred, in whole or part, by the doctrine of latches.
- 24. Plaintiffs' claims are barred, in whole or part, by the doctrines of waiver, ratification and/or estoppel.
 - 25. Plaintiffs have not suffered any actual damages or losses.
 - 26. Plaintiffs lack standing to bring suit under the counts alleged in the Complaint.
- 27. Plaintiffs' alleged losses were not actually or proximately caused by Answering Defendants.
 - 28. Plaintiffs' Complaint fails to allege facts giving rise to punitive damages.
- 29. Pursuant to NRCP 11, as amended, all applicable Affirmative Defenses may not have been alleged herein insofar as sufficient facts were not available after reasonable inquiry upon the filing of Answering Defendants' Answer and, therefore, Answering Defendants reserve their right to amend this Answer to allege additional Affirmative Defenses if subsequent investigation warrants.
- 30. Plaintiffs' claims are subject to dismissal pursuant to an agreement between the parties to arbitrate any claims arising from Decedents care and treatment.

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6 4810-9849-8208.1 APP. 00016

1	WHEREFORE, Answering Defendants pray for judgment as follows:
2	1. That Plaintiffs take nothing by way of the Complaint on file herein;
3	2. For reasonable attorneys' fees and costs of suit incurred herein;
4	3. For trial by jury, and;
5	4. For such other and further relief as the Court may deem just and proper in the
6	premises.
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8	
9	DATED this 14th day of August, 2019
10	LEWIS BRISBOIS BISGAARD & SMITH LLP
11	
12	
13	By /s/ John M. Orr S. BRENT VOGEL
14	Nevada Bar No. 006858
15	JOHN M. ORR Nevada Bar No. 14251
16	6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118
17	Tel. 702.893.3383
	Attorneys for Defendants Maide, L.L.C, d/b/a
18	Gentle Spring Care Home, Sokhena K. Huch, and Miki N.Ton
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4810-9849-8208.1 7 APP. 00017

1	CERTIFICATE OF SERVICE			
2	I hereby certify that on this 14 th day of August, 2019, a true and correct copy			
3	of DEFENDANTS MAIDE, LLC D/B/A GENTLE SPRING CARE HOME, SOKHENA K.			
4	HUCH, AND MIKI N. TON'S ANSWER TO PLAINTIFFS' COMPLAINT was served by			
5	electronically filing with the Clerk of the Court using the Wiznet Electronic Service system and			
6	serving all parties with an email-address on record, who have agreed to receive Electronic Service			
7	in this action.			
8	Jamie S. Cogburn, Esq. Hunter S. Davidson, Esq.			
9	2580 St. Rose Parkway, Suite 330			
10	Henderson, NV 89074 Tel: (702) 748-7777			
11	Fax: (702) 966-3880			
12				
13	By /s/ Roya Rokni			
14	an Employee of LEWIS BRISBOIS BISGAARD & SMITH LLP			
15	LEWIS BRISDOIS BISOAARD & SMITH LEI			
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1 S. BRENT VOGEL Nevada Bar No. 006858 Brent.Vogel@lewisbrisbois.com JEFFREY H. BALLIN 3 Nevada Bar No. 004913 Jeffrey.ballin@lewisbrisbois.com JOHN M. ORR Nevada Bar No. 14251 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 702.893.3383 FAX: 702.893.3789 Attorneys for Defendants Maide, L.L.C, d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Mikin Ton 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special CASE NO. A-19-797533-C 13 Administrator for the ESTATE OF THOMAS Dept. No.: 1 DILEO; THOMAS DILEO, JR., as Statutory Heir to THOMAS DILEO; and CINDY MAIDE, L.L.C, a Nevada limited-liability DILEO, as Statutory Heir to THOMAS company d/b/a GENTLE SPRING CARE 15 DILEO, HOME; SOKHENA K. HUCH, an individual; MIKI N. TON'S MOTION TO Plaintiffs, **COMPEL ARBITRATION** 16 17 VS. [HEARING REQUESTED] 18 MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE 20 INDIVIDUALS 1-10, inclusive; ROE ENTITIES 11-20, inclusive, 21 Defendants. 22 23 Defendants MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING 24 CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON (collectively referred to as 25 "Defendants"), by and through their attorneys of record, S. Brent Vogel, Esq., Jeffrey H. Ballin, **26** Esq., and John M. Orr, Esq. of the Law Firm LEWIS BRISBOIS BISGAARD & SMITH, hereby 27

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4833-2109-8917.1

file this Motion to Compel Arbitration.

This Motion is based upon the papers and pleadings on file in this case, the attached exhibits, the Memorandum of Points and Authorities submitted herewith, and any argument made at the time of hearing in this matter.

DATED this 13th day of September, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ John M. Orr
S. BRENT VOGEL
Nevada Bar No. 6858
JOHN M. ORR
Nevada Bar No. 14251
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Tel. 702.893.3383
Attorneys for Defendants, The Heights of Summerlin, LLC

MEMORANDUM OR POINTS AND AUTHORITIES

I. INTRODUCTION

This case arises out of the care and treatment that Thomas Dileo received while admitted at the Gentle Spring Care Home in Las Vegas. Plaintiff Corinne Dileo, as administrator of Mr. Dileo's Estate, Thomas Dileo, Jr., and Cindy Dileo ("Plaintiffs") filed a Complaint against Defendants on June 27, 2019, alleging, *inter alia*, that Gentle Spring's employees negligently failed to supervise and care for Mr. Dileo. The Complaint further alleges that due to the alleged negligence of Defendants, Mr. Dileo died on November 16, 2017.

At the outset of Mr. Dileo's residency at Gentle Spring, Plaintiff Corinne Dileo, as Mr. Dileo's personal representative, voluntarily executed a Resident Agreement Addendum ("the Agreement") on January 30, 2015. A complete copy of this Agreement is attached hereto as Exhibit. "A." Amongst other important terms, this Agreement provided as follows: "Any controversy, dispute, or disagreement, whether sounding in tort or contract law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled

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exclusively by binding arbitration....Id.

II. **ARGUMENT**

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In Nevada, "strong public policy favors arbitration, and arbitration clauses are generally enforceable." Gonski v. Second Judicial Dist. Court of Nev., 245 P.3d 1164, 1168 (Nev. 2010). Both the Nevada Legislature and Nevada Supreme Court support the enforcement of arbitration provisions for alternative dispute resolution in Nevada. In fact, the Nevada Supreme Court has noted that arbitration is favored in this state because arbitration "generally avoids the higher costs and longer time periods associated with traditional litigation." D.R. Horton, Inc. v. Green, 120 Nev. 549, 553, 96 P.3d 1159, 1162 (2004). Accordingly, Nevada courts have uniformly held that agreements to arbitrate are specifically enforceable and any doubts concerning the arbitrability of the subject matter of the disputes are to be resolved in favor of arbitration. See Silverman v. Fireman's Fund Ins. Co., 96 Nev. 30 (1980); see also Exber, Inc. v. Sletten Const. Co., 92 Nev. 721 (1976).

Additionally, the Nevada Legislature has enacted the Uniform Arbitration Act, which provides the correct procedure the District Court must apply when considering a Motion to Compel Arbitration where one party refuses to arbitrate:

NRS § 38.221 Motion to compel or stay arbitration.

- 1. On motion of a person showing an agreement to arbitrate and alleging another person's refusal to arbitrate pursuant to the agreement:
- (a) If the refusing party does not appear or does not oppose the motion, the court shall order the parties to arbitrate; and
- (b) If the refusing party opposes the motion, the court shall proceed summarily to decide the issue and order the parties to arbitrate unless it finds that there is no enforceable agreement to arbitrate.
- On motion of a person alleging that an arbitral proceeding has been initiated or threatened but that there is no agreement to arbitrate, the court shall proceed summarily to decide the issue. If the court finds that there is an enforceable agreement to arbitrate, it shall order the parties to arbitrate.

3 4833-2109-8917.1

3. If the court finds that there is no enforceable agreement, it may not, pursuant to subsection 1 or 2, order the parties to arbitrate.

- 4. The court may not refuse to order arbitration because the claim subject to arbitration lacks merit or grounds for the claim have not been established.
- 5. If a proceeding involving a claim referable to arbitration under an alleged agreement to arbitrate is pending in court, a motion under this section must be made in that court. Otherwise, a motion under this section may be made in any court as provided in NRS 38.246.
- 6. If a party makes a motion to the court to order arbitration, the court on just terms shall stay any judicial proceeding that involves a claim alleged to be subject to the arbitration until the court renders a final decision under this section.
- 7. If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim.

Pursuant to this statute, the Court, when receiving a Motion to Compel Arbitration must "summarily" decide the issue and "shall" order the parties to submit to arbitration unless the Court finds that no arbitration agreement actually exists. The statute does not permit the Court to consider other factors such as the merits of the claim when ruling on the Motion.

It has long been the policy in Nevada that absent some countervailing reason, contracts will be construed from the written language and enforced as written. *Ellison v. California State Auto. Ass'n*, 106 Nev. 601 (1990). This Court is bound to enforce the plain terms of contracts. *Lindley & Co. v. Piggly Wiggly Nev. Co.*, 55 Nev. 458, 465 (1935) ("Where language of contract is not ambiguous, court must enforce contract in accordance with its provisions."). *Bell v. Leven*, 120 Nev. 388 (2004) (holding that when the terms of a contract are clear, "the courts must enforce the contract according to its terms.").

In this matter, both the plain terms of the Agreement, as well as Nevada law favoring arbitration, requires the Complaint to be submitted to binding arbitration. Gentle Spring and Mr. Dileo, through his personal representative, Plaintiff Corinne Dileo, entered into an agreement to

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arbitrate any dispute arising out of the his residency at Gentle Spring. Accordingly, because the parties in this case have a prior agreement to submit any disputes to arbitration, Defendants respectfully request that this Court enter an Order compelling Plaintiff to submit to binding arbitration in this matter.

III. CONCLUSION

Based upon the foregoing, Defendants respectfully request that this Honorable Court grant Defendants' Motion to Compel Arbitration.

DATED this 13th day of September, 2019

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ John M. Orr
S. BRENT VOGEL
Nevada Bar No. 006858
JOHN M. ORR
Nevada Bar No. 14251
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Tel. 702.893.3383
Attorneys for Defendant The Heights of Summerlin, LLC

4833-2109-8917.1 5 APP. 00023

1	<u>CERTIFICATE OF SERVICE</u>
2	I hereby certify that on this 13 th day of September, 2019, a true and correct copy
3	of MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE
4	HOME; SOKHENA K. HUCH, an individual; MIKI N. TON'S MOTION TO COMPEL
5	ARBITRATION was served by electronically filing with the Clerk of the Court using the Wiznet
6	Electronic Service system and serving all parties with an email-address on record, who have
7	agreed to receive Electronic Service in this action.
8	Jamie S. Cogburn, Esq.
9	Hunter S. Davidson, Esq. COGBURN LAW OFFICES
Λ	2580 St. Rose Parkway, Suite 330

Henderson, NV 89074 Tel: 702.748.7777

Fax: 702.966.3880 Attorneys for Plaintiffs

By /s/Roya Rokni an Employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

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EXHIBIT 'A'

BELLA ESTATE CARE HOME

Resident Agreement Addendum

Grievance and Arbitration

- 1. Grievances: Resident may voice reasonable grievances about services rendered by staff or other personnel and the Home shall record such grievances upon request to do so. In the event of a written grievances, the Home shall investigate it and make written reply to residents of the Home's findings with a reasonable period thereafter.
- 2 Arbitration: Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration, which shall be conducted in (City, State) in accordance with American health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the Arbitration, shall be binding of all parties to the agreement and judgment on the award rendered by the arbitrator maybe entered in any court having jurisdiction thereof. The parties shall agree upon a sole arbitrator of their choice and if they cannot agree on a single arbitrator there shall be three arbitrators with the neutrals arbitrator chosen by the parties' nominated arbitrators.

Resident Responsible Party

Resident Responsible Party

COGBURN LAW2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074
Telephone: (702) 748-7777 | Facsimile: (702) 966-3880

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Attorneys for Plaintiff

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DISTRICT COURT

CLARK COUNTY, NEVADA

CORINNE R. DILEO as Special

Administrator for the ESTATE OF THOMAS

DILEO; THOMAS DILEO, JR. as Statutory Heir to THOMAS DILEO; and CINDY

DILEO, as Statutory Heir to THOMAS

DILEO

Plaintiffs,

VS.

MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE

INDIVIDUALS 1–10, inclusive; ROE

ENTITIES 11-20, inclusive;

Defendants.

Case No.: A-19-797533-C

Dept. No.: 1

PLAINTIFFS' OPPOSITION TO DEFENDANTS MAIDE, L.L.C. d/b/a GENTLE SPRING CARE HOME'S, SOKHENA K. HUCH'S, AND MIKI N. TON'S MOTION TO COMPEL ARBITRATION

Hearing Date: October 17, 2019 Hearing Time: In Chambers

Plaintiffs Corinne R. DiLeo, as Special Administrator for the Estate of Thomas DiLeo,

Thomas DiLeo, Jr., as Statutory Heir to Thomas DiLeo, and Cindy DiLeo, as Statutory Heir to

Thomas DiLeo (collectively, "Plaintiffs"), by and through their counsel of record, Jamie S.

23 Cogburn, Esq. and Hunter S. Davidson, Esq. of Cogburn Law, hereby file their Opposition

("Opposition") to Defendants Maide, L.LC. d/b/a Gentle Spring Care Home's, Sokhena K. Huch's,

25 and Miki N. Ton's (collectively, "Defendants") Motion to Compel Arbitration ("Motion").

Page 1 of 9

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This Opposition is made and based upon the following Memorandum of Points and Authorities, the papers and pleadings on file herein, any exhibits attached hereto, and any oral argument this Court may entertain at the time of hearing on this matter.

MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

This case arises from the neglect of an "older person," Thomas DiLeo ("Decedent"), while he was admitted at Defendant's skilled-nursing facility. After being admitted for dementia, Decedent injured his leg on a wheelchair while in the skilled-nursing facility. When treating Decedent's leg, Defendants wrapped his leg too tightly with an elastic bandage wrap, causing his leg to develop gangrene. Within weeks of his leg injury, Decedent was transported to the hospital, where he had his leg amputated to reduce further harm from the gangrene. Decedent passed away one week after the amputation.

Defendant now seeks to compel this matter into binding arbitration based upon an Arbitration Agreement that makes absolutely no reference to any of the Defendants or their representatives. In addition, the Arbitration Agreement lacks the statutorily-mandated 16 authorization that indicates Decedent affirmatively agreed to the specific provision mandating "any controversy, dispute or disagreement" be submitted to binding arbitration. As such, Defendants' Motion to Compel should be denied.

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See NRS 41.1395.

II. **BACKGROUND**

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Statement of Relevant Facts A.

As alluded to above, Defendants Maide, L.L.C. d/b/a Gentle Spring Care Home ("Maide"), Sokhena K. Huch ("Huch"), and Miki N. Ton ("Ton"), at all relevant times, owned, operated, and controlled the Gentle Spring Care Home skilled-nursing facility, located at 6418 Spring Meadow Drive, Las Vegas, Nevada 89103 ("Nursing Facility").²

In or about the year 2014, Decedent was admitted to Defendants' Nursing Facility because he suffered from dementia and required 24-hour care and supervision. This constant care and supervision included Decedent's most basic needs, such as, providing him with food, shelter, clothing, and services necessary to maintain his physical and mental health.

In or about July 2017, Decedent injured his leg on a wheelchair while at the Nursing Facility. To treat Decedent's leg injury, an employee or agent of the Nursing Facility wrapped Decedent's leg with an elastic bandage wrap and would not let Decedent remove it, despite him expressing discomfort. Unfortunately for Decedent, the elastic band wrap was applied too tightly, causing Decedent to develop gangrene on his leg. After noticing that Decedent's leg began to change colors, the Nursing Facility attempted to treat Decedent themselves, rather than transporting him to a hospital.

On or about July 21, 2017, after realizing the Nursing Facility would not transport Decedent to a hospital, Plaintiff Cindy DiLeo called 911 and had Decedent immediately transported to Spring Valley Hospital. Upon being admitted to Spring Valley Hospital, hospital physicians determined they needed to amputate Decedent's leg that developed gangrene. On or about August 3, 2017, Decedent's leg was amputated. On or about August 10, 2017, Decedent passed away from complications stemming for Defendant's inadequate care.

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² See Pl.'s Comp. at ¶ 11; Def.'s Answer at ¶ 5 ("Answering Paragraphs 7, 8, 9 and 11 of Plaintiffs' Complaint, Defendant admits to the allegations contained therein.").

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B. Procedural History

On June 27, 2019, Plaintiffs filed their Complaint, asserting the following causes of action against each of the Defendants: (1) Abuse/Neglect of an Older Person; (2) Negligence; (3) Wrongful Death; and (4) Survival Action. On August 14, 2019, Defendants filed their Answer to Plaintiff's Complaint.

On September 13, 2019, Defendants filed the underlying Motion arguing the instant matter should be removed into binding arbitration pursuant to the Arbitration Agreement purportedly entered between Decedent and Defendants on January 30, 2015.³ The Arbitration Agreement provided by Defendants is merely part of a one-page "Resident Agreement Addendum." Importantly, the Arbitration Agreement only lists the names of Plaintiff Corinne R. DiLeo, who had a power of attorney over Decedent, and Bella Estate Home Care, which is an entirely different nursing facility, located at 3140 Coachlight Circle, Las Vegas, Nevada 89117.⁴ That is, the Arbitration Agreement makes no mention of Defendant Maide, Defendant Huch, Defendant Ton, or any other individual or entity that has the authority to bind Defendants to an Arbitration Agreement. Notwithstanding these deficiencies, the Arbitration Agreement, in relevant part, states:

Arbitration: Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration, which shall be conducted in (City, State) in accordance with American health [sic] Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the Arbitration, shall be binding of all parties to the agreement and judgment on the award rendered by the arbitrator maybe [sic] entered in any court having jurisdiction thereof. The parties shall agree upon a sole arbitrator of their choice and if they cannot agree on a single arbitrator there shall be three arbitrators with the neutrals [sic] arbitrator chosen by the parties' nominated arbitrators.

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³ See generally Exhibit A of Defendants Maide, L.L.C. d/b/a Gentle Spring Care Home's, Sokhena K. Huch's, and Miki N. Ton's Motion to Compel Arbitration.

⁴ See Nevada Division of Public and Behavioral Health ("NVDPBH") Licensee Search, attached hereto as **Exhibit 1**; NVDPBH May 15, 2014 Inspection of Bella Estate Care Home, attached hereto as **Exhibit 2**; NVDPBH April 1, 2015 Inspection of Bella Estate Care Home, attached hereto as **Exhibit 3**; Stipulation for Settlement of Disciplinary Actions, entered August 6, 2015, attached hereto as **Exhibit 4**, at ¶ 3.

III. LEGAL ARGUMENT

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indicating the person affirmatively agrees to *that provision*. If the agreement fails to include specific authorization for the provision requiring submission to arbitration for "any dispute arising between the parties," then the provision is void and unenforceable. NRS 597.995(2) (2013).

Here, the subject Arbitration Agreement is void and unenforceable under NRS 597.995

submit to arbitration "any dispute arising between the parties" must include specific authorization

Defendant's Motion to Compel Arbitration should be denied because the

Arbitration Agreement is void and unenforceable under NRS 597.995.

NRS 597.995(1) (2013)⁵ states that any agreement with a provision requiring a person to

because it does not include a specific authorization for its provision requiring all disputes be submitted to arbitration. In relevant part, Provision (2) of the Arbitration Agreement states "[a]ny controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement . . . shall be settled exclusively by binding arbitration." However, absent from Provision (2) is any signature line, initial line, or otherwise that indicates Plaintiff Corinne DiLeo, as Decedent's power of attorney, affirmatively agreed to submit to arbitration "any controversy, dispute or disagreement" relating to the Arbitration Agreement. Rather, the Arbitration Agreement only includes a sole signature line at the bottom of the page wherein Plaintiff Corinne R. DiLeo generally acknowledges all of the listed provisions. Thus, the Arbitration Agreement is void and unenforceable because Plaintiff Corinne DiLeo, as Decedent's Power of Attorney, did not specifically authorize Provision (2).

⁵ This statute was enacted in 2013 and amended in June 2019. Given the subject events occurred in 2017, the 2013 version of the statue applies.

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B. Defendants' Motion to Compel Arbitration should be denied because Defendants have not met their burden of proving a valid arbitration agreement exists.

NRS 38.221 provides that if a party requests a court to compel arbitration pursuant to a written agreement to arbitrate, and the opposing party denies the existence of such an agreement, the court shall summarily determine the issue. "If the court finds that there is no enforceable agreement, it may not . . . order the parties to arbitrate." NRS 38.221(3). The moving defendants, therefore, have the burden of showing that a binding arbitration agreement exists. Obstetrics and Gynecologists v. Pepper, 101 Nev. 105, 107, 693 P.2d 1259, 1261 (1985). Arbitration is a matter of contract, and "a party cannot be required to submit to arbitration any dispute which he has not agreed so to submit." Truck Ins. Exch. v. Swanson, 124 Nev. 629, 634, 189 P.3d 656 (2008). The question of whether an agreement to arbitrate exists is one of fact, such that the district court's findings are given significant deference and reviewed under the clearly erroneous standard. *Id.* at 633, 189 P.3d at 659. Here...

> 1. Defendants have not met their burden of proving a valid arbitration agreement exists because Defendants failed to sign purported Arbitration Agreement and failed to show they were parties to the Agreement.

An arbitration agreement is subject to the same rules of construction as any other contract. Kindred v. Second Judicial Dist. Court ex rel. Cty. of Washoe, 116 Nev. 405, 410, 996 P.2d 903, 907 (2000). For any contract, the parties' consent is a basic element. See Back Streets, Inc. v. Campbell, 95 Nev. 651, 652, 601 P.2d 54, 55 (1979) ("A contract is founded upon the meeting of the minds of the parties as to ascertainable terms."). In addition, the parties' consent must be communicated to one another. Alter v. Resort Properties of Am., 2014 WL 2466282, at *2 (Nev. May 30, 2014) ("Mutual assent is determined under an objective standard applied to the outward manifestations or expressions of the parties."). Thus, consent is essential to the contractual underpinning of an arbitration procedure; the asserted absence of contractual consent renders 25 arbitration, by its very definition, inapplicable to resolve the issue. See id.; Toal v. Tardif, 178 Cal.

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Here, the Arbitration Agreement is invalid because Defendants cannot demonstrate that Decedent (i.e. Corinne DiLeo as power of attorney) and Defendants mutually assented to the subject Arbitration Agreement. Like Truck Ins. Exch., none of the Defendants or their representatives are signatories to the Arbitration Agreement. In fact, there is absolutely no mention of any of the Defendants or their representatives in the Arbitration Agreement. Accordingly, the Arbitration Agreement is invalid and unenforceable because Defendants cannot satisfy their burden of proving they are parties and signatories to the Arbitration Agreement.

> 2. Defendants have not met their burden of proving a valid arbitration agreement exists because Defendants cannot bind Plaintiffs to the terms of the Arbitration Agreement.

"Generally, arbitration is a matter of contract and a party cannot be required to submit to arbitration any dispute which he has not agreed so to submit." Truck Ins. Exch., 124 Nev. at 634, 189 P.3d at 660; see also Goliger v. AMS Properties, Inc., 123 Cal. App. 4th 374, 378, 19 Cal. Rptr. 3d 819, 821 (2004) (holding daughter who signed arbitration agreement was not bound to arbitration of her own claim for wrongful death of her mother against the defendant because she did not sign the arbitration agreement "in her personal capacity."). Only under the following limited theories may a nonsignatory be bound to an arbitration agreement: (1) incorporation by reference; (2) assumption; (3) agency; (4) veil-piercing/alter ego; or (5) estoppel. Truck Ins. Exch., 124 Nev. at 634–35, 189 P.3d at 660.

Here, Plaintiffs cannot be bound to the Arbitration Agreement because they did not sign the Arbitration Agreement, nor are they incorporated by reference. Like *Goliger*, here, none of the Plaintiffs signed the Arbitration Agreement in their personal capacity; recall, Plaintiff Corinne 25 DiLeo only signed the Arbitration Agreement as Decedent's power of attorney. Moreover, none

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of the theories for binding a nonsignatory, which are outlined in *Truck Ins. Exch.*, are applicable to the instant matter. If Defendants wanted to bind individuals such as Plaintiffs, then they should have included a provision in their Arbitration Agreement stating the Agreement would apply to Decedent's successors, spouses, children, assigns, agents, heirs, estate executors, etc.

II. **CONCLUSION**

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For the foregoing reasons, Plaintiff respectfully request the Court deny Defendants' Motion to Compel Arbitration.

Dated this 24th day of September, 2019.

COGBURN LAW

By: /s/Hunter S. Davidson Jamie S. Cogburn, Esq. Nevada Bar No. 8409 Hunter S. Davidson, Esq. Nevada Bar No. 14860 2580 St. Rose Parkway, Suite 330 Henderson, Nevada 89074 Attorneys for Plaintiff

COGBURN LAW2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880

CERTIFICATE OF SERVICE

I hereby certify that the foregoing PLAINTIFFS' OPPOSITION TO DEFENDANTS MAIDE, L.L.C. D/B/A GENTLE SPRING CARE HOME'S, SOKHENA K. HUCH'S, AND MIKI N. TON'S MOTION TO COMPEL ARBITRATION was submitted electronically for service only with the Eighth Judicial District Court on the 24th day of September, 2019.

I further certify that I served a true and correct copy of the foregoing document as follows:

Pursuant to NEFCR 9 & EDCR 8.05(a), electronic service of the foregoing document shall be made in accordance with the E-Service List as follows:

John Orr, Esq.
LEWIS BRISBOIS BISGAARD & SMITH
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118
Attorney for Defendants

/s/Monika Nawrot
An employee of Cogburn Law

Exhibit 1

9/22/2019 Licensee Search

Licensee Search

Fields marked with asterisk (*) are required

Use the search fields below to find licensing and inspection report information about the following licensees:

- Health facilities: includes 40 types of medical, nonmedical and mental health-related business entities FINDAHEALTHFACILITY.NV.GOV
- Child care facilities FINDCHILDCARE.NV.GOV
- Medical Laboratories
- Dietitians
- Environmental Health Section

- Child care staff FINDCHILDCARE.NV.GOV
- Medical Laboratory Personnel
- Music therapists
- Kitchen, pool, and spa inside Health Facilities

Enter Search Criteria

If you only have a partial name of a fac	cility/personnel or having troubles finding the fa	cility by name, put the % sign before ar	d after the partial wording% and a	all those			
with that word will appear, for example, %west%.							
Business Unit *	Health Facilities ▼	Entity Type	Agency ▼				
Facility Name	bella estate						
Credential Number		Credential Type	All ▼				
(+) Address Information							
(+) Additional Information							

Reset Search Generate Excel Licensee Log-In

Search Results

Name •	Credential Type	Credential Number	Status	Expiration Date	Disciplinary Action	Address	Phone#	First Issue Date	Primary Contact Name	Primary Contact Role	Bed Count	Action
BELLA ESTATE CARE HOME	RESIDENTIAL FACILITY FOR GROUPS	7555- AGC-9	Active	12/31/2019	N/A	3140 COACHLIGHT CIRC LE LAS VEGAS NV 89117	702-2 20-42 81	04/22/2013	SUSAN SOWERS	Admini strator	10	View Det

Aithent Licensing System Version 10.0.162 Dated: July 30, 2019 | Copyright © 2019 Aithent Inc.

For more information about licensing, follow the links below:

Bureau of Health Care	<u>Medical</u>	<u>Childcare</u>	Environmental Health	<u>Dietitians</u>
Quality and Compliance	<u>Laboratories</u>	<u>Licensing</u>	<u>Section</u>	Music Therapists
(program info and	<u>(program info and</u>	<u>(program info and</u>		<u>(program info and</u>
<u>complaint filing)</u>	<u>complaint filing)</u>	<u>complaint filing)</u>		<u>complaint filing)</u>

Exhibit 2

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.11.0 1 27.11 1	or connection	IDENTIFICATION TO A TOTAL OF THE PARTY.	A. BUILDING: _			
		NVS7555AGC	B. WING		C 05/15/2014	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	CLE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
Y 000	Initial Comments		Y 000			
	This Statement of De a result of a State Lici investigation conduct in accordance with No (NAC) 449, Residenti. The census at the timeight. Complaint #NV00039 regarding a caregiver background check clesubstantiated through #NV39258: The complaint was initiated by the B and Compliance on 5. The investigation incl. Review of three emploriminal background or revealed the criminal caregivers were conducted to the conducted with the second to the Nevada Division Health shall not be contained or civil investigations for relief that in	ed at your facility on 5/15/14 evada Administrative Code al Facility for Groups. de of the investigation was 258 - The allegation working without a earance was not n employee record review. Claint investigative process ureau of Health Care Quality /15/14. uded: oyee records including the checks. Record review background checks for both fucted according to NAC s. Both State and FBI search				
		of correction must be returned within 10 d				

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 REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Exhibit 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRCL	E	
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	CTION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETE
Y 000	Y 000 Initial Comments		Y 000		
	AMENDED STATEME	ENT OF DEFICIENCIES			
	a result of an annual complaint investigation on 4/1/15. This State conducted by the auti	ficiencies was generated as State Licensure survey and on conducted in your facility Licensure survey was nority of NRS 449.0307, n of Public and Behavioral			
	for Group beds for eld and/or persons with n persons with chronic Category I and five be The census at the tim resident files were rev	eing Category II residents. le of the survey was ten. Ten viewed and four employee Complaint # NV00042345			
		gative process was initiated blic and Behavioral Health on			
	Complaint #NV00042 contained one allegat be substantiated.	345 - The complaint ion. The complaint could not			
		cal Environment - Safe ided. A resident was living in ation could not be			
	The investigation for t	the allegation included:			
f deficiencies	ten residents had the room or an individual -Review of the caregi	acility revealed each of the ir own bed in either a shared room inside of the facility. Ver schedule for the facility of correction must be returned within 10 of	days after receipt of the	nic statement of deficiencies	

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 REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/22/15

STATE FORM 5899 JZC811 If continuation sheet 1 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	ile.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
Y 000	Continued From page 1		Y 000		
	hour caregiver. - Interviews were con two employees, and t revealed Employee # resided in the room in The findings and cond by the Division of Pub shall not be construction civil investigations,	clusions of any investigation blic and Behavioral Health as prohibiting any criminal actions or other claims for ilable to any party under			
	The facility received a grade of D. The following deficiencies were identified:				
Y 050 SS=F	449.194(1) Administra Responsibilities-Over		Y 050		
	The administrator of a 1. Provide oversight members of the staff to ensure that resider and protective supervin compliance with the 449.156 to 449.27706 of NRS. This Regulation is no Based on observation interview, the administration oversight and direction	of the facility as necessary its receive needed services ision and that the facility is e requirements of NAC 6, inclusive, and chapter 449 of met as evidenced by:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 2 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC	CLE	
52227120		LAS VEG	AS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
Y 050	Continued From page	2	Y 050		
		they required. Evidenced 71, Y878, Y885, Y886, 930, and Y936.			
	Severity: 2 Scope	: 3			
Y 431	449.229(2) State Fire	Marshall referral	Y 431		
	NAC 449.229 Require regarding safety from	ements and precautions fire.			
	or the appropriate loc applicable, if, during a facility, the Bureau kn presence of a violatio	otify the State Fire Marshal al government, as an inspection of a residential ows of or suspects the n of a regulation of the State al ordinance relating to			
	Based on observation failed to ensure 3 of 3	of met as evidenced by: a and interview, the facility a facility fire extinguishers ally State Fire Marshall			
	Findings include:				
	date for inspection an	oserved with a last service d certification of 1/6/14. The cated in the kitchen, in the			
	On 4/1/15 at 5:05 PM acknowledged the set fire extinguisher tags.	rvice dates punched on the			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 3 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC GAS, NV 89117	LE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPROPROPROPERTY)	D BE COMPLETE
Y 871	Continued From page	3	Y 871		
Y 871 SS=F	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan	Y 871		
		nistration of medication: ministrator, caregivers and			
	The administrator of provides assistance to administration of med				
	administration of med				
	(1) Preventing the	luding, without limitation: use of outdated, damaged			
		medications for each			
	prescription medication				
	ordered, filled and ref avoid missed dosage				
	(3) Verifying that of been accurately trans	orders for medications have scribed in the record			
	of the medication adn in accordance with N. (4) Monitoring the	·			
		effective use of the records			
	(5) Ensuring that e	istered to each resident; each caregiver who tion is in compliance with			
	and NAC 449.196;	ubsection 6 of NRS 449.037 each caregiver who			
	administers a medica supervised;				
	prescribing physician resident concerning is	or other physician of the ssues or observations			
	relating to the adminis	stration of the medication;			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 4 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/0	01/2015
	ROVIDER OR SUPPLIER	3140 COA	DDRESS, CITY, STANCHLIGHT CIRC AS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Y 871	medications at the resident without limitation, a commedication handbook than 2 years old or pron the Internet which concerning medication (e) Develop and main caregivers of the resident mainster medication without limitation, and for managing medicatinew caregiver and and the plan. The administration is sufficient to the resident managing medication managing medication.	erence materials relating to sidential facility, including, urrent drug guide or , which must not be more oviding access to websites provide reliable information ns. tain a training program for dential facility who in to residents, including, initial orientation on the plan tions at the facility for each annual training update on trator shall maintain rning the provision of the	Y 871			
	Based on record revie	ot met as evidenced by: ew, the administrator failed medication administration				
	Findings include:	£41- 5-114-1- M- 11				
	Plan (undated), read	f the facility's Medication as follows:				
	Prevent the use of ou contaminated medica	tdated, damaged or tions, Page 1, Section 1:				
	-Bullet point #4:	"Damaged, contaminated,				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 5 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED			
		NVS7555AGC	B. WING		04/01/2015	
	ROVIDER OR SUPPLIER	3140 COA	RESS, CITY, STA			
		LAS VEGA	S, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	Ξ
Y 871	Continued From page 5		Y 871			
	discontinued medicati according to medicati [see Subsection 1]."	ions will be destroyed on Destruction Instruction				
	Bullet point #7: " facility, all resident's r along with the resider					
	will be destroyed acco	All resident's medications ording to Medication n upon resident deceased."				
	Medication Destruction Section 1, Subsection	on Instruction, Page 1, n 1:				
	destroyed shall be pla	ther coffee or bleach, and				
	over-the-counter drug for the resident are fill manner to avoid miss	ription medications and any is and supplements ordered led and refilled in a timely ed dosages; Medication idents, Page 1, Section 2:				
	medications must be	All new residents' in theirs original containers, packs, and original format."				
	resident have medica medications. Ma noted on the medicati	ke sure there are refills on container or order. If have to be called to get a				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 6 of 24

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/0	1/2015	
	ROVIDER OR SUPPLIER	3140 COA	DRESS, CITY, STA CHLIGHT CIRC AS, NV 89117	,			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
Y 871	labeled with the resid prescribing physical order for OTC, contact Bullet point #5: "medications, PRNs and physician's orders to administration record. Bullet point #6: "medications in a seculand locked medicine. Bullet point #7: "assigned staff in charmonitoring the stamedications and the residue bullet point #8: "does is given, a refill pharmacy, filling party reminder call to response member." Bullet point #9: "will be notified a day given. The administrational availability of the medications and the medications and the residue bullet point #10: the facility, the Med Tologging the MAR between the physicial bottle's label, the medication that medications are supported by the medication that medication that medications are supported by the medication that medications are supported by the medication that medications are supported by the medication that medi	Staff will ensure OTCs are ent's name and cian name. If no physician's office." Staff will add all prescribed and OTC medication with the medication (MAR)." Staff will store all resident ared area or container cabinet." The house manager or the ge is responsible for atus of all the residents' need to order refills." One week prior to the last order will be called into the ansible resident's family The facility's administrator prior to the last dose is tor will ensure the licine to the responsible for and ensuring the accuracy on's order, the medication dication orders have been	Y 871				
	accurately transcribed Administration record	d to Medication s (MAR), Page 2, Section 3:					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 7 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		CHLIGHT CIRC S, NV 89117	ELE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
Y 871	Continued From page 7		Y 871		
	for transcribing medic medication administra month and anytime the resident's medication	ation records (MARs) each nere is a change to the ation regiments."			
	sure the dosage mate	The Med Tech will make ches with the physician's ne and amount to be taken is			
		tion administration and the ARs for documentation,			
	Bullet point #2: 'responsible for review by Med Tech on a mo				
	Staff who is responsil medications is adequ Section 6:	ole for administering ately supervised, Page 2,			
	house manager is res	The administrator and/or sponsible for the ication administration staff."			
	Bullet point #2: 'observe in person hobeing administer				
	related to the medica	on of issues or observations tion administration to the or other physician's; and,			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 8 of 24

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015	
					1 0-70172010	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
BELLA ES	TATE CARE HOME		CHLIGHT CIRC .S, NV 89117	:LE		
0/4) ID	SHMMADV ST/	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	1 (V5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
Y 871	Continued From page	8	Y 871			
	with resident physicia and/or by telephone." Bullet point #3: " resident's physician w	The facility will inform the then a resident misses or				
	or telephone."	her medication through fax f residents' medications				
	physician orders was cited may have been adhered to it's medica	Iministration records and conducted. Deficiencies prevented had the facility attorn management plan. 5, Y886, Y895, Y920 and				
	Severity: 2 Scope: 3	3				
Y 878 SS=E	NAC 449.2742(5)(6) NSupplements, Change		Y 878			
		istration of medication: ministrator, caregivers and				
	supplement may be g resident's physician h administration of the r writing or the facility is another physician. Th medication or dietary administered in accor instructions of the phy of over-the-counter m supplements must be	nedication or supplement in sordered to do so by e over-the-counter supplement must be				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 9 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015
NAME OF B	20/4252 02 01/22/452	IDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		•	
NAME OF PI	ROVIDER OR SUPPLIER		, ,		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRCL SAS, NV 89117	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
Y 878	Continued From page	9	Y 878		
	1 of NAC 449.2744.				
	the physician. If a physician administered to a resical (a) The caregiver residual the administration of the administration of the administration of the (1) Comply with (2) Indicate on the administration that a chack (3) Note the charmaintained pursuant the subsection 1 of NAC (b) Within 5 days after copy of the order or physician must be incommaintained pursuant the subsection 1 of NAC (c) If the label preparation of the order of physician, the physician pharmacist must interprescription and, within ordered, the interpretation of the administration of the physician of the physician and the ordered, the interpretation and the ordered of the physician administration and the ordered of the physician administration and the physician and the physician and the prescription and the physician administration and the physician and the ph	tion prescribed by a ministered as prescribed by resician orders a change in nedication is to be dent: asponsible for assisting in he medication shall: the order; he container of the nge has occurred; and nge in the record to paragraph (b) of 449.2744; ter the change is ordered, a rescription signed by the luded in the record to paragraph (b) of 449.2744; and ared by a pharmacist does or prescription written by a an, registered nurse or pret that order or in 5 days after the change is ation must be included in l pursuant to paragraph (b)			
	Based on observation interview, the facility for	ailed to ensure 4 of 10			
	physician order (Resident The facility failed to endedications received on the medication corrections or the medication corrections are considered to the medication corrections or the medication corrections are considered to the medication corrections are considered to the medication corrections are considered to the	edications as prescribed per dents #2, #5, #6 and #9). nsure 1 of 10 residents' a change order indication ntainer after a physician medication order (Resident			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 10 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED			
		NVS7555AGC	B. WING		04/01/2015	5
	ROVIDER OR SUPPLIER	3140 CO	DDRESS, CITY, STAT ACHLIGHT CIRCI BAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMP	(5) PLETE ATE
Y 878	#10). The facility faile residents' records had medications (Resident Findings include: Resident #2: Physicia milligrams (mg)/3 mL inhalation solution, 3 as needed for shortner The medication was a 3:45 PM, Employees did not know about the 4/1/15 at 3:57 PM, Rewere not aware the mby the physician. Resident #5: Review on-site and physician following: -Cranberry 425 millig (850 mg) by mouth every was signed as admin AM. The medication of March, 2015 MAR, the MAR, crossed ou "Double Entry, page 25 found in the record data to discontinue the medication of the medic	d to ensure 3 of 10 d physician orders for ats #5, #6 and #9). an order read: Albuterol 2.5 (milliliters) (0.083%) mL nebulizer every 4 hours ess of breath or wheezing. The interval of the medication order. On esident #2 explained they needication had been ordered of the MAR, medications orders revealed the emedication had been ordered was not on-site. On the emedication was listed on the emedication was listed on the emedication was listed on the emedication order was ated 10/21/14, with no order edication. Take 2 capsules (400 mg) by the medication was not signed the 4/1/15, 8:00 AM dose. Edication were on-site. No	Y 878			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 11 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			URVEY ETED	
		NVS7555AGC	B. WING		04/0	1/2015
	ROVIDER OR SUPPLIER	3140 COA	DRESS, CITY, STA CHLIGHT CIRC AS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)) BE	(X5) COMPLETE DATE
Y 878	frequency. Hydrocodo tablet by mouth twice on-site. A physician of found in the record. Resident #6: Review MARs revealed the folisted on the MARs: I capsule by mouth every filled on 3/20/15. The 4/1/15. No other orde found in the record. The found in the record. The found in the record administered as presonable to the foliotic mouth daily. The number of the found in the record. - Potassium Chloride by mouth daily. The number of the found in the record. - Also listed on the Application of the Application of the Application of the found in the record. - Also listed on the Application of the Application of the March 20 administered on 4/1/11 listed on the March 20 found in the March 20 found	of the March and April 2015 bllowing medication was not DocQLace 100 mg, take 1 ery day. Prescription was physician order was dated r for the medication was not cribed. of the MAR, medications a not cribed. of the MAR, medications a orders revealed the 10 MEQ ER, take 1 capsule medication was listed on the was signed as administered ation was not listed on the emedication was on-site of the medication was on-site of the medication was not listed on the emedication was not listed on 3/3/15. A physician offilled on 3/3/15. A physician	Y 878	DEFICIENCY)		
		AR and physician order PAP 5-325 mg, take 2				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 12 of 24

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015	
					1 0-7/01/2013	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	LE		
0/0.15	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 0/5	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
Y 878	Continued From page	: 12	Y 878			
	tablets by mouth three pain. The medication Hydrocodone/APAP 5 mouth every six hours	e times daily as needed for				
	Severity: 2 Scope	: 2				
Y 885 SS=D	449.2742(9) Medication	on / Destruction	Y 885			
		istration of medication: ministrator, caregivers and				
	the expiration date of has passed, or a residuscharged from the famedication, an emploshall destroy the med method of destruction witness and note the	acility does not claim the yee of a residential facility ication, by an acceptable, in the presence of a				
	Based on observation failed to destroy medi discontinued, had explosen discharged. for a	t met as evidenced by: and interview, the facility cations after they were bired or after a resident had of 12 residents (Resident and Residents #11 and #12 s).				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 13 of 24

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	LE	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
Y 885	Continued From page	e 13	Y 885		
	Findings include:				
	On 4/1/15, a review or revealed the following	fresident medications g:			
	Resident #9: One bot discontinued by the re 2/24/15, was still on-s	esident's physician on			
	Resident #11 - One b prescribed for a resid discharged from the f				
	prescribed for a resid	Mediclophan suppositories, ent who had been acility, were still on-site.			
	On 4/1/15 at 5:05 PM acknowledged the medestroyed.	, the Administrator edications should have been			
	Severity: 2 Scope:	1			
Y 895 SS=B		49.2746(2) Medication /	Y 895		
		nistration of medication: tents of logs and records.			
	provides assistance t	of a residential facility that oresidents in the lication shall maintain:			
	(b) A record of the me each resident. The re	edication administered to cord must include:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 14 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
	NVS7555AGC	B. WING		04/01/2015
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, STA	,	
BELLA ESTATE CARE HOME		CHLIGHT CIRC AS, NV 89117	ELE	
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
(2) The date a was administered; (3) The date a refuses, or otherwise medication; and (4) Instruction medication to the recurrent order or prephysician. NAC 449.2746 (Readministration of or and dietary suppler record required pursubsection 1 of NA2. A caregiver who resident as needed information concernedication: (a) The reason for (b) The date and (c) The dose administrations of medication; (e) The initials of (f) Instructions for to the resident that prescription of the sased on record refailed to ensure the record (MAR) was	of medication administered; and time that the medication and time that a resident se misses, an administration of as for administering the esident that reflect each escription of the resident's after to NAC 449.2742(5) The ever-the-counter medications ments must be included in the esuant to paragraph (b) of C 449.2744.) In administers medication to a shall record the following the administration of the counter the administration; time of the administration;	Y 895		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 15 of 24

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					JRVEY ETED	
BELLA ESTATE CARE HOME 3140 COACHLIGHT CIRCLE LAS VEGAS, NV 89117 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Y 895 Continued From page 15 Resident #3: Review of the MAR revealed the			NVS7555AGC	B. WING		04/0	1/2015
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) Y 895 Continued From page 15 Resident #3: Review of the MAR revealed the							
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Y 895 Continued From page 15 Resident #3: Review of the MAR revealed the	BELLA ES	STATE CARE HOME	LAS VEGA	AS, NV 89117			
Resident #3: Review of the MAR revealed the	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETE DATE
	Y 895	Continued From page	e 15	Y 895			
administered: -8:00 PM dose of Temazepam on 3/31/15 -12:00 AM (midnight) dose of Hydrocodone/APAP on 3/31/15 -PM dose of Mexiletine on 3/31/15 On 4/1/15 at 2:25 PM, Resident #3 confirmed they received the medications. Resident #5: Review of the MAR revealed the following medications were not signed as administered: -8:00 PM dose of Trazadone on 3/31/15 -8:00 PM dose of Hydrocodone/APAP on 3/31/15 Review of the MAR revealed the following medications were listed on the MAR twice: -Cranberry 425 milligrams (mg), take 2 capsules (850 mg) by mouth every day. The medication was signed as administered on 4/1/15 at 8:00 AM. The medication was not on-site. On the March, 2015 MAR, the medication was listed on the MAR, crossed out, and a note indicated "Double Entry, page 2". A physician order was found in the record dated 10/21/14, with no order to discontinue the medication. -Cranberry 200 mg, take 2 capsules (400 mg) by mouth twice daily. The medication was not signed as administered for the 4/1/15, 8:00 AM dose. Two bottles of the medication were on-site. No physician order was found in the record.		Resident #3: Review following medications administered: -8:00 PM dose of -12:00 AM (midnithydrocodone/APAP of -PM dose of Mexamore Mexical Mex	of the MAR revealed the were not signed as f Temazepam on 3/31/15 ght) dose of on 3/31/15 gilletine on 3/31/15 gi				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 16 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		CHLIGHT CIRC AS, NV 89117	ELE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
	by mouth twice daily to not signed as admit AM dose. Physician of found in the record. Ton-site. -Hydrocodone/AF by mouth three times physician	PAP 5-325 mg, take 1 tablet daily as needed for pain. No			
	order or discontinue order was found in the record. The medication was on-site. No change order label was on the medication container. Resident #6: Review of the March and April 2015 MARs revealed the following medication was not listed on the MARs: -DocQLace 100 mg, take 1 capsule by mouth every day. The physician order was dated 4/1/15. Prescription was filled on 3/20/15. Medication was on sight. Resident #9: Review of the MAR revealed the following medication documentation discrepancies:				
	every Sunday a half half half half half half half ha	noted on the March 2015 on 3/3/15. The medication rder was found in the record. om 3/3/15 indicated			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 17 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015
	ROVIDER OR SUPPLIER	3140 COA	ORESS, CITY, STA CHLIGHT CIRC US, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
Y 895	#2 explained they did administ resident. - Non-Aspirin Ace tablets by mouth ever pain, headache, fever listed on the April 201 found in the record. The Also listed on the April 325 mg, take 2 tablets day as needed for label was on the med - Morphine IR 20 (10 mg) by mouth unchours as needed breath. The medication 2015 MAR. Physician found in the record. The April 2015 MAR, administered on 4/1/1 listed on the March 20 was on-site and was an on the April 2015 MAR, administered on 4/1/15. The medication was filled. -Bisac-Evac supplication of the March 2015 MAR. The and was filled. -Bisac-Evac supplication of the March 2015 MAR. The medication was filled.	er the medication to the etamin 325 mg, take 2 y 6 hours as needed for The medication was 5 MAR. Physician order was he medication was on-site. If 2015 MAR was Acetamin by mouth three times a or pain. No change order ication container. Img/mL Soln, take 0.5 mg der the tongue every one for pain or shortness of on was not listed on the April order dated 3/3/15 was he medication was on-site. MEQ ER, take 1 capsule by lication was listed on the and was signed as 5. The medication was not	Y 895		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 18 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04	1/01/2015
	ROVIDER OR SUPPLIER	3140 CC	ADDRESS, CITY, STATE DACHLIGHT CIRCL GAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
Y 895	on the MAR: Bisacod 10 mg supposito suppository rectally e constipation. The 1/18/15.	or of April 2015 MAR g medication was not listed yl ries, unwrap and insert 1 very day as needed for physician order was dated	Y 895			
Y 920 SS=F	Severity: 2 Scope: 449.2748(1-2) Medica		Y 920			
	1. Medication, includi over-the-counter med residential facility must that is cool and dry. The facility shall ensur medical or diagnostic misused or appropria other unauthorized per Medication for extern locked area separate resident who is capal medication to himself keep his medication i	ng, without limitation, any lication, stored at a st be stored in a locked area the caregivers employed by re that any medication or equipment that may be ted by a resident or any erson is protected. all use only must be kept in a from other medications. A ble of administering without supervision may in his room if the medication intainer for which the facility				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 19 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04	/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRCLI	≣		
	, , , , , , , , , , , , , , , , , , ,	LAS VEC	SAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Y 920	Continued From page	e 19	Y 920			
	without limitation, any medication must be k	in a refrigerator, including, v over-the-counter ept in a locked box unless ked or is located in a locked				
	This Regulation is no Based on observation interview, the facility to medications were sto	failed to ensure that				
	Findings include:					
	medications for all of observed unsecured pantry had a locking of	cility tour in the afternoon, the facility's residents were in the kitchen pantry. The door, however the door was to the door was observed in drawer next to the				
	the following unsecur	cility tour in the afternoon, ed medications were t of Resident #6's room:				
	resident who had bee facility One bottle of Vitami					
	in the kitchen pantry.	locked medications stored Employee #2 explained all dications found in Resident				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 20 of 24

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/0	1/2015
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA CHLIGHT CIRC			
BELLA ES	STATE CARE HOME		S, NV 89117	L		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 920	Continued From page	20	Y 920			
Y 923 SS=D	Severity: 2 Scope 449.2748(3)(a-b) Med		Y 923			
35=D	discharge, transfer and 3. Medication including over-the-counter-medical supplement, must be: (a) Plainly labeled a of the resident for who name of the prescribing (b) Kept in its original administered. This Regulation is not supplement to the prescribing of the prescribing administered.	ng, without limitation, any lication or dietary is to its contents, the name om it is prescribed and the ng physician; and al container until it is				
	Based on observation interview, the facility f were properly labeled	n, record review and railed to ensure medications and kept in the original residents (Resident #10).				
	medications, an unlab containing white pills #10's medication bin.	view of resident beled prescription bottle was observed in Resident The white cap on the bottle ith "ASA 81 milligrams				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 21 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		NVS7555AGC	B. WING		04/01/2015	
				5 710 0005	1 04/01/2013	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT DACHLIGHT CIRCL			
BELLA ES	STATE CARE HOME		GAS, NV 89117	-E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
Y 923	Continued From page	21	Y 923			
	administration record resident was prescrib On 4/1/15 at 3:45 PM acknowledged the me	ed Aspirin 81 mg.				
Y 930 SS=C	Severity: 2 Scop 449.2749(1)(a) Resid		Y 930			
33-C		enance and contents of resident; confidentiality of				
	resident of a residenti least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, assess information and any of the resident, including	ther information related to without limitation: dress, date of birth and				
	Based on observation failed to ensure reside	at met as evidenced by: and interview, the facility ent files were kept in a 0 of 10 residents (Residents , #7, #8, #9 and #10).				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 22 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING 04/01		04/01/201	5	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	,		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC	CLE			
	LAS VEGAS, NV 89117						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE CON	(X5) MPLETE DATE	
Y 930	Continued From page	22	Y 930				
	Findings include:						
	On 4/1/15 during a facility tour in the afternoon, ten resident files were observed in an unlocked kitchen cabinet.						
	On 4/1/15 at 2:45 PM, Employee #1 acknowledged the unlocked files.						
	Severity: 1 Scope	: 3					
Y 936 SS=D	449.2749(1)(e) Resid Tuberculosis	ent file-NRS 441A	Y 936				
		enance and contents of resident; confidentiality of					
	resident of a residentileast 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, asseminformation and any of the resident, including (e) Evidence of comp	ther information related to					
		ning tuberculosis (TB)					
	Findings include:						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 23 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
N		NVS7555AGC	B. WING		04/01/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
I RELLA ESTATE CARE HOME			CHLIGHT CIRC S, NV 89117	LE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 936	Continued From page	23	Y 936			
	Resident #10 was ad	of resident files revealed mitted to the facility on d documented evidence of a				
	On 4/1/15 at 5:05 PM, the Administrator acknowledged the missing TB test documentation					
	This was a repeat detainnual State Licensu	ficiency from the 4/2/14 re grading survey.				
	Severity: 2 Scope:	1				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 24 of 24

Exhibit 4

BEFORE THE NEVADA STATE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

In the Matter of the Complaint for
Disciplinary Action Against

DANIELLE A. WALTON,

RESPONDENT

Residential Facility Administrator for
BELLA ESTATES CARE HOME

Case No. B-36122

Filed:

Executive Director

STIPULATION FOR SETTLEMENT OF DISCIPLINARY ACTIONS

WHEREAS, as more fully addressed below, the NEVADA STATE BOARD OF EXAMINERS OF LONG TERM CARE ADMINISTRATORS, ("BOARD"), and RESPONDENT DANIELLE A. WALTON ("RESPONDENT" or "WALTON") (collectively referred to as "the Parties"), hereby enter into this Stipulation for Settlement of Disciplinary Actions as follows:

Jurisdiction

- Pursuant to Nevada Revised Statute 654.110(1)(f), the BOARD has jurisdiction to receive, investigate and take appropriate action with respect to any charge or complaint filed with the BOARD against a licensee.
- RESPONDENT at all times relevant hereto, was and currently is, licensed in the State of Nevada as a residential facility administrator ("RFA") by the BOARD, pursuant to the provisions of Nevada Revised Statutes and Nevada Administrative Code chapters 654.
- At all times relevant hereto, RESPONDENT was the Administrator of BELLA ESTATES CARE HOME, 3140 Coachlight Circle, Las Vegas, NV 89117 ("the

Facility"), License No. 9304, and as a result of such licensure, his/her conduct in the capacity of a licensee was and is governed by Nevada Revised Statutes Chapter 654, Nevada Administrative Code 654, and other provisions of Nevada law.

Pursuant to Nevada Revised Statute 233B.121(5), the BOARD is authorized to 4. enter into a settlement agreement to resolve a disputed matter.

Allegations

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- On or about April 1, 2015 the State of Nevada, Division of Public and Behavioral 5. Health ("DPBH") conducted an annual State Licensure survey and complaint investigation at Bella Estate Care Home and subsequently DPBH issued its Statements of Deficiencies ("SOD") against the Facility.
- On or about June 19, 2015, the BOARD sent a "Notice Pursuant to Nevada Revised 6. Statutes ("NRS") 233B.127(3) of Intent to Take Administrative Action for Violations of Chapter 654 of NRS and Chapter 449 of NRS" to RESPONDENT, by certified mail, notifying him or her of an investigation concerning allegations of Chapter 654 violations.
- On July 8, 2015, the Board sent correspondence to RESPONDENT, by certified 7. mail, notifying RESPONDENT that sufficient evidence had been found for disciplinary action to be commenced, and that the BOARD proposed such action would be brought for an administrative hearing.
- Respondent acknowledges that information has been received by the BOARD or its 8. agent, which constitutes sufficient grounds for the initiation of an administrative hearing.
- 9. The Parties desire to resolve any disputed matters relating to the BOARD'S investigation, and recognize that continued litigation of this dispute would be protracted, costly and time consuming, and therefore, the Parties have reached a

settlement agreement in the interest of judicial and administrative economy.

Violations of Law

10. RESPONDENT admits that the conduct set forth in the DPBH survey and/or complaint investigation constitutes a violation of law regulating the practice of residential facility administrators and/or skilled nursing administrators. RESPONDENT has elected to enter into this settlement agreement rather than face the possibility of further disciplinary action by the BOARD.

Administrative Penalty

11. RESPONDENT shall maintain a grade of B or better for all of his/her facilities for the eighteen (18) months immediately following the Effective Date of the Board's Final order, and agrees that if licensee receives a grade below a B, his/her license shall be immediately suspended until he/she comes before the Board at the next Quarterly Board Meeting. Respondent shall also complete Modules 1 and 4 of the Nevada Best Practices Training to be provided by the Board and 8 hours of Medication Training within thirty (30) days after the Effective Date of the Board's Final Order, and pay the following monetary assessment to the BOARD:

Administrative Fine:	\$ 3,000.00
Best Practices Training:	100.00
Administrative & Legal Costs:	<u>375.00</u>
Total Assessed:	\$ 3,475.00

12. RESPONDENT shall pay to the BOARD the total sum of \$3,475.00, in twelve (12) installments consisting of the first payment being ten (10) percent of the total balance equaling \$347.48 and eleven (11) equal monthly installment payments \$284.32 thereafter.

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- 13. The first payment of \$347.48 is due and payable within thirty (30) days after the EFFECTIVE DATE of the BOARD'S Final Order, with eleven (11) additional installment payments of \$284.32, each installment payment becoming due and payable on the 15th day of each next succeeding month after the first payment, until the total balance due is paid in full. No grace period will be permitted. Any installment payment not actually received by the BOARD on or before its due date shall be construed as an event of default of this agreement by the RESPONDENT.
- 14. Any installment payment not actually received by the BOARD on or before its due date shall be subjected to a Fifty Dollar (\$50.00) late fee.
- 15. If monthly installments are not brought current within thirty (30) days of due date, the remaining unpaid balance shall become immediately accelerated, and the total remaining unpaid balance of the monetary assessments shall become immediately due and payable in full. In such event, debt collection actions for unpaid monetary assessments in this case may be instituted by the BOARD.
- 16. In the event of default, RESPONDENT agrees that his/her license shall be immediately suspended. The suspension of RESPONDENT'S license shall continue until the unpaid balance is paid in full.
- RESPONDENT acknowledges that the BOARD has the legal power and authority to 17. take action against her/him, including instituting debt collection actions for unpaid monetary assessments in this case.
- 18. RESPONDENT acknowledges that the BOARD will retain jurisdiction over this matter until all terms and conditions set forth in this settlement agreement have been met to the satisfaction of the BOARD.
- The BOARD agrees not to pursue any other or greater remedies or fines in 19. connection RESPONDENT'S alleged conduct, and that once this agreement is fully

Attorney General's Office

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agreement, if after review by the BOARD, this settlement agreement is rejected.

If the BOARD does not accept the settlement agreement, it shall be regarded as 31. null and void. Admissions by RESPONDENT in the settlement agreement will not be regarded as evidence against him at the subsequent disciplinary hearing. The RESPONDENT will be free to defend himself and no inferences against him will be made from his willingness to have entered into this agreement.

Complete Agreement

This settlement agreement consists of eight pages and embodies the entire 32. agreement between the BOARD and RESPONDENT. It may not be altered, amended or modified without the express consent of the parties.

Date:

Date: **NEVADA STATE BOARD OF**

EXAMINERS OF LONG TERM CARE **ADMINISTRATORS**

Danielle A. Walton

Licensee

By:

Sandy Lampert

Executive Director

Electronically Filed 10/10/2019 5:05 PM Steven D. Grierson CLERK OF THE COURT

S. BRENT VOGEL Nevada Bar No. 006858 2 | Brent. Vogel@lewisbrisbois.com JEFFREY H. BALLIN 3 | Nevada Bar No. 004913 Jeffrey.ballin@lewisbrisbois.com JOHN M. ORR Nevada Bar No. 14251 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 702.893.3383 FAX: 702.893.3789 Attorneys for Defendants Maide, L.L.C, d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki Ton DISTRICT COURT **10** CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special CASE NO. A-19-797533-C 13 Administrator for the ESTATE OF THOMAS Dept. No.: 1 DILEO; THOMAS DILEO, JR., as Statutory Heir to THOMAS DILEO; and CINDY 14 MAIDE, L.L.C, a Nevada limited-liability DILEO, as Statutory Heir to THOMAS company d/b/a GENTLE SPRING CARE 15 DILEO. HOME; SOKHENA K. HUCH, an individual; MIKI N. TON's REPLY IN Plaintiffs, SUPPORT OF DEFENDANTS' MOTION 16 TO COMPEL ARBITRATION 17 VS. 18 MAIDE, L.L.C, a Nevada limited-liability **HEARING DATE: 10/17/2019** company d/b/a GENTLE SPRING CARE **IN CHAMBERS** HOME; SOKHENA K. HUCH, an individual: 19 MIKI N. TON, an individual; DOE 20 INDIVIDUALS 1-10, inclusive; ROE ENTITIES 11-20, inclusive, 21 Defendants. 22 23 Defendants MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON (collectively referred to as 25 "Defendants"), by and through their attorneys of record, S. Brent Vogel, Esq., Jeffrey H. Ballin, 26 Esq., and John M. Orr, Esq. of the Law Firm LEWIS BRISBOIS BISGAARD & SMITH, hereby 27 file this Reply in Support of Defendants' Motion to Compel Arbitration. 28

LEWIS BRISBOIS BISGAARD & SMITHLLP ATDRIVENSATIAN

This Motion is based upon the papers and pleadings on file in this case, the attached exhibits, the Memorandum of Points and Authorities submitted herewith, and any argument made at the time of hearing in this matter.

DATED this 10th day of October, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ John M. Orr
S. BRENT VOGEL
Nevada Bar No. 6858
JOHN M. ORR
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Attorneys for Defendants, The Heights of Summerlin, LLC

MEMORANDUM OR POINTS AND AUTHORITIES

I. INTRODUCTION

Plaintiffs' claims against Defendants are subject to binding arbitration in accordance with the arbitration agreement (the "Agreement") that Corrine Dileo signed as the personal representative of Thomas Dileo. Plaintiffs make three principle arguments against the enforceability of the Agreement. First, Plaintiff argues that the Agreement is unenforceable because it does not contain a specific authorization as required by NRS § 597.995(1). The argument misstates facts. The Agreement is clearly labelled "Grievances and Arbitration" and is set aside from the rest of the resident agreement on its own page. It also contains its own signature line, which the Supreme Court of Nevada has held constitutes a "specific authorization" for purposes of NRS § 597.995(1). See Fa Hat, LLC v. DiTerlizzi, No. 68479, 2016 Nev. Unpub. LEXIS 762, at *4–*5 (Nev. Sept. 21, 2016). Ms. Dileo signed this Agreement on a separate signature line, demonstrating her assent to the Agreement.

Second, Plaintiffs argue the Agreement is unenforceable because it incorrectly contains the name of another residential group home owned by Maide, LLC, Bella Estate Care Home. Mr. Dileo was a resident at Gentle Springs Care Home ("Gentle Spring), not Bella Estate Care Home ("Bella Estate"). Plaintiffs conveniently ignore, however, that Ms. Dileo was fully aware that her agreement was with Gentle Spring based on the circumstances of the transaction and the obvious fact that Mr. Dileo was a resident of Gentle Spring, not Bella Estate. Moreover, the Agreement did not need to be signed by Defendants to be enforceable. In accordance with the plain language of NRS § 597.995 and well-settled principles of contract law only, the Agreement only needed to contain the signature of the person being compelled to arbitrate, i.e. Ms. Dileo.

Plaintiffs lastly argue that they cannot be compelled to arbitrate their claims because Ms. Dileo only signed the Agreement in her representative capacity as Mr. Dileo's power of attorney. This argument disregards the nature of Plaintiffs' claims. Plaintiffs have asserted claims for negligence, elder abuse under NRS § 41.1395, and wrongful death under NRS § 48.105. As the personal representative of Mr. Dileo's Estate, Ms. Dileo "succeeds to the rights and obligations of the Estate's decedent, effectively stepping into the shoes of the decedent." *Colo. Nat'l Bank of Denver v. Friedman*, 846 P.2d 159, 163 (Colo. 1993). The heirs do not have standing to assert an elder abuse or negligence claim. *Echevarria v. Echevarria*, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."). NRS 41.100(1) ("[e]xcept as otherwise provided in this section, no cause of action is lost by reason of the death of any person, *but may be maintained by or against the person's executor or administrator*." (emphasis added). These claims belong to Ms. Dileo as the personal representative of Mr. Dileo's estate. The Estate's claims are unequivocally subject to arbitration because Ms. Dileo is subject to Mr. Dileo's contractual right and obligation.

With regard to the heirs' wrongful death claim, this claim is subject to arbitration because it is not severable from the Estate's claims. It would be a waste of time, resources, and an affront to judicial economy to try these claims in separate forums. NRS § 38.221(7). To any extent the Court determines the heirs' are claims are severable, NRS § 38.221(7) requires the Court to stay these claims during the pendency of the arbitration, given these claims all stem from a common

nucleus of operative facts. NRS § 38.221(7) ("If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim."). For these reasons, Defendants move this Court to dismiss Plaintiffs' Complaint and refer this case to binding arbitration.

II. LEGAL ARGUMENT

A. The Agreement Complies with NRS § 597.995(1).

NRS § 597.995(1) provides as follows:

- 1. Except as otherwise provided in subsection 3, an agreement which includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement must include specific authorization for the provision which indicates that the person has affirmatively agreed to the provision.
- 2. If an agreement includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement and the agreement fails to include the specific authorization required pursuant to subsection 1, the provision is void and unenforceable.

NRS § 597.995(1)–(2). In *Fat Hat*, the Supreme Court of Nevada considered what constitutes a "specific authorization" under NRS § 597.995(1). Fat Hat, LLC ("Fat Hat") was sued by several of its employees after the employees discovered Fat Hat had been secretly filming them in their dressing areas as they changed attire. Fat Hat moved to compel arbitration based on the arbitration clauses in the plaintiffs' independent contractor or employment contracts. The district court denied this request, so Fat Hat appealed.

On appeal, each of the six employee plaintiffs argued that their arbitration agreements did not comply with NRS § 597.995(1) because they did not contain a "specific authorization" for arbitration. The court accepted this argument for four of the six employees. It reasoned

Though the arbitration provision immediately preceded the signature line on the last page for all the contracts, that was a general signature line indicating consent to all the terms of the contract. Thus, those signatures do not qualify as specific authorizations for

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the arbitration provision. Although Kirtz initialed at the bottom of the page with the arbitration provision, she initialed at the bottom of every page; thus, her initials fail to demonstrate that she affirmatively agreed to the arbitration provision.

Fat Hat, 2016 Nev. Unpub. LEXIS 762, at *4. With regard to the other two employee plaintiffs, the Court held they did specifically authorize arbitration because "[i]n addition to a signature line at the end of the contracts, both Hebert and Mihaylova were required to fill in their names and addresses in the blank spaces of the provision, explicitly stating that the agreement to arbitrate was effective." *Id.* at *4–*5. Based on this, the Court held these two contracts complied with NRS § 597.995(1).

In this case, Ms. Dileo initially signed a Resident Agreement that contained five pages with a single signature block on page 5 that applied to the whole agreement. Resident Agreement, attached hereto as Exhibit "A." She then signed a separate "Resident Agreement Addendum" that contained the subject arbitration clause. Resident Addendum, attached hereto as Exhibit "B." This Agreement contained its own signature line, and, just like the two employee contracts in Fat Hat, Ms. Dileo was required to fill in her name, date, and her signature. Under Fat Hat, this constitutes a specific authorization under NRS 597.995(1). Plaintiff incorrectly argues that the arbitration agreement only includes "a sole signature line at the bottom of the page wherein Plaintiff Corinne R. Dileo generally acknowledges all of the listed provisions." Pltfs.' Oppo. at 5. Plaintiffs' ironically ignore that the arbitration and grievance clause is the only provision on the page and contains a signature block separate and apart from the rest of the Resident Agreement. The Court's reasoning in Fat Hat suggests that NRS 597.995(1) is designed to ensure that signatories specifically acknowledge an arbitration clause rather than agreeing to a myriad of contractual provisions buried in the annals of an agreement with one sweeping authorization. This is not a concern in this case. Ms. Dileo separately signed the Agreement separate and apart from the total Resident Agreement. Her signature on the addendum reflects her specific acknowledgement and

assent to the arbitration clause.

B. The Agreement Is Valid and Enforceable

Plaintiffs further suggest that the Agreement is not a valid contract because the letterhead on the Agreement reads "Bella Estate Care Home," rather than Gentle Spring Care Home. Plaintiffs suggest that this does not sufficiently identify the parties to the Agreement and somehow makes the Agreement invalid. This argument lacks any legal foundation. Indeed, Plaintiffs cite no legal authority to support this flimsy argument. Both Bella Estate and Gentle Spring are residential group homes owned and operated by Maide, LLC. Ton, M. Decl., attached hereto as Exhibit "C." "Although the party seeking to enforce an arbitration clause bears the burden of proving the clause's valid existence, any party opposing arbitration must establish a defense to enforcement." D.R. Horton, Inc. v. Green, 120 Nev. 549, 553, 96 P.3d 1159, 1162 (2004). Defendants have met their burden of showing the arbitration clause is enforceable by producing a signed copy of the original arbitration agreement. Plaintiffs do not dispute that Ms. Dileo signed this Agreement. The Agreement otherwise satisfies Nevada's statute of frauds because it contains the signature of the party to be charged. Nevada courts follow the Restatement, which requires the contract to be "signed by the party to be charged" and state "with reasonable certainty . . . each party to the contract either by his own name, or by such a description as will serve to identify him." Stanley v. A. Levy & J. Zentner Co., 60 Nev. 432, 112 P.2d 1047, 1053 (Nev. 1941) (quoting Restatement (First) of Contracts § 207 (1932)); ("In the following cases every agreement is void, unless the agreement, or some note or memorandum thereof expressing the consideration, is in writing, and subscribed by the person charged therewith..."); Wiley v. Cook, 94 Nev. 558, 563, 583 P.2d 1076, 1079 (1978)) ("A memorandum, in order to make enforceable within the Statute, any document or writing, formal or informal, [s]igned by the party to be charged or by his agent actually or apparently authorized thereunto.").

To any extent the Agreement is ambiguous because it contains the name of Bella Estate, rather than Gentle Spring, Nevada law permits parol evidence to clear up supplemental details of an agreement. See Butler v. Lovoll, 96 Nev. 931, 620 P.2d 1251, 1253 (Nev. 1980). It is disingenuous for Plaintiffs to suggest that they were not aware that the correct entity was Gentle

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Spring. The circumstances of this transaction clearly demonstrate that both parties understood that
Mr. Dileo and Gentle Spring were parties to the Agreement. The fact Mr. Dileo was admitted into
Gentle Spring reflects this intent. Ms. Dileo has not asserted that she thought the Agreement was
with a different entity or that there was not otherwise mutual assent to the substance of the
Agreement. Plaintiffs' argument reflects a desperate attempt to capitalize on a cheap technicality,
rather than the true intent of the parties. See Hilton Hotels Corp. v. Butch Lewis Productions, 107
Nev. 226, 231–32, 808 P.2d 919, 922 ("the better approach is for the courts to examine the
circumstances surrounding the parties' agreement in order to determine the true mutual intentions
of the parties. Courts today tend to be willing to look beyond the written document to find the
"true understanding of the parties."). Both Gentle Spring and Bella Estate are owned and operated

C. Plaintiffs Are Bound to the Arbitration Agreement

by Maide, LLC, Ex. C., so on a practical level, the Agreement identifies the correct party.

Plaintiffs' argument that Ms. Dileo is not bound to the Agreement misapprehends her role as Mr. Dileo's personal representative and the nature of her claims. As Plaintiffs point out, they have asserted claims for negligence, elder abuse under NRS § 41.1395, and for wrongful death under NRS § 41.085. The Nevada Supreme Court has specifically held that an heir does not have standing to assert an elder abuse claim under NRS 41.085. *Echevarria v. Echevarria*, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."). NRS 41.100(1) provides: "[e]xcept as otherwise provided in this section, no cause of action is lost by reason of the death of any person, *but may be maintained by or against the person's executor or administrator*." NRS 41.100(1) (emphasis added). NRS § 41.085 allows the personal representative to maintain an action for wrongful death and recover damages on behalf of the decedent. NRS § 41.085(5). The personal representative of an Estate steps into the decedent's shoes and inherits the decedent's contractual

¹ Plaintiffs claim they also asserted a survivor action under NRS 41.100. There is no distinct cause of action entitled a survivor action. NRS 41.100 simply confers standing on a personal representative to assert claims on behalf of a decedent.

rights, obligations, and causes of action. *Colo. Nat'l Bank of Denver v. Friedman*, 846 P.2d 159, 163 (Colo. 1993); *Farm Bureau Mut. Ins. Co. of Idaho v. Eisenman*, 286 P.3d 185, 189 (Id. 2012) ("the personal representative "steps into the shoes" of the decedent to administer the estate, and may sue on causes of action the decedent may have pursued, the personal representative may not bring an action that abated upon the death of the decedent.'). Mr. Dileo's heirs do not have standing to assert a negligence or elder abuse claim against Defendants. Those claims belong to Ms. Dileo as the Estate's personal representative under NRS § 41.100. Given Ms. Dileo inherits Mr. Dileo's contractual rights and obligations, the Estate's claims for elder abuse, negligence, and wrongful death are subject to arbitration.

The heirs should also be compelled to arbitrate their wrongful death claim because it is not severable from the Estate's claims. NRS 38.221(7) provides: "If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim." NRS 38.221(7) (emphasis added). The heirs' claims are not severable. Claims are severable when they rest on different facts and legal theories. Coutin v. Young & Rubicam Puerto Rico, Inc., 124 F.3d 331, 339 (5th Cir. 1997) ("When different claims for relief are not interconnected—that is, when the claims rest on different facts and legal theories—they are by definition severable and unrelated."); Figueroa-Torres v. Toledo-Davila, 232 F.3d 270, 278 (1st Cir. 2000) ("We recently held that when different claims for relief are not interconnected that is, when the claims rest on different facts and legal theories they are by definition severable and unrelated.") (internal alterations omitted). The heirs' claims are based on Mr. Dileo's residency at Gentle Spring. It would waste the parties' and this Court's time and resources to essentially litigate the same set of facts twice, and it hazards leading to inconsistent results. All claims will require Plaintiffs to prove that Defendants breached the applicable standard of care and that those breaches caused Mr. Dileo's death or other injuries. These claims are so intertwined that it would

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be a waste of judicial resources and the parties' resources to litigate identical claims in two forums. Moreover, the Supreme Court of Nevada has held that all doubts regarding the scope of an arbitration agreement are resolved in favor of arbitration *Kindred v. 2nd Jud. Dist. Court*, 116 Nev. 405, 411, 996 P.2d at 907 ("in judging the scope of the arbitration agreements, we resolve all doubts concerning the arbitrability of the subject matter of a dispute in favor of arbitration").

In the event the Court determines that the heirs' wrongful death claim is not subject to arbitration, NRS 38.221(7) requires these claims to be stayed during the pendency of the arbitration of the Estates' claims. NRS § 38.221(7) ("If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim.").

III. CONCLUSION

Based upon the foregoing, Defendants respectfully request that this Honorable Court grant Defendants' Motion to Compel Arbitration.

DATED this 10th day of Ocotber, 2019

LEWIS BRISBOIS BISGAARD & SMITH LLP

/s/ John M. Orr
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Tel. 702.893.3383
Attorneys for Defendant The Heights of
Summerlin, LLC

CERTIFICATE OF SERVICE

i	I hereby certify that on this 10 th day of October, 2019, a true and correct copy
	of MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE
	HOME; SOKHENA K. HUCH, an individual; MIKI N. TON'S REPLY IN SUPPORT OF
	DEFENDANTS' MOTION TO COMPEL ARBITRATION was served by electronically
	filing with the Clerk of the Court using the Wiznet Electronic Service system and serving all
	parties with an email-address on record, who have agreed to receive Electronic Service in this
	action.

Jamie S. Cogburn, Esq.
Hunter S. Davidson, Esq.
COGBURN LAW OFFICES
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Attorneys for Plaintiffs

By /s/ Roya Rokni

an Employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

LEWIS BRISBOIS BISGIAARD & SMITHLLP ATDRIES AT LAW

EXHIBIT 'A'

ADMISSION AGREEMENT

This is a a dult group care. Facility licensed by the Bureau of Licensure and Certification.
Facility shall provide the following basic services:
Name of Resident Social Security # Date of Birth
1) ADMISSIONS:
 Admissions to this facility are accorded to residents without discrimination because of race, creed, color, religion, or national origin.
b) It is hereby understood and agreed upon that the resident's age, pre- admission appraisal information, emergency information, financial information, health history, physician's report, and any other misrepresentation or omission by the resident or responsible party shall render this agreement voidable at the option of the facility, with appropriate notice. In any time, the facility may request an updated copy of the above- forms. The facility maintains the right to legal recourse for damages to misrepresentation during admission.
2) BASIC GENERAL SERVICES:
a) Room: Private Semi-Private
b) Food Service: Three Nutritious meals daily. We have snack available for all residents but we serve formal setting snack in the afternoon only. Snacks maybe limited as per diet requirement of the individual. A fruit tray is available in the counter for anyone anytime during the day.

- Laundry Service: Facility is not responsible for dry cleaning & any other special laundering needs of the resident.
- d) Cleaning of the resident's room.
- e) Comfortable twin size bed. Linens changed bi-weekly or as often as needed.
- f) Bedside care for minor temporary illnesses.
- g) The facility will not be responsible for any cash resources and other belongings not entrusted to the facility. At the time of admission, facility shall provide Theft & Loss Policy.
- h) The facility maintains to contact the resident physician or in his absence an alternate physician or the paramedics at the expense of the resident. All expenses incurred shall be the resident's responsibility.
- i) If the resident becomes afflicted with a contagious disease or sustained an illness that would jeopardize the safety & health of the residents and the facility, or for which the facility is not allowed to provide care, the facility shall have the authority to relocate the resident to a hospital or an appropriate placement for such care at the expense of the resident or the resident's representative.

3) ACCOMODATIONS:

- a) Furnishings such as twin size bed, dresser drawer, small chair and night stand shall be provided by the facility. The resident is permitted to personalize their individual accommodations by decorating and providing their own furnishings
- b) The resident agrees not to change the lock of said premises without prior consent of the facility.
- 4) OPTIONAL SERVICES: Other optional services may be agreed upon. The family shall be responsible for the payment of optional services.
 - a) Cable TV.
 - b) Incontinence & Skin Care Supplies (diapers, bed pads, creams, etc)
 - c) First Aid Supplies Minor wound creams, etc
 - d) Beauty or Barber Shop
 - e) Long Distance Phone Call Clients may have telephone or cable TV on their own room at the resident's expense.
 - f) Nourishment (Ensure, etc as ordered by the physician)

5) MONTHLY COST:

6) OTHER FEES:

A one time fee of \$250.00 for set up and administrative fee shall be assessed and payable on admission. This is non refundable irregardless of how long the clients stay at the facility.

7) REFUND POLICY:

- a) The resident is required to give 30 days written notice of intent to move.
- b) Tenancy with (Gentle SPRING L is a MONTH to MONTH tenancy; therefore resident/responsible party is completely responsible for the entire month whether resident leaves before the month is over for any reason such as HOSPITALIZATION, RELOCATION TO A NURSING HOME, RELOCATION TO ANOTHER GROUP CARE FACILITY, GOING ON VACATION, and AND DEATH.

8) TEMPORARY ABSENCE:

In cases of temporary absence the monthly rate remains the same. In case of absence due to hospitalization, family vacation or any other reason, daily rate will continue to incur until the resident's belongings are removed from the room.

9) RATE INCREASES:

The facility shall notify the resident 30 days prior to any change in the residents monthly rate as assessed that may be due to change in level of care and or other needs not determined during pre-placement.

10) EVICTION PROCEDURE:

- a) The licensee/administrator upon 30 days written notice to the resident, evict the resident for any of the following reasons:
 - Non-payment of monthly fee within 5 days of the due date.

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- ii) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.
- iii) Failure of the resident/representative to comply with the facility's policies and/or House Rules as signed on admission. The facility retains the right to revise the House Rules as needed to ensure safe and efficient services; the resident agrees to abide by the House Rules and any of its revisions.
- b) The licensee or administrator of the facility, upon obtaining written and/or documented telephone approval from the licensing agency, evict the resident upon 3 days written notice to quit. The licensing agency may grant approval for the eviction upon finding a good cause. 'Good cause' is engaging in a behavior which is a threat to the mental and physical health and safety to himself or to the other residents or to the staff.

11) RESIDENT'S NEEDS:

If a re-evaluation of a resident indicates that we were unable to provide appropriate care provided to applicable regulations, the resident and/or his representative will be notified and given ample time to relocate with a minimum of 15 days written notice.

12) VISITING POLICY:

The Visiting hours shall be 000am to 7pm. Otherwise; advance arrangement with the facility may be needed. The Right to Privacy will be observed at all times, therefore, visiting in a shared room may not be allowed. Visitors are requested to sign the Visitor's Log Book. Resident and/or representative should log out when they are going out and should log in when they return in the Resident Absence Log Book.

- 13) PAYEE: is the responsible party for paying the basic monthly rate. The above listed person shall make sure they or the resident:
 - a) Pays the monthly fee by the first of the month
 - b) Cooperate with the House Rules of the facility.

14) FUNDING SOURCE:

The resident's funding source is: Private

Government _____

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15) INSPECTION RIGHTS:

The BLC, licensing agency, to ensure the best of care the facility is providing them has the right to interview the resident and inspect the resident's record.

16) COMPLAINT PROCEDURE:

Should there be a problem or questions, the administrator could be contacted on the house or cell phone. Administrator may then suggest a meeting to discuss and resolve questions in the facility.

The licensee and resident or responsible party shall comply with all terms and conditions set forth in this agreement. My signature below as a resident or authorized representative indicates that I have read, or had read and explained to, the provisions of this agreement, and enter this agreement voluntarily.

Licensee/ Administrator

Date

Responsible Party

Date

NO REFUND POLICY
I,(Resident), AND/OR OV/INA DI Le Responsible
Party) acknowledged the receipt of the Admission Contract, dated Initial
"NO REFUND POLICY " do not apply on the SECURITY DEPOSIT.
The "NO REFUND POLICY" is binding upon the Heirs, Relatives, Assigned Friends, and Successors in interest to the parties.
Tenancy with the group care facility is a MONTH TO MONTH Tenancy, therefore you are completely responsible for the entire month whether you leave before the month is over. In short, NO REFUND will be given for the remaining days of the month whether having left the facility due to HOSPITALIZATION, RELOCATION TO A NURSING HOME, RELOCATION TO ANOTHER GROUP CARE FACILITY, GOING ON VACATION, OR DEATH, or any other circumstances.
No verbal agreements will enter into this written agreement.
By signing below, I (WE) acknowledge the No Refund Policy. The facility has fully explained to me or us the terms and conditions of the Admission Contract. It is very clear and explicit, NO REFUNDS, NO EXCEPTIONS. I (WE) have read, understood, and agreed to all the terms mentioned above.
Covinne R Diles Bo /1
Signature of Resident or Responsible Party
(Guardian, Guarantor, Conservator, or POA)
DII. Ne DeLia
Print Name
/m/ /3/15
Facility Administrator Date

NO REFUND POLICY

Facility Policy

Resident shall not be segregated or restricted on the grounds of race, color or National origin. (Nondiscrimination policy is posted in the facility)

Residents admitted must:

- a. Have the physical and cognitive capabilities that meet the standards under which the facility is liceased.
- b. be at least 18 years of age
- c. be free of active TB
- d. not require restraint (either physical or chemical)
- e. not be required to be confined in locked quarters
- f. not require 24 hr. skilled nursing or medical supervision

The residential facility shall maintain conditions in which the residents may exercise the following rights:

- a. To be free from abuse, neglect and exploitation on the part of residential facility staff
 b. To be free from abuse and exploitation the part of other residents or visitors.
- To speak with advocates,
- d. To be be treated with respect and dignity.
- c. To live in a safe and comfortable caviron
- Freedom to have social interaction and communication that are without restriction and to engage in private conversation.
- g. To be able to ludge a complaint or grievance and receive a response in a timely manner.
- h. To imitiate an advance directive and/or power of attorney for healthcare decisions and to have the wishes contained in such documents compiled.

All grievances shall be directed to the administrator and shall be responded to shortly. The facility shall maintain a record of grievances and the facility's response to the resident shall be documented.

Residents shall be the opportunity to attend religious services of bis/her choice and participate in person and pastoral counseling.

Residents will be allowed to enter or leave the facility at any time (depending on Physical and mental abilities) and with prior notice to facility staff.

Residents allowed to rest to their room as desired.

Activities suited to resident interests and capabilities will be provided. Residents shall be encouraged to contribute to the planning activities.

Protective aspervision and adequate staffing will be provided for residents at all times.

Residents to receive their own mail.

Evacuation plus will be posted in the facility and understood by employees and residents. All residents will be instructed regarding the facility's evacuation procedures.

Resident signature:

Administrator signature

Facility Policies Page 2

A list of emergency numbers will be posted by the facility telephone. (Fire Dept, paramedics (911) and physicians).

Residents admitted will have doctor statement describing their physical and medical conditions, medications and ambulating status.

Resident's personal physician will be notified in case of illness, injury or accident. This will be recorded in the resident file.

A written record of all accidents, injuries and illuenes of residents will be kept.

A temporary illness may be cared for in this facility if approved by the doctor.

The resident doctor must approve all medication, including over-the-counter meds.

All medication will be kept in the original container.

All ongoing list of meda taken and/or discantinued will be on file. An individual record will be kept daily to ensure that the resident has taken medication as prescribed.

The prescription bottle will identify the frequency of the medication. Changes in frequency will be documented in the file and validated by the doctor.

Refrigerated medications with resident name, kept in locked box.

Discentinued meds flushed into the toilet. This is decomented in the resident's med record and signed by the administrator and a witness.

A current state license will be peated to validate compliance with state requirements for Group Care

Ramps will be provided at exits for residents who use wheelchairs. Accessible bathrooms and bathing facilities will be provided for residents with wheelchairs or walkers.

Caregivers all trained in first aid and CPR. At least one caregiver on duty at all times. First aid kit available in the facility.

Laundry done on a daily basis.

An adequate linea supplies always available for weekly linea changes or more if necessary. Clean towels and washcloths provided for each bath.

Meal times are at follows:

Breakfast: 7:30 am

Lunch:

ROOM

Dinner:

5:00 PM

Snacks provided midafternoon and evening.

Telephone available for the residents use, local calls only.

Smoking permitted OUTSIDE ONLY.....

Facility Policies
Page 3

Visiting hours are 16:00 AM to 700 PM.

Supervision provided at all times for residents at the facility.

I have read the facility policies.

Resident or Responsible Party

Visted

Resident's Money and Personal Property Notice

This facility will not be responsible for money or personal property. We suggest that the resident keep no more than \$50.00 in the facility. No employee shall keep any personal belongings or money for any resident.

This facility will make arrangements for any resident to go to his/her bank or ATM machine to withdraw needed funds during normal business hours on each business day.

If a member of the staff of this facility receives a request from a resident to make a withdrawal of money in such an amount that the member of the staff has reason to believe the resident is being or has been exploited, the member of the staff shall report the transaction to:

DIVISION OF AGING SERVICES, THE WELFARE DIVISION, CLARK COUNTY SENIOR PROTECTIVE SERVICES OR THE METROPOLITAN POLICY DEPARTMENT OF LAS VEGAS.

The Administrator, Owner or Staff member shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.

If a resident whose only source of income is in the form of monthly checks is legally determined to be unable to manage this money and documentary evidence can be produced showing that efforts to obtain a legal guardian have failed, the facility will no longer be able to provide care for the resident.

NO MONEY WILL BE HELD BY THIS FACILITY ON BEHALF OF ANY RESIDENT.

NO RESIDENT SHALL LEND MONEY TO AN EMPLOYEE OF THIS FACILITY.
NO EXCEPTIONS!

Signature of Resident/Responsible Party

Administrator's Signature

EXHIBIT 'B'

BELLA ESTATE CARE HOME

Resident Agreement Addendum

Grievance and Arbitration

- 1. Grievances: Resident may voice reasonable grievances about services rendered by staff or other personnel and the Home shall record such grievances upon request to do so. In the event of a written grievances, the Home shall investigate it and make written reply to residents of the Home's findings with a reasonable period thereafter.
- 2 Arbitration: Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration, which shall be conducted in (City, State) in accordance with American health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the Arbitration, shall be binding of all parties to the agreement and judgment on the award rendered by the arbitrator maybe entered in any court having jurisdiction thereof. The parties shall agree upon a sole arbitrator of their choice and if they cannot agree on a single arbitrator there shall be three arbitrators with the neutrals arbitrator chosen by the parties' nominated arbitrators.

Resident Responsible Party

Resident Responsible Party

APP. 00093

EXHIBIT 'C'

DECLARATION OF MIKI TON

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

I, MIKI TON, being first duly sworn, depose and state as follows:

- I make this Declaration in support Defendants' Motion to Compel Arbitration. I
 make this declaration from my personal knowledge and, if called upon to do so,
 could and would competently testify to the matters set forth herein in a court of law.
- I am the operations manager for Maide, LLC ("Maide"), which owns and operates several residential homes for groups throughout Las Vegas, including Gentle Spring Care ("Gentle Spring") and Bella Estate Care Home ("Bella Estate"). Maide owns and operates both of these residential facilities under a fictitious names that have been registered with the Nevada Secretary of State's Office.
- I have reviewed the Resident Agreement Addendum that is attached to Defendants'
 Motion to Compel Arbitration as Exhibit "A."
- 4. I can attest that this document is a true and accurate copy of the Resident Addendum Agreement that Corinne Dileo signed on behalf of Thomas Dileo prior to his residency at Gentle Spring.
- 5. The Resident Addendum Agreement reads "Bella Estate Care Home" at the top of the document because we at times use resident intake paperwork interchangeably because each facility is owned and operated by Maide.
- 6. I can attest that at the time of Mr. Dileo's admission, Corinne Dileo was made aware that Mr. Dileo was being admitted into Gentle Spring and that all paperwork she was signing was in relation to Mr. Dileo's admission to Gentle Spring. All parties understood that any agreements Corinne Dileo signed with Gentle Spring on

Thomas Dileo's behalf were between Maide, LLC dba Gentle Spring Care Home and Corinne Dileo on behalf of Mr. Dileo.

FURTHER YOUR DECLARANT SAYETH NAUGHT.

Subscribed to and sworn this th day of October, 2019.

Miki Ton for Maide, LLC as its Operations Manager

No notarization required pursuant to NRS 53.045

Electronically Filed 11/17/2020 8:19 AM Steven D. Grierson CLERK OF THE COURT

1 TRAN DISTRICT COURT 2 CLARK COUNTY, NEVADA 3 4 5 6 CORINNE DILEO, ET AL., CASE NO. A-19-797533-C 7 Plaintiffs, 8 DEPT. NO. vs. XIV 9 MAIDE, LLC, ET AL., 10 Transcript of Proceedings Defendants. 11 12 BEFORE THE HONORABLE CHARLES THOMPSON, SENIOR JUDGE DEFENDANTS' MOTION TO COMPEL ARBITRATION 13 14 TUESDAY, JANUARY 28, 2020 15 APPEARANCES: 16 For the Plaintiffs: HUNTER SHAW DAVIDSON, ESQ. 17 18 For the Defendants: JOHN M. ORR, ESQ. 19 20 21 SANDRA ANDERSON, DISTRICT COURT RECORDED BY: TRANSCRIBED BY: KRISTEN LUNKWITZ 22 23 Proceedings recorded by audio-visual recording; transcript 24

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produced by transcription service.

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1	TUESDAY, JANUARY 28, 2020 AT 9:36 A.M.
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3	MR. DAVIDSON: Good morning, Your Honor. Hunter
4	Davidson on behalf of plaintiff.
5	MR. ORR: Good morning, Your Honor. John Orr here
6	for Maide, LLC.
7	THE COURT: Maide, LLC. Okay. This is Maide,
8	LLC's Motion.
9	MR. ORR: Thank you.
10	So, I think the issues here are pretty
11	straightforward, Your Honor. The first issue being: Do we
12	have a valid and enforceable contract here? There's no
13	suggestion that Mrs. DiLeo did not have the capacity to
14	enter into this contract, as Mr. DiLeo's personal
15	representative. That's not in dispute here. There's no
16	dispute
17	THE COURT: Was it a general power of attorney?
18	MR. ORR: As I mean, Mr. Davidson would be in a
19	better position to answer that
20	THE COURT: I didn't see a copy of it.
21	MR. ORR: Yeah. I don't know, but I
22	THE COURT: That's, apparently, not an issue.
23	MR. ORR: No.
24	MR. DAVIDSON: We're not disputing that she did,

25 in fact, have a power of attorney, --

THE COURT: Okay.

MR. DAVIDSON: -- Your Honor.

MR. ORR: So, what plaintiffs are saying, though, is: Well, the contract — it says Bella Estate Care at the top. We submitted an affidavit for Mrs. Ton, who is the — for all intents and purposes, the corporate representative of Maide, LLC, saying, you know, we ran out of copies that had the Gentle Spring Care Home, so we used one from a different home that the LLC owns. Either way, this Court can look beyond the contract and look at the circumstances of the transactions to determine the intent of the parties. And I think that's what plaintiff is trying to say here is: Oh, well, it's a technicality. Well, it says Bella Estate Care Home, not Gentle Spring, therefore it's an invalid contract.

THE COURT: Well, I think we knew where he was going. So, I'm not particularly concerned about that.

MR. ORR: Okay. Great. So, I'm happy to move on from that point then.

With the second point that the contract is -violates NRS 597.995, I think that also lacks merit. If
you refer to Exhibit B of our Reply, we -- and our Motion
as well, we attach the Agreement, which clearly says at the
top: Grievances and Arbitration. It has two little
paragraphs there and a separate signature block for the

arbitration clause. That's important because that statute says you have to have a specific authorization for the This Fat Hat case is instructive for us arbitration. because it talks about an arbitration clause that's buried in an arbitration agreement and didn't require specific signature of the parties and sign and date. So, they say, no, that's -- the Supreme Court says: No, that's a valid -- because, I mean, it's common sense. You're burying this arbitration clause in the [indiscernible] of the contract and misleading people. This is not the case here. It's quite the opposite. There's a five-page Resident Agreement and then a separate Addendum with a separate signature block, signature and date, for Mrs. DiLeo to sign. That's set aside from the rest of the agreement. I'm not sure how much more of a specific authorization you can get than that. So, you know, I think it completely complies with NRS 597.995.

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I think the juicier issue here is the issue of who can be compelled to arbitrate. Here we have an estate, who is represented by the personal representative, Mrs. DiLeo, and then Mr. DiLeo's statutory heirs, who have wrongful death claims. The elder abuse and the negligence claim, obviously, belong to the estate. So, I think if you read the letter of the statute, it's: Okay, well, the estate's bound to the contractual obligations of Mr. DiLeo. So the

estate is going to go to arbitration and the statute says: Well, then, you have to stay the heirs' claims during the pendency of the arbitration.

I think all parties should be compelled to arbitrate because, doing that, and I think Mr. Davidson would even agree and Your Honor would agree, adjudicating those same claims in two different forums is a complete waste of judicial resources. It's a complete waste of all of the parties' time and the question becomes --

THE COURT: But the heirs aren't bound by the agreement.

MR. ORR: Well, I think they are, Your Honor, and I think the question is: Well, by what mechanism are they bound by the agreement?

THE COURT: Yeah. Question: How do they get bound by an agreement to arbitrate?

MR. ORR: I think it's the public policy that binds them to arbitrate and because it completely -- the public policy in Nevada is to arbitrate and here we have a valid arbitration clause. And this isn't the case where we have someone who's, you know, completely -- has a complete set of facts that can be litigated. There's the common nucleus of operative facts. And, so, it offends the public policy to make both parties to go on these parallel tracks when -- I mean, you could have problems with res judicata

and have inconsistent results. And, so, I think that's the mechanism by which both parties can be compelled to arbitrate is the public policy, otherwise you arrive at this absurd result.

And I think, too, as we pointed out in our motion practice, --

THE COURT: It's an absurd result, but I'm having a tough time making heirs who didn't sign the agreement arbitrate.

MR. ORR: You know, and I think my -- I was thinking about that on the drive in, and my response to that is -- because that's kind of one of the greatest tips. Right? I do a lot of these as representing nursing facilities and how can you compel people who are not parties to a contract? And I'm not asking the Court to make some categorical ruling that that can apply, you know, in a variety of situations. It's just in this instance where you have a wrongful death claim asserted by heirs and an estate where it's the exact same set of facts, exact same experts --

THE COURT: I understand.

MR. ORR: So, I think that what's ironic is no right is absolute. In fact, what's ironic to me is my client has a contractual right, which is just as sacrosanct as a constitutional right to arbitrate -- constitutional

right to a jury trial, yet my client's right to their contract, to enforce their contract, is decided without a jury. It's decided by a judge. So, I think that drives home this point that although certainly your constitutional right to a jury is important, there are mechanisms by which you — that right is not absolute. And I think because of our public policy, and because of this absurd result, it makes the most sense for all parties to arbitrate in this instance.

THE COURT: I'm having a tough time with that.

MR. ORR: And I appreciate you're having a tough time, but, you know, the -- that's the hook here. It's that public policy because I think Your Honor understands and that's why you're having a tough time, is it is completely absurd --

THE COURT: It is an absurd result.

MR. ORR: -- to make us litigate on this --

THE COURT: I mean, well, --

MR. ORR: So, I mean, that's my main argument, Your Honor, regarding whether we -- all parties can arbitrate. So, just to sum it up, I think this is an enforceable, valid contract. If anything, the estate's claims have to go to arbitration.

THE COURT: If I find that the administrator has to arbitrate, and not the heirs, do I stay the heirs' claim

until we've completed arbitration?

MR. ORR: Yes. That's what NRS 38.221 subsection 7 says, is that the claims that are -- that aren't subject have to be stayed during the pendency of the estate's arbitration. So, but, like I said, given this absurd result and the public policy, I think it's fair under the circumstances to make all parties arbitrate.

So, with that, I'll [indiscernible] to Mr. Davidson.

MR. DAVIDSON: Good morning, Your Honor. Just in response to that, I don't think we need to go down that route of trying to differentiate going through two different proceedings, one in arbitration, one through the court system, and staying the court proceeding as we're awaiting the arbitration be finished. And, again, that's just strictly under NRS 597.995. The statute could not be clearer on its face. It says:

Under the applicable version, if an agreement includes a provision which requires a person to submit to arbitration for any dispute, it must include specific authorization for that one provision.

And, again, we flip to their Addendum, which is an entirely different contract. There's two provisions on it and there needs to be specific authorization to that second provision, which specifically goes to arbitration.

Throughout their briefing, they recognize that we do have two contracts here. We have the Residential Agreement and then we have this Addendum. Both are separately signed; both are separately dated. With that being said, we have a separate contract here with the Addendum and within it, there are two provisions there, one for grievances and one for arbitration. And, under NRS 5997, you need to have a specific authorization next to that arbitration provision. It can be an initial, it can be a signature, anything of the like and then --

THE COURT: The signatures are right below. It's pretty clear.

MR. DAVIDSON: Correct, Your Honor, but this goes to even --

THE COURT: I have it in front of me here.

MR. DAVIDSON: Understood, Your Honor. But this goes to one of the illustrations that was in Fat Hat. In Fat Hat, the arbitration provision was the last provision on the contract for one of the cases that was within Fat Hat. And, then, the signature line was right below the arbitration and then also was considered the signature line for the entire agreement in and of itself --

THE COURT: But by putting it as a separate agreement, with just that signature for that agreement, it sounds like it's pretty clear.

MR. DAVIDSON: And, again, Your Honor, it's -- the statute itself says for that specific provision, and we have more than one provision here. You know, I know we can reach the point that we're splitting hairs, but that's what the statute demands.

THE COURT: Actually they're combined. It's grievances and arbitration. So, --

MR. DAVIDSON: Correct, Your Honor, but right there, listed Number 2, is clearly the arbitration provision that would require this specific authorization under NRS 5997 --

THE COURT: Yeah. I think it's binding. I -MR. DAVIDSON: Nevertheless, I mean, turning just
to the nature of the Addendum in and of itself, as you've
indicated, you can't bind the heirs to an agreement they
had --

THE COURT: I agree you can't bind the heirs.

MR. DAVIDSON: They had no con -- you know, no understanding of doing so. At the point, there does have to be -- you know, we can't be subjecting them to binding arbitration --

THE COURT: I agree.

MR. DAVIDSON: -- and throwing away their jury trial in and of itself.

And I would just ask, again, that this remains in

the court system. One, for that reason, it wouldn't be judicially efficient to separate the two.

THE COURT: I agree it's not judicially efficient.

MR. DAVIDSON: And, then, two, again, I would just ask that, you know, these binding arbitration provisions have serious implications and I would ask, you know, put more effort in and more thought process into drafting it. What we have here is a very sloppy Addendum. It's not the right defendant.

THE COURT: But it was done separate and apart just for this purpose.

MR. DAVIDSON: Possibly so. It was signed and dated the same exact day.

THE COURT: It's clear. It's quite clear to me it's separate and apart and as an Addendum just for this arbitration clause. So, that ought to be good.

MR. DAVIDSON: Understood, Your Honor, but, again, you have the incorrect defendants. They couldn't even fill in where the arbitration was gonna take place. There's no evidence of who even signed off from the facility on this agreement.

THE COURT: They don't have to. It has to be -- it's by the party to be [indiscernible].

MR. DAVIDSON: Understood, Your Honor.

THE COURT: I'll grant the Motion as to the estate

1	only, stay the case in so far as the heirs are concerned
2	MR. ORR: Thank you, Your Honor.
3	MR. DAVIDSON: Thank you, Your Honor.
4	THE COURT: Who's going to prepare the Order?
5	MR. ORR: I'll be happy to.
6	THE COURT: Thank you. Submit it to counsel,
7	please.
8	MR. ORR: Thank you.
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10	PROCEEDING CONCLUDED AT 9:47 A.M.
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CERTIFICATION

I certify that the foregoing is a correct transcript from the audio-visual recording of the proceedings in the above-entitled matter.

AFFIRMATION

I affirm that this transcript does not contain the social security or tax identification number of any person or entity.

KRISTEN LUNKWITZ

INDEPENDENT TRANSCRIBER

2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880 COGBURN LAW

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Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

CORINNE R. DILEO as Special Administrator for the ESTATE OF THOMAS DILEO; THOMAS DILEO, JR. as Statutory Heir to THOMAS DILEO; and CINDY DILEO, as Statutory Heir to THOMAS **DILEO**

Plaintiffs,

VS.

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MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE INDIVIDUALS 1–10, inclusive; ROE ENTITIES 11-20, inclusive;

Defendants.

Case No.: A-19-797533-C

Dept. No.:

PLAINTIFFS' MOTION FOR REHEARING ON DEFENDANTS' MOTION TO COMPEL ARBITRATION

(Hearing Requested)

Plaintiffs Corinne R. DiLeo, as Special Administrator for the Estate of Thomas DiLeo, Thomas DiLeo, Jr., as Statutory Heir to Thomas DiLeo, and Cindy DiLeo, as Statutory Heir to Thomas DiLeo (collectively, "Plaintiffs"), by and through their counsel of record, Jamie S. 23 Cogburn, Esq. and Hunter S. Davidson, Esq. of Cogburn Law, hereby file their Motion for 24 Rehearing on Defendants' Motion to Compel Arbitration ("Motion for Rehearing").

Page 1 of 9

This Motion for Rehearing is made and based upon the following Memorandum of Points and Authorities, the papers and pleadings on file herein, any exhibits attached hereto, and any oral argument this Court may entertain at the time of hearing on this matter.

MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

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This case arises from the neglect of an "older person," Thomas DiLeo ("Decedent"), while he was admitted at Defendant's skilled-nursing facility. After being admitted for dementia, Decedent injured his leg on a wheelchair while in the skilled-nursing facility. When treating Decedent's leg, Defendants wrapped his leg too tightly with an elastic bandage wrap, causing his leg to develop gangrene. Within weeks of his leg injury, Decedent was transported to the hospital, where he had his leg amputated to reduce further harm from the gangrene. Decedent passed away one week after the amputation.

This Motion respectfully submits that this Court's Order compelling Plaintiff Corinne R. DiLeo's Special Administrator claims into binding arbitration is clearly erroneous and, therefore, should be reheard. The plain language of NRS 597.995(1) could not be clearer:

[A]n agreement which includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement must include specific authorization for the provision which indicates that the person has affirmatively agreed to the provision.

Here, the subject Arbitration Provision lacks NRS 597.995(1)'s mandatory specific 20 authorization. Therefore, compelling Plaintiff Corinne R. DiLeo's Special Administrator claims 21 linto binding arbitration was clearly erroneous.

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See NRS 41.1395.

II. BACKGROUND

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A. Statement of Relevant Facts

As alluded to above, Defendants Maide, L.L.C. d/b/a Gentle Spring Care Home ("Maide"), Sokhena K. Huch ("Huch"), and Miki N. Ton ("Ton"), at all relevant times, owned, operated, and controlled the Gentle Spring Care Home skilled-nursing facility, located at 6418 Spring Meadow Drive, Las Vegas, Nevada 89103 ("Nursing Facility").²

In or about the year 2014, Decedent was admitted to Defendants' Nursing Facility because he suffered from dementia and required 24-hour care and supervision. This constant care and supervision included Decedent's most basic needs, such as, providing him with food, shelter, clothing, and services necessary to maintain his physical and mental health.

In or about July 2017, Decedent injured his leg on a wheelchair while at the Nursing Facility. To treat Decedent's leg injury, an employee or agent of the Nursing Facility wrapped Decedent's leg with an elastic bandage wrap and would not let Decedent remove it, despite him expressing discomfort. Unfortunately for Decedent, the elastic band wrap was applied too tightly, causing Decedent to develop gangrene on his leg. After noticing that Decedent's leg began to change colors, the Nursing Facility attempted to treat Decedent themselves, rather than transporting him to a hospital.

On or about July 21, 2017, after realizing the Nursing Facility would not transport Decedent to a hospital, Plaintiff Cindy DiLeo called 911 and had Decedent immediately transported to Spring Valley Hospital. Upon being admitted to Spring Valley Hospital, hospital physicians determined they needed to amputate Decedent's leg that developed gangrene. On or about August 3, 2017, Decedent's leg was amputated. On or about August 10, 2017, Decedent passed away from complications stemming for Defendant's inadequate care.

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² See Pl.'s Comp. at ¶ 11; Def.'s Answer at ¶ 5 ("Answering Paragraphs 7, 8, 9 and 11 of Plaintiffs' Complaint, Defendant admits to the allegations contained therein.").

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B. Procedural History

On June 27, 2019, Plaintiffs filed their Complaint, asserting the following causes of action against each of the Defendants: (1) Abuse/Neglect of an Older Person; (2) Negligence; (3) Wrongful Death; and (4) Survival Action. On August 14, 2019, Defendants filed their Answer to Plaintiff's Complaint.

On September 13, 2019, Defendants filed a Motion to Compel Arbitration arguing the instant matter should be removed into binding arbitration pursuant to the Arbitration Agreement purportedly entered between Decedent and Defendants on January 30, 2015.³ The Arbitration Agreement provided by Defendants is merely part of a one-page "Resident Agreement Addendum." Importantly, the Arbitration Agreement only lists the names of Plaintiff Corinne R. DiLeo, who had a power of attorney over Decedent, and Bella Estate Home Care, which is an entirely different nursing facility, located at 3140 Coachlight Circle, Las Vegas, Nevada 89117.⁴ That is, the Arbitration Agreement makes no mention of Defendant Maide, Defendant Huch, Defendant Ton, or any other individual or entity that has the authority to bind Defendants to an Arbitration Agreement. Notwithstanding these deficiencies, the Arbitration Agreement, in relevant part, states:

Arbitration: Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration, which shall be conducted in (City, State) in accordance with American health [sic] Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the Arbitration, shall be binding of all parties to the agreement and judgment on the award rendered by the arbitrator maybe [sic] entered in any court having jurisdiction thereof. The parties shall agree upon a sole arbitrator of their choice

³ See generally Exhibit A of Defendants Maide, L.L.C. d/b/a Gentle Spring Care Home's, Sokhena K. Huch's, and Miki N. Ton's Motion to Compel Arbitration.

⁴ See Nevada Division of Public and Behavioral Health ("NVDPBH") Licensee Search, attached hereto as **Exhibit 1**; NVDPBH May 15, 2014 Inspection of Bella Estate Care Home, attached hereto as **Exhibit 2**; NVDPBH April 1, 2015 Inspection of Bella Estate Care Home, attached hereto as **Exhibit 3**; Stipulation for Settlement of Disciplinary Actions, entered August 6, 2015, attached hereto as **Exhibit 4**, at ¶ 3.

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and if they cannot agree on a single arbitrator there shall be three arbitrators with the neutrals [sic] arbitrator chosen by the parties' nominated arbitrators.

Charles Thompson, who held that the Arbitration Agreement was binding on the Special

Administrator for the Estate of Thomas Dileo, but not binding on the heirs to Thomas DiLeo.⁵ As

such, Plaintiff Corinne R. DiLeo's Special Administrator claims against Defendants for Elder

Abuse, Wrongful Death, and Survival Action would be subject to binding arbitration, while

Plaintiff Thomas DiLeo, Jr. and Cindy DiLeo's statutory heir claims against Defendants for

Wrongful Death would be stayed in district court during the pendency of the binding arbitration.⁶

to Compel Arbitration. Defendants have yet to file a Notice of Entry of the Order.

On April 3, 2020, your Honor signed Defendants' proposed Order regarding their Motion

A district court may reconsider a previously-decided issue if the prior decision was clearly

erroneous. See EDCR 2.24; Masonry & Tile Contractors Ass'n of S. Nevada v. Jolley, Urga, &

Wirth, Ltd., 113 Nev. 737, 741, 941 P.2d 486, 489 (1997). A finding is "clearly erroneous" when,

definite and firm conviction that a mistake has been committed. Unionamerica Mortg. & Equity

Tr. v. McDonald, 97 Nev. 210, 212, 626 P.2d 1272, 1273 (1981). Here, Plaintiff respectfully

submits that the Court's Order compelling Plaintiff Corinne R. DiLeo's Special Administrator

On January 28, 2020, Defendants' Motion to Compel Arbitration came before Senior Judge

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12||III.

LEGAL STANDARD

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16 although there is evidence to support it, the reviewing court on the entire evidence is left with the

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 $24 \parallel_{6}$ See id

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25 || As such, Plaintiff's Motion for Rehearing is timely pursuant to EDCR 2.24(b).

⁶ See id.

claims into binding arbitration is clearly erroneous and, therefore, should be reheard.

Page 5 of 9

See Minute Order from Hearing on Defendants' Motion to Compel Arbitration, attached hereto as Exhibit 5.

APP. 00114

IV. LEGAL ARGUMENT

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NRS 597.995(1) (2013)⁸ states that any agreement with a provision requiring a person to submit to arbitration "any dispute arising between the parties" must include specific authorization indicating the person affirmatively agrees to *that provision*. If the agreement fails to include specific authorization for the provision requiring submission to arbitration for "any dispute arising between the parties," then the provision is void and unenforceable. NRS 597.995(2) (2013). Here, Plaintiff respectfully submits that the Court's Order is clearly erroneous because the Arbitration Provision in the "Bella Estate Care Home Resident Agreement Addendum" lacks the specific authorization required under NRS 597.995.

A. The Court's Order is clearly erroneous because the "Bella Estate Care Home Resident Agreement Addendum" is a separate agreement that lacks the specific authorization required under NRS 597.995.

When evaluating any contract or agreement, courts should limit their inquiry to the four corners of the contract. *See State Dep't of Transportation v. Eighth Judicial Dist. Court in & for Cty. of Clark*, 133 Nev. 549, 554, 402 P.3d 677, 682–83 (2017). If a contract or agreement is ambiguous—i.e. subject to more than one reasonable interpretation—then the ambiguity should be construed against the drafter. *Anvui, LLC v. G.L. Dragon, LLC*, 123 Nev. 212, 215–16, 163 P.3d 405, 407 (2007).

Here, Plaintiff respectfully maintains that the Court's Order is clearly erroneous because the "Bella Estate Care Home Resident Agreement Addendum" is a separate agreement that lacks NRS 597.995's specific authorization. In addition to listing an entirely different nursing home from the Gentle Spring Care "Admission Agreement," the "Bella Estate Care Home Resident Agreement Addendum" also references itself as an entirely separate agreement. Specifically, the second provision the "Bella Estate Care Home Resident Agreement Addendum" states:

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⁸ This statute was enacted in 2013 and amended in June 2019. Given the subject events occurred in 2017, the 2013 version of the statue applies.

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Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration

Thus, a closer evaluation of the "Bella Estate Care Home Resident Agreement Addendum" reveals that it is a separate contract pertaining to the rights and responsibilities associated with Resident "Grievances" (as outlined in the first provision). Given the "Bella Estate Care Home Resident Agreement Addendum" is a separate contract, the second provision concerning Arbitration must have specific authorization next to that provision. Here, the "Bella Estate Care Home Resident Agreement Addendum" is merely signed in its entirety and, therefore, lacks the specific authorization required under NRS 597.995.

B. Even if the "Bella Estate Care Home Resident Agreement Addendum" is a continuation of the Gentle Spring Care Home "Admission Agreement," the Court's Order is clearly erroneous because the "Bella Estate Care Home Resident Agreement Addendum" lacks the specific authorization required under NRS 597.995.

As alluded to above, the plain language of NRS 597.995(1) states that any contract provision requiring an individual to submit to arbitration "any dispute arising between the parties" 15 must include specific authorization that indicates the individual affirmatively agrees to that 16 provision.

Here, even if the Court finds that the "Bella Estate Care Home Resident Agreement Addendum" is a continuation of the Gentle Spring Care Home "Admission Agreement," the subject arbitration provision is still void and unenforceable because it lacks NRS 597.995's 20 | specific authorization. The executed "Bella Estate Care Home Resident Agreement" clearly 21 demonstrates that it is simply signed in its entirety by Plaintiff Corrine R. DiLeo; that is, it lacks specific authorization as to the second provision regarding binding arbitration. As such, the 23 Arbitration Provision is void and unenforceable under NRS 597.995.

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2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880 COGBURN LAW

II. CONCLUSION

For the foregoing reasons, Plaintiff respectfully request the Court rehear Defendants' Motion to Compel Arbitration.

Dated this 21st day of April, 2020.

COGBURN LAW

By: /s/Hunter S. Davidson

Jamie S. Cogburn, Esq.
Nevada Bar No. 8409
Hunter S. Davidson, Esq.
Nevada Bar No. 14860
2580 St. Rose Parkway, Suite 330
Henderson, Nevada 89074
Attorneys for Plaintiff

COGBURN LAW2580 St. Rose Parkway, Suite 330, Henderson, Nevada 89074 Telephone: (702) 748-7777 | Facsimile: (702) 966-3880

CERTIFICATE OF SERVICE

I hereby certify that the foregoing PLAINTIFFS' MOTION FOR REHEARING ON DEFENDANTS' MOTION TO COMPEL ARBITRATION was submitted electronically for service only with the Eighth Judicial District Court on the 21st day of April, 2020.

I further certify that I served a true and correct copy of the foregoing document as follows:

Pursuant to NEFCR 9 & EDCR 8.05(a), electronic service of the foregoing document shall be made in accordance with the E-Service List as follows:

John Orr, Esq.
LEWIS BRISBOIS BISGAARD & SMITH
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118
Attorney for Defendants

/s/Elia Barrientos
An employee of Cogburn Law

Exhibit 1

9/22/2019 Licensee Search

Licensee Search

Fields marked with asterisk (*) are required

Use the search fields below to find licensing and inspection report information about the following licensees:

- Health facilities: includes 40 types of medical, nonmedical and mental health-related business entities FINDAHEALTHFACILITY.NV.GOV
- Child care facilities FINDCHILDCARE.NV.GOV
- Medical Laboratories
- Dietitians
- Environmental Health Section

- Child care staff FINDCHILDCARE.NV.GOV
- Medical Laboratory Personnel
- Music therapists
- Kitchen, pool, and spa inside Health Facilities

Enter Search Criteria

If you only have a partial name of a fac	cility/personnel or having tr	roubles finding the facility by name, put the % sign before an	d after the partial word	ling% and all those			
with that word will appear, for example, %west%.							
Business Unit *	Health Facilities ▼	Entity Type	Agency ▼				
Facility Name	bella estate						
Credential Number		Credential Type	All ▼				
(+) Address Information							
(+) Additional Information							

Reset Search Generate Excel Licensee Log-In

Search Results

Name •	Credential Type	Credential Number	Status	Expiration Date	Disciplinary Action	Address	Phone#	First Issue Date	Primary Contact Name	Primary Contact Role	Bed Count	Action
BELLA ESTATE CARE HOME	RESIDENTIAL FACILITY FOR GROUPS	7555- AGC-9	Active	12/31/2019	N/A	3140 COACHLIGHT CIRC LE LAS VEGAS NV 89117	702-2 20-42 81	04/22/2013	SUSAN SOWERS	Admini strator	10	View Det ail

Aithent Licensing System Version 10.0.162 Dated: July 30, 2019 | Copyright © 2019 Aithent Inc.

For more information about licensing, follow the links below:

Bureau of Health Care	Medical	Childcare	Environmental Health	Dietitians
Quality and Compliance	Laboratories	Licensing	Section	Music Therapists
(program info and	(program info and	(program info and		(program info and
<u>complaint filing)</u>	<u>complaint filing)</u>	<u>complaint filing)</u>		<u>complaint filing)</u>

Exhibit 2

` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		NVS7555AGC	B. WING		C 05/15/2014
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		CHLIGHT CIRC	CLE	
	Г		AS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
Y 000	Initial Comments		Y 000		
Y 000	This Statement of Dei a result of a State Lico investigation conducted in accordance with Net (NAC) 449, Residential. The census at the time eight. Complaint #NV00039 regarding a caregiver background check clessubstantiated through #NV39258: The complex was initiated by the B and Compliance on 5. The investigation includes the criminal background crevealed the criminal caregivers were conducted the criminal caregivers were conducted the criminal caregivers were negative. The findings and concupt the Nevada Division Health shall not be concriminal or civil investigations for relief that metals.	ed at your facility on 5/15/14 evada Administrative Code al Facility for Groups. The of the investigation was 258 - The allegation working without a carance was not a employee record review. Dlaint investigative process ureau of Health Care Quality /15/14. uded: oyee records including the checks. Record review background checks for both ucted according to NAC s. Both State and FBI search	Y 000		
					

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 REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Exhibit 3

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015	
		NV37333AGC			1 04/01/2015	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓE, ZIP CODE		
BELLA ES	STATE CARE HOME	3140 CO	ACHLIGHT CIRC	LE		
DLLLA LO	TATE GARE HOME	LAS VEC	SAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
Y 000	Initial Comments		Y 000			
	AMENDED STATEME	ENT OF DEFICIENCIES				
	a result of an annual scomplaint investigation 4/1/15. This State conducted by the auth	ficiencies was generated as State Licensure survey and n conducted in your facility Licensure survey was nority of NRS 449.0307, n of Public and Behavioral				
	The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental. illnesses and/or persons with chronic illnesses, five being Category I and five being Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. Complaint # NV00042345 was investigated during the survey.					
		gative process was initiated lic and Behavioral Health on				
	Complaint #NV00042345 - The complaint contained one allegation. The complaint could not be substantiated.					
		al Environment - Safe ided. A resident was living in ation could not be				
	The investigation for t	he allegation included:				
deficiencies	ten residents had thei room or an individual -Review of the caregiv	cility revealed each of the rown bed in either a shared room inside of the facility. Ver schedule for the facility of correction must be returned within 10 or	days after receipt of	f this statement of deficiencies		

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 REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/22/15

STATE FORM 5899 JZC811 If continuation sheet 1 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
			P WING		
		NVS7555AGC	B. WING		04/01/2015
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	LE	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
Y 000	Continued From page	: 1	Y 000		
	hour caregiver. - Interviews were con two employees, and t revealed Employee # resided in the room in The findings and cond by the Division of Pub shall not be construct or civil investigations,	clusions of any investigation lic and Behavioral Health I as prohibiting any criminal actions or other claims for ilable to any party under ite, or local laws.			
	The following deficien				
Y 050 SS=F	449.194(1) Administra Responsibilities-Over		Y 050		
	The administrator of a 1. Provide oversight members of the staff to ensure that resider and protective supervin compliance with the 449.156 to 449.27706 of NRS. This Regulation is no Based on observation interview, the administration oversight and direction	of the facility as necessary its receive needed services ision and that the facility is e requirements of NAC is, inclusive, and chapter 449 t met as evidenced by:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 2 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF PROVID	DER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ESTAT	E CARE HOME		ACHLIGHT CIRC AS, NV 89117	CLE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
pro by Y89		they required. Evidenced 71, Y878, Y885, Y886, 930, and Y936.	Y 050		
NA reg 2 or t app fac pre Fire saf Thi Ba: fail- we refe Fin On ext dat ext hal	The Bureau shall not the appropriate local plicable, if, during a sility, the Bureau knows and a violation of the Marshal or a local fety from fire. Is Regulation is not seed on observation and the ensure 3 of 3 are inspected annual erral addings include: 14/1/15 during a fact inguishers were obtaining in the front inspection and inguishers were locally and by the front 14/1/15 at 5:05 PM.	ements and precautions fire. Detify the State Fire Marshal all government, as in inspection of a residential lows of or suspects the in of a regulation of the State I ordinance relating to It met as evidenced by: and interview, the facility facility fire extinguishers ally State Fire Marshall Deticility tour, three fire served with a last service discrete discrete discrete in the kitchen, in the contidoor.	Y 431		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 3 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC GAS, NV 89117	LE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPROFICE OF THE APPROPROPROPROPROPROPERTY)	D BE COMPLETE
Y 871	Continued From page	3	Y 871		
Y 871 SS=F	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan	Y 871		
		nistration of medication: ministrator, caregivers and			
	The administrator of provides assistance to administration of med				
	administration of med				
	(1) Preventing the	luding, without limitation: use of outdated, damaged			
		medications for each			
	prescription medication				
	ordered, filled and ref avoid missed dosage				
	(3) Verifying that of been accurately trans	orders for medications have scribed in the record			
	of the medication adn in accordance with N. (4) Monitoring the	·			
		effective use of the records			
	the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with				
	and NAC 449.196;	ubsection 6 of NRS 449.037 each caregiver who			
	administers a medica supervised;				
	prescribing physician resident concerning is	or other physician of the ssues or observations			
	relating to the adminis	stration of the medication;			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 4 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC	LE	
0/0.15	STIMMADV ST	ATEMENT OF DEFICIENCIES	AS, NV 89117	PROVIDER'S PLAN OF CORRECTION	IN OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
Y 871	medications at the resident without limitation, a commedication handbook than 2 years old or pron the Internet which concerning medication (e) Develop and main caregivers of the resident managing medication without limitation, and for managing medication medication without limitation. The administration is the plan. The administration is the plan without limitation and the plan.	erence materials relating to sidential facility, including, urrent drug guide or, which must not be more oviding access to websites provide reliable information ns. tain a training program for dential facility who in to residents, including, initial orientation on the plantions at the facility for each annual training update on trator shall maintain rning the provision of the	Y 871		
	This Regulation is not met as evidenced by: Based on record review, the administrator failed to ensure the facility's medication administration plan was followed. Findings include:				
	On 4/3/15, a review o Plan (undated), read	f the facility's Medication as follows:			
	Prevent the use of ou contaminated medica	tdated, damaged or tions, Page 1, Section 1:			
	-Bullet point #4:	"Damaged, contaminated,			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 5 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015	
	ROVIDER OR SUPPLIER	3140 COA	RESS, CITY, STA			
		LAS VEGA	S, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	Ξ
Y 871	Continued From page	e 5	Y 871			
	discontinued medicati according to medicati [see Subsection 1]."	ions will be destroyed on Destruction Instruction				
	Bullet point #7: " facility, all resident's r along with the resider					
	will be destroyed acco	All resident's medications ording to Medication n upon resident deceased."				
	Medication Destruction Section 1, Subsection	on Instruction, Page 1, n 1:				
	Bullet point #1: "Medications that need to be destroyed shall be placed in an empty bottle, filled the bottle with either coffee or bleach, and shook to dissolved, and then discarded in the trash bin outside."					
	over-the-counter drug for the resident are fill manner to avoid miss	ription medications and any is and supplements ordered led and refilled in a timely ed dosages; Medication idents, Page 1, Section 2:				
	medications must be	All new residents' in theirs original containers, packs, and original format."				
	resident have medica medications. Ma noted on the medicati	ke sure there are refills on container or order. If have to be called to get a				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 6 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SU COMPLE		
		NVS7555AGC	B. WING		04/0	1/2015
	ROVIDER OR SUPPLIER	3140 COA	DRESS, CITY, STA CHLIGHT CIRC AS, NV 89117	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
Y 871	labeled with the resid prescribing physical order for OTC, contact Bullet point #5: "medications, PRNs and physician's orders to administration record. Bullet point #6: "medications in a seculand locked medicine. Bullet point #7: "assigned staff in charmonitoring the stamedications and the residual pharmacy, filling party reminder call to response member." Bullet point #9: "will be notified a day given. The administration availability of the medications that medications and the residual pharmacy filling party reminder call to response member." Bullet point #9: "will be notified a day given. The administration availability of the medication that medications are supported by the support of the medication that medications are supported by the support of the medication that medications are supported by the support of the medication that medications are supported by the support of the su	Staff will ensure OTCs are ent's name and cian name. If no physician's office." Staff will add all prescribed and OTC medication with the medication (MAR)." Staff will store all resident ared area or container cabinet." The house manager or the ge is responsible for atus of all the residents' need to order refills." One week prior to the last order will be called into the ansible resident's family The facility's administrator prior to the last dose is tor will ensure the licine to the responsible for and ensuring the accuracy on's order, the medication dication orders have been	Y 871			
	accurately transcribed Administration record	d to Medication s (MAR), Page 2, Section 3:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 7 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01	/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
BELLA ES	STATE CARE HOME		CHLIGHT CIRC AS, NV 89117	CLE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE	
Y 871	Continued From page 7		Y 871				
	for transcribing medic medication administra month and anytime the resident's medica	ation records (MARs) each nere is a change to the ation regiments." 'The Med Tech will make					
	_	ne and amount to be taken is					
	Monitoring of medication administration and the effective use of the MARs for documentation, Page 2, Section 4: Bullet point #2: "The administrator is responsible for reviewing the MARs documented by Med Tech on a monthly basis."						
	Staff who is responsil medications is adequ Section 6:	ble for administering ately supervised, Page 2,					
	house manager is res	'The administrator and/or sponsible for the ication administration staff."					
	Bullet point #2: ' observe in person ho being administer						
	related to the medica	on of issues or observations tion administration to the or other physician's; and,					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 8 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		NVS7555AGC	B. WING		04/01/2015		
NAME OF D			DEGG OITY OTA	TE 7/D 00DE	,		
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	•			
BELLA ESTATE CARE HOME AS VEGAS, NV 89117							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE		
Y 871	Continued From page 8		Y 871				
	with resident physicia and/or by telephone." Bullet point #3: " resident's physician w	The facility will inform the					
	on-site, medication ac physician orders was cited may have been adhered to it's medica	f residents' medications dministration records and conducted. Deficiencies prevented had the facility ation management plan. 5, Y886, Y895, Y920 and					
Y 878 SS=E	NAC 449.2742(5)(6) I Supplements, Change NAC 449.2742 Admin	Medication / OTCs,	Y 878				
	supplement may be g resident's physician h administration of the r writing or the facility is another physician. Th medication or dietary administered in accor instructions of the phy of over-the-counter m supplements must be	medication or supplement in sordered to do so by e over-the-counter					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 9 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3140 COACHLIGHT CIRCLE LAS VEGAS, NV 89117						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
Y 878	the physician. If a physician administered to a resical (a) The caregiver restricted the administration of to (1) Comply with (2) Indicate on the medication that a chack (3) Note the charmaintained pursuant to subsection 1 of NAC (b) Within 5 days after copy of the order or physician must be incommaintained pursuant to subsection 1 of NAC (c) If the label preparation of the order of physician, the physician pharmacist must interprescription and, with ordered, the interpretation of the same of the physician of t	see provided in this stion prescribed by a ministered as prescribed by a ministered as prescribed by resician orders a change in nedication is to be dent: sponsible for assisting in he medication shall: the order; he container of the nge has occurred; and nge in the record to paragraph (b) of 449.2744; ter the change is ordered, a rescription signed by the luded in the record to paragraph (b) of 449.2744; and the record to paragraph (b) of 449.2744; and the record to paragraph (b) of 449.2744; and the rescription written by a pharmacist does are prescription written by a pharmacist or prescription written by a pharmacist the change is ation must be included in a pursuant to paragraph (b)	Y 878			
	Based on observation interview, the facility fresidents received me physician order (Resident facility failed to elemedications received on the medication corchanged the existing	t met as evidenced by: I, record review and ailed to ensure 4 of 10 edications as prescribed per dents #2, #5, #6 and #9). Insure 1 of 10 residents' a change order indication attainer after a physician medication order (Resident				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies

STATE FORM JZC811 If continuation sheet 10 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	NVS7555AGC B. WING		04/01/2015		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC AS, NV 89117	ELE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
Y 878	milligrams (mg)/3 mL inhalation solution, 3 as needed for shortner The medication was r 3:45 PM, Employees did not know about th 4/1/15 at 3:57 PM, Rewere not aware the mby the physician. Resident #5: Review on-site and physician following: -Cranberry 425 milligre (850 mg) by mouth exwas signed as adminiant AM. The medication of March, 2015 MAR, the MAR, crossed out "Double Entry, page 25 found in the record data to discontinue the medication where the medication was administered for the Two bottles of the medication order was for-Hydrocodone/APAP	d to ensure 3 of 10 d physician orders for ts #5, #6 and #9). In order read: Albuterol 2.5 (milliliters) (0.083%) mL nebulizer every 4 hours ess of breath or wheezing. Not on-site. On 4/1/15 at #1 and #2 explained they e medication order. On esident #2 explained they edication had been ordered of the MAR, medications orders revealed the Tams (mg), take 2 capsules very day. The medication stered on 4/1/15 at 8:00 vas not on-site. On the emedication was listed on endicated and a note indicated endication. The medication was mot signed the emedication was not signed the 4/1/15, 8:00 AM dose. dication were on-site. No bound in the record.	Y 878		
	mouth three times da	lly as needed for pain. The e. No physician order or			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 11 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		NVS7555AGC	B. WING		04	1/01/2015
	ROVIDER OR SUPPLIER	3140 CO	DDRESS, CITY, STATE ACHLIGHT CIRCLE GAS, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
Y 878	discontinue order was frequency. Hydrocodo tablet by mouth twice on-site. A physician of found in the record. Resident #6: Review MARs revealed the folisted on the MARs: capsule by mouth ever filled on 3/20/15. The 4/1/15. No other order found in the record. administered as president #9: Review	s found in the record for this one/APAP 5-325 mg, take 1 daily. The medication was order dated 2/24/15 was of the March and April 2015 ollowing medication was not DocQLace 100 mg, take 1 ery day. Prescription was physician order was dated or for the medication was not cribed.	Y 878	DEFICIEN	ICY)	
	by mouth daily. The right April 2015 MAR, and on 4/1/15. The medic March 2015 MAR. The and was filled on 3/25 found in the record. - Also listed on the Application of the Application of the March 2 was on-site and was order for 3/3/15 was filled.	10 MEQ ER, take 1 capsule medication was listed on the was signed as administered ation was not listed on the medication was on-site 5/15. No physician order was oril 2015 MAR was Pot CL R, take 1 tablet by mouth cation was signed as 15. The medication was not 015 MAR. The medication filled on 3/3/15. A physician				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 12 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
		NV37333AGC			04/01/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	TATE CARE HOME		CHLIGHT CIRC	ELE	
		LAS VEG	AS, NV 89117		,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
Y 878	Continued From page	: 12	Y 878		
	pain. The medication Hydrocodone/APAP 5 mouth every six hours was no change order container.	3-325 mg, take 2 tablets by as needed for pain. There label on the medication			
	Severity: 2 Scope	: 2			
Y 885 SS=D	449.2742(9) Medication	on / Destruction	Y 885		
		istration of medication: ministrator, caregivers and			
	the expiration date of has passed, or a residuscharged from the famedication, an emploshall destroy the med method of destruction witness and note the	acility does not claim the yee of a residential facility ication, by an acceptable, in the presence of a			
	Based on observation failed to destroy medi discontinued, had exp been discharged. for 3	t met as evidenced by: and interview, the facility cations after they were bired or after a resident had of 12 residents (Resident and Residents #11 and #12 s).			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 13 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.11.2 7.27.11		15211111107111011152111	A. BUILDING:			
		NVS7555AGC	B. WING		04/0	1/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BELLA ES	STATE CARE HOME		CHLIGHT CIRC S, NV 89117	ELE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 885	Continued From page	e 13	Y 885			
	Findings include:	f resident medications				
	revealed the following					
	Resident #9: One bot discontinued by the re 2/24/15, was still on-s	esident's physician on				
	Resident #11 - One b prescribed for a resid discharged from the f					
	prescribed for a resid	Mediclophan suppositories, ent who had been acility, were still on-site.				
	On 4/1/15 at 5:05 PM acknowledged the medestroyed.	l, the Administrator edications should have been				
	Severity: 2 Scope:	1				
Y 895 SS=B		49.2746(2) Medication /	Y 895			
		nistration of medication: tents of logs and records.				
	provides assistance t	of a residential facility that oresidents in the lication shall maintain:				
	(b) A record of the me each resident. The re	edication administered to cord must include:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 14 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		NVS7555AGC	B. WING		04/0	1/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BELLA ES	TATE CARE HOME		CHLIGHT CIRC AS, NV 89117	CLE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 895	(2) The date and was administered; (3) The date and refuses, or otherwise medication; and (4) Instructions f medication to the resident order or prescription of over and dietary supplement record required pursusubsection 1 of NAC 2. A caregiver who a resident as needed slinformation concerning medication: (a) The reason for the control of the dose administrations of the medication; (b) The date and time (c) The dose administration of the resident that represcription of the resident that represcription of the resident of the resident that represcription that represcription the resident that represcri	Interest that the medication If time that a resident misses, an administration of cor administering the ident that reflect each cription of the resident's In to NAC 449.2742(5) The reflect counter medications ents must be included in the leant to paragraph (b) of 449.2744.) diministers medication to a chall record the following and the administration of the eadministration; included in the leant to paragraph (b) of 449.2744.) diministers medication to a chall record the following and the administration of the eadministration; included in the leant to paragraph (b) of 449.2744.) diministers medication of the administration of the medication in the eadministration of the eadministration of the ecaregiver; and diministering the medication flect each current order or	Y 895			
	a.iigo iiloiddo.					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 15 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
	NVS7555AGC	B. WING		04/01/2015
NAME OF PROVIDER OR SUPPLIER BELLA ESTATE CARE HOME	3140 COA	PRESS, CITY, STA		
	LAS VEGA	S, NV 89117		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES JUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
Y 895 Continued From page 1	5	Y 895		
Resident #3: Review of following medications wadministered: -8:00 PM dose of T -12:00 AM (midnighth Hydrocodone/APAP on -PM dose of Mexide On 4/1/15 at 2:25 Fthey received the medications wadministered: -8:00 PM dose of T -8:00 PM dose of T -8:00 PM dose of F 3/31/15 Review of the MAF medications were listed -Cranberry 425 mill capsules (850 mg) by medication was signed as administered on medication was not on-MAR, the medication was list out, and a note indicate A physician order was found in with no order to discont -Cranberry 200 mg by mouth twice daily. The signed as	f the MAR revealed the vere not signed as femazepam on 3/31/15 nt) dose of 3/31/15 etine on 3/31/15 PM, Resident #3 confirmed cations. If the MAR revealed the vere not signed as frazadone on 3/31/15 Hydrocodone/APAP on R revealed the following on the MAR twice: ligrams (mg), take 2 nouth every day. The 14/1/15 at 8:00 AM. The site. On the March, 2015 Red on the MAR, crossed of "Double Entry, page 2". the record dated 10/21/14, inue the medication. I, take 2 capsules (400 mg) he medication was not et 4/1/15, 8:00 AM dose. cation were on-site. No			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 16 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
BELLA ES	TATE CARE HOME		CHLIGHT CIRCI AS, NV 89117	.E	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
Y 895	Continued From page -Hydrocodone/Af by mouth twice daily finot signed as admit AM dose. Physician of found in the record. Ton-site. -Hydrocodone/Af by mouth three times physician order or discontine record. The medication order label was on the medication Resident #6: Review MARs revealed the folisted on the MA 1 capsule by mouth e order was dated 4/1/1 3/20/15. Medication was Resident #9: Review following medication of discrepancies: - Alendronate 70 every Sunday a half in directed. The medication was re-	PAP 5-325 mg, take 1 tablet for pain. The medication was nistered for the 4/1/15, 8:00 order dated 2/24/15 was he medication was PAP 5-325 mg, take 1 tablet daily as needed for pain. No have order was found in the on was on-site. No change on container. Of the March and April 2015 ollowing medication was not Rs: -DocQLace 100 mg, take very day. The physician 5. Prescription was filled on was on sight. Of the MAR revealed the documentation mg, take 1 tablet by mouth	Y 895	DEFICIENCY)	
	was still on-site.	rder was found in the record. om 3/3/15 indicated			
	mg) three times a day medication was not	5 mg/5 ml, take 1 ml (1 r, routine for pain. The stered for the 12:00 PM			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 17 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		NVS7555AGC	B. WING		04/0	1/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DELLAGO	TATE CARE HOME	3140 COAC	HLIGHT CIRC	ELE		
BELLA ES	STATE CARE HOME	LAS VEGAS	S, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 895	Continued From page	e 17	Y 895			
Y 895	#2 explained they did administ resident. - Non-Aspirin Ace tablets by mouth ever pain, headache, fever listed on the April 201 found in the record. T Also listed on the April 325 mg, take 2 tablets day as needed for label was on the med - Morphine IR 20 (10 mg) by mouth unchours as needed breath. The medication 2015 MAR. Physician found in the record. T - Pot Chloride 10 mouth daily. The med April 2015 MAR, administered on 4/1/1 listed on the March 20 was on-site and was fon the April 2015 MAI 10 MEQ ER, take day. The medication on 4/1/15. The med March 2015 MAR. The and was filled.	er the medication to the etamin 325 mg, take 2 y 6 hours as needed for The medication was 5 MAR. Physician order was he medication was Acetamin s by mouth three times a or pain. No change order dication container. mg/mL Soln, take 0.5 mg der the tongue every one for pain or shortness of on was not listed on the April order dated 3/3/15 was he medication was on-site. MEQ ER, take 1 capsule by ication was listed on the and was signed as 5. The medication was not 015 MAR. The medication filled on 3/25/15. Also listed R was Pot CL Micro Tab e 1 tablet by mouth every was signed as administered dication was not listed on the e medication was not listed on the	Y 895			
	and insert 1 supposite needed if no boy	positories 10 mg, unwrap ory per rectum every day as evel movement for 3 days. The sted on the April 2015 MAR.				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 18 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
	ROVIDER OR SUPPLIER	3140 CO	DDRESS, CITY, STA ACHLIGHT CIRC BAS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
Y 895 Y 920 SS=F	on the MAR: Bisacod 10 mg suppositor suppository rectally e constipation. The 1/18/15. On 4/1/15 at 5:05 PM acknowledged the me errors. Severity: 2 Scope:	y of April 2015 MAR y medication was not listed yl ries, unwrap and insert 1 very day as needed for physician order was dated , the Administrator edication documentation	Y 895		
35-1	1. Medication, including over-the-counter medication and dry. The facility shall ensure medical or diagnostic misused or appropriation other unauthorized per Medication for external locked area separate resident who is capal medication to himself keep his medication in	ng, without limitation, any ication, stored at a st be stored in a locked area the caregivers employed by the that any medication or equipment that may be ted by a resident or any erson is protected. The call use only must be kept in a from other medications. A sole of administering without supervision may in his room if the medication intainer for which the facility			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 19 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVOZEFFACO	B. WING		04/04/0045
		NVS7555AGC	B. WiiNO		04/01/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BELLAES	TATE CARE HOME	3140 CO	ACHLIGHT CIRC	LE	
DELET E	TATE GARE HOME	LAS VEG	SAS, NV 89117		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
Y 920	Continued From page	: 19	Y 920		
	without limitation, any medication must be keep	in a refrigerator, including, over-the-counter ept in a locked box unless ed or is located in a locked			
	This Regulation is no Based on observation interview, the facility f medications were stor	ailed to ensure that			
	Findings include:				
	medications for all of observed unsecured in pantry had a locking of	cility tour in the afternoon, the facility's residents were in the kitchen pantry. The door, however the door was to the door was observed in lrawer next to the			
	the following unsecure	cility tour in the afternoon, ed medications were t of Resident #6's room:			
		nued by the resident's			
	in the kitchen pantry.	locked medications stored Employee #2 explained all lications found in Resident			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 20 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/04/2045
		NVS/355AGC			04/01/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC	ELE	
		LAS VEG	AS, NV 89117		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
Y 920	Continued From page	20	Y 920		
	Severity: 2 Scope				
Y 923 SS=D	449.2748(3)(a-b) Med	lication Container	Y 923		
	NAC 449.2748 Medic discharge, transfer an	ation: Storage; duties upon d return of resident.			
	over-the-counter-med supplement, must be: (a) Plainly labeled a	s to its contents, the name om it is prescribed and the			
	(b) Kept in its original administered.	al container until it is			
	Based on observation interview, the facility face were properly labeled	t met as evidenced by: , record review and ailed to ensure medications and kept in the original residents (Resident #10).			
	Findings include:				
	containing white pills white p	view of resident beled prescription bottle was observed in Resident The white cap on the bottle th "ASA 81 milligrams			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 21 of 24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPL	I I E D
		NVS7555AGC	B. WING		04/0	1/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BELLA ES	TATE CARE HOME		CHLIGHT CIRC S, NV 89117	LE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 923	Continued From page	21	Y 923			
	administration record resident was prescrib On 4/1/15 at 3:45 PM acknowledged the me	ed Aspirin 81 mg.				
	Severity: 2 Scop	e: 1				
Y 930 SS=C	449.2749(1)(a) Resid Information	ent File-Storage, Res	Y 930			
		enance and contents of resident; confidentiality of				
	resident of a residenti least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, assess information and any of the resident, including	other information related to g without limitation: dress, date of birth and				
	Based on observation failed to ensure reside secured location for 1	of met as evidenced by: and interview, the facility ent files were kept in a 0 of 10 residents (Residents , #7, #8, #9 and #10).				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 22 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NVS7555AGC	B. WING		04/01/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
BELLA ES	STATE CARE HOME		ACHLIGHT CIRC	ELE	
	CLIMMADY CT		AS, NV 89117	DDOWNEDIC DI ANI OF CODDECTIO	N
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
Y 930	Continued From page	22	Y 930		
	Findings include:				
		cility tour in the afternoon, e observed in an unlocked			
	On 4/1/15 at 2:45 PM acknowledged the un				
	Severity: 1 Scope	: 3			
Y 936 SS=D	449.2749(1)(e) Resid Tuberculosis	ent file-NRS 441A	Y 936		
		enance and contents of resident; confidentiality of			
	resident of a residenti least 5 years after he facility. The file must that is resistant to fire unauthorized use. The records, letters, assess information and any of the resident, including (e) Evidence of comp	ssments, medical ther information related to			
	_	ing tuberculosis (TB)			
	Findings include:				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM 5899 JZC811 If continuation sheet 23 of 24

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		NVS7555AGC	<u>I</u>		04/0	1/2015
	ROVIDER OR SUPPLIER		RESS, CITY, STA CHLIGHT CIRC			
BELLA ES	STATE CARE HOME		S, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y 936	Continued From page	e 23	Y 936			
	Resident #10 was ad	of resident files revealed mitted to the facility on d documented evidence of a				
	On 4/1/15 at 5:05 PM acknowledged the mi	, the Administrator ssing TB test documentation				
	This was a repeat det annual State Licensu	ficiency from the 4/2/14 re grading survey.				
	Severity: 2 Scope:	1				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM JZC811 If continuation sheet 24 of 24

Exhibit 4

BEFORE THE NEVADA STATE BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS

In the Matter of the Complaint for) Disciplinary Action Against)	Case No. B-36122
DANIELLE A. WALTON,	Filed:
RESPONDENT)	
Residential Facility Administrator for	Executive Director
BELLA ESTATES CARE HOME	
Į.	

STIPULATION FOR SETTLEMENT OF DISCIPLINARY ACTIONS

WHEREAS, as more fully addressed below, the NEVADA STATE BOARD OF EXAMINERS OF LONG TERM CARE ADMINISTRATORS, ("BOARD"), and RESPONDENT DANIELLE A. WALTON ("RESPONDENT" or "WALTON") (collectively referred to as "the Parties"), hereby enter into this Stipulation for Settlement of Disciplinary Actions as follows:

Jurisdiction

- Pursuant to Nevada Revised Statute 654.110(1)(f), the BOARD has jurisdiction to receive, investigate and take appropriate action with respect to any charge or complaint filed with the BOARD against a licensee.
- RESPONDENT at all times relevant hereto, was and currently is, licensed in the State of Nevada as a residential facility administrator ("RFA") by the BOARD, pursuant to the provisions of Nevada Revised Statutes and Nevada Administrative Code chapters 654.
- At all times relevant hereto, RESPONDENT was the Administrator of BELLA ESTATES CARE HOME, 3140 Coachlight Circle, Las Vegas, NV 89117 ("the

Pursuant to Nevada Revised Statute 233B.121(5), the BOARD is authorized to 4. enter into a settlement agreement to resolve a disputed matter.

Allegations

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- On or about April 1, 2015 the State of Nevada, Division of Public and Behavioral 5. Health ("DPBH") conducted an annual State Licensure survey and complaint investigation at Bella Estate Care Home and subsequently DPBH issued its Statements of Deficiencies ("SOD") against the Facility.
- On or about June 19, 2015, the BOARD sent a "Notice Pursuant to Nevada Revised 6. Statutes ("NRS") 233B.127(3) of Intent to Take Administrative Action for Violations of Chapter 654 of NRS and Chapter 449 of NRS" to RESPONDENT, by certified mail, notifying him or her of an investigation concerning allegations of Chapter 654 violations.
- On July 8, 2015, the Board sent correspondence to RESPONDENT, by certified 7. mail, notifying RESPONDENT that sufficient evidence had been found for disciplinary action to be commenced, and that the BOARD proposed such action would be brought for an administrative hearing.
- Respondent acknowledges that information has been received by the BOARD or its 8. agent, which constitutes sufficient grounds for the initiation of an administrative hearing.
- 9. The Parties desire to resolve any disputed matters relating to the BOARD'S investigation, and recognize that continued litigation of this dispute would be protracted, costly and time consuming, and therefore, the Parties have reached a

settlement agreement in the interest of judicial and administrative economy.

Violations of Law

10. RESPONDENT admits that the conduct set forth in the DPBH survey and/or complaint investigation constitutes a violation of law regulating the practice of residential facility administrators and/or skilled nursing administrators. RESPONDENT has elected to enter into this settlement agreement rather than face the possibility of further disciplinary action by the BOARD.

Administrative Penalty

11. RESPONDENT shall maintain a grade of B or better for all of his/her facilities for the eighteen (18) months immediately following the Effective Date of the Board's Final order, and agrees that if licensee receives a grade below a B, his/her license shall be immediately suspended until he/she comes before the Board at the next Quarterly Board Meeting. Respondent shall also complete Modules 1 and 4 of the Nevada Best Practices Training to be provided by the Board and 8 hours of Medication Training within thirty (30) days after the Effective Date of the Board's Final Order, and pay the following monetary assessment to the BOARD:

Administrative Fine:	\$ 3,000.00
Best Practices Training:	100.00
Administrative & Legal Costs:	<u>375.00</u>
Total Assessed:	\$ 3,475,00

12. RESPONDENT shall pay to the BOARD the total sum of \$3,475.00, in twelve (12) installments consisting of the first payment being ten (10) percent of the total balance equaling \$347.48 and eleven (11) equal monthly installment payments \$284.32 thereafter.

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- 13. The first payment of \$347.48 is due and payable within thirty (30) days after the EFFECTIVE DATE of the BOARD'S Final Order, with eleven (11) additional installment payments of \$284.32, each installment payment becoming due and payable on the 15th day of each next succeeding month after the first payment, until the total balance due is paid in full. No grace period will be permitted. Any installment payment not actually received by the BOARD on or before its due date shall be construed as an event of default of this agreement by the RESPONDENT.
- 14. Any installment payment not actually received by the BOARD on or before its due date shall be subjected to a Fifty Dollar (\$50.00) late fee.
- 15. If monthly installments are not brought current within thirty (30) days of due date, the remaining unpaid balance shall become immediately accelerated, and the total remaining unpaid balance of the monetary assessments shall become immediately due and payable in full. In such event, debt collection actions for unpaid monetary assessments in this case may be instituted by the BOARD.
- 16. In the event of default, RESPONDENT agrees that his/her license shall be immediately suspended. The suspension of RESPONDENT'S license shall continue until the unpaid balance is paid in full.
- RESPONDENT acknowledges that the BOARD has the legal power and authority to 17. take action against her/him, including instituting debt collection actions for unpaid monetary assessments in this case.
- 18. RESPONDENT acknowledges that the BOARD will retain jurisdiction over this matter until all terms and conditions set forth in this settlement agreement have been met to the satisfaction of the BOARD.
- The BOARD agrees not to pursue any other or greater remedies or fines in 19. connection RESPONDENT'S alleged conduct, and that once this agreement is fully

Attorney General's Office

31. If the BOARD does not accept the settlement agreement, it shall be regarded as null and void. Admissions by RESPONDENT in the settlement agreement will not be regarded as evidence against him at the subsequent disciplinary hearing. The RESPONDENT will be free to defend himself and no inferences against him will be made from his willingness to have entered into this agreement.

Complete Agreement

32. This settlement agreement consists of eight pages and embodies the entire agreement between the BOARD and RESPONDENT. It may not be altered, amended or modified without the express consent of the parties.

Date: 8 (6 (15

Date: ______NEVADA STATE BOARD OF EXAMINERS OF LONG TERM CARE ADMINISTRATORS

By: Danielle A. Walton Licensee

By: Sandy Lampert
Executive Director

Exhibit 5

Skip to Main Content Logout My Account Search Menu New District Civil/Criminal Search Refine Search Close

REGISTER OF ACTIONS CASE No. A-19-797533-C

Corinne DiLeo, Plaintiff(s) vs. Maide, LLC, Defendant(s)

\$ Case Type: Negligence - Other Negligence Space Space

Location: District Court Civil/Criminal Help

	Party Information	
Defendant	Huch, Sokhena K	Lead Attorneys Stephen B. Vogel Retained 702-893-3383(W)
Defendant	Maide, LLC <i>Doing Business As</i> Gentle Spring Care Home	Stephen B. Vogel Retained 702-893-3383(W)
Defendant	Ton, Miki N	Stephen B. Vogel Retained 702-893-3383(W)
Plaintiff	DiLeo, Cindy	Jamie S. Cogburn <i>Retained</i> 702-748-7777(W)
Plaintiff	DiLeo, Corinne R	Jamie S. Cogburn <i>Retained</i> 702-748-7777(W)
Plaintiff	DiLeo, Thomas, Jr.	Jamie S. Cogburn <i>Retained</i> 702-748-7777(W)
Plaintiff	Estate of Thomas DiLeo	Jamie S. Cogburn <i>Retained</i> 702-748-7777(W)

EVENTS & ORDERS OF THE COURT

01/28/2020 | Motion to Compel (9:30 AM) (Judicial Officer Thompson, Charles)

Maide, L.L.C, a Nevada Limited-Liability Company d/b/a Gentle Spring Care Home; Sokhena K. Huch, an Individual; Miki N. Ton's Motion to Compel Arbitration

Minutes

12/17/2019 9:30 AM

01/28/2020 9:30 AM

01/28/2020 9:30 AM

 Arguments by counsel regarding whether or not the heirs of the estate should be bound to binding arbitrations. COURT ORDERED, motion is GRANTED as to the estate only, and STAYED as to the heirs.

Parties Present

Return to Register of Actions

Electronically Filed 4/22/2020 11:12 AM Steven D. Grierson CLERK OF THE COURT

S. BRENT VOGEL Nevada Bar No. 06858 Brent.Vogel@lewisbrisbois.com JOHN M. ORR 3 Nevada Bar No. 14251 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, NV 89118 Tel.: 702.893.3383 Fax: 702.893.3789 6 7 Attorneys for Defendants 8 Maide, LLC d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki N. Ton 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special 13 Administrator for the ESTATE OF THOMAS DILEO; THOMAS DILEO, JR., as Statutory CASE NO. A-19-797533-C Heir to THOMAS DILEO; and CINDY DEPT. NO. 14 DILEO, as Statutory Heir to THOMAS **15** DILEO, NOTICE OF ENTRY OF ORDER Plaintiffs, 16 **17** VS. 18 MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE 19 HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE INDIVIDUALS 1-10, inclusive; ROE 20 ENTITIES 11-20, inclusive, 21 Defendants. 22 23 24 25 **26** 27

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4817-7426-3226.1

Page 1 of 3

APP. 00156

PLEASE TAKE NOTICE that an ORDER was entered with the Court in the above-1 captioned matter on the 7th day of April, 2020, a copy of which is 2 3 attached hereto. 4 DATED this 22^{nd} day of April, 2020 5 LEWIS BRISBOIS BISGAARD & SMITH LLP 6 7 8 By /s/ John M. Orr 9 S. BRENT VOGEL 10 Nevada Bar No. 6858 JOHN M. ORR 11 Nevada Bar No. 14251 6385 S. Rainbow Boulevard, Suite 600 12 Las Vegas, Nevada 89118 Tel. 702.893.3383 13 14 **Attorneys for Defendants 15 16 17 18** 19 **20** 21 22 23 **24** 25 **26** 27

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APP. 00157

CERTIFICATE OF SERVICE

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IS DIS

I hereby certify that on this 22nd day of April, 2020, a true and correct copy of **NOTICE OF ENTRY OF ORDER** was served by electronically filing with the Clerk of the Court using the Wiznet Electronic Service system and serving all parties with an email-address on record, who have agreed to receive Electronic Service in this action.

By /s/Roya Rokni

An Employee of LEWIS BRISBOIS BISGAARD & SMITH LLP

BISGAARD &SMITH LLP

Electronically Filed 4/7/2020 6:20 PM Steven D. Grierson CLERK OF THE COURT

S. BRENT VOGEL Nevada Bar No. 06858 Brent.Vogel@lewisbrisbois.com JOHN M. ORR 3 Nevada Bar No. 14251 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, NV 89118 Tel.: 702.893.3383 Fax: 702.893.3789 6 7 Attorneys for Defendants 8 Maide, LLC d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki N. Ton 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special 13 Administrator for the ESTATE OF THOMAS DILEO; THOMAS DILEO, JR., as Statutory CASE NO. A-19-797533-C Heir to THOMAS DILEO; and CINDY DEPT. NO. 14 DILEO, as Statutory Heir to THOMAS **15** DILEO, ORDER ON DEFENDANTS' MOTION TO Plaintiffs, COMPEL ARBITRATION 16 **17** VS. 18 MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE 19 HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE INDIVIDUALS 1-10, inclusive; ROE 20 ENTITIES 11-20, inclusive, 21 Defendants. 22 23 24 25 **26** 27

BRISBOIS BISGAARD & SMITH LLP

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4842-5222-7510.1 Page 1 of 5

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The above-entitled matter having come on for hearing upon Defendants Maide, LLC, Sokhena Huch, and Miki Ton's (collectively referred to as "Defendants") Motion to Compel Arbitration on January 28, 2020. Defendants, appearing by and through John M. Orr, Esq. and Plaintiffs Cindy Dileo, as the Administrator of the Estate of Thomas Dileo (the "Estate"), Thomas Dileo, Jr., an heir of Thomas Dileo, and Cindy Dileo, an heir of Thomas Dileo (Thomas Dileo, Jr. and Cindy Dileo collectively referred to as the "Heirs"), appeared by and through Hunter Davidson, Esq. The Court having reviewed the pleadings and papers on file, being fully advised in the premises, having heard the oral argument of counsel and good cause appearing therefore, the Court finds as follows:

The Court finds Corinne Dileo executed a valid arbitration agreement (the "Agreement") on behalf of Thomas Dileo on January 30, 2015, when Mr. Dileo became a resident a Gentle Spring Care Home. On June 27, 2019, Plaintiffs Corinne Dileo, Thomas Dileo, Jr., and Cindy Dileo, filed a Complaint against Defendants, asserting claims under NRS § 41.1395 ("Elder Abuse"), NRS 48.105 ("Wrongful Death"), and for Negligence under NRS § 41.100. Cindy and Thomas Dileo, Jr. were not a signatories to the Agreement.

The Supreme Court of Nevada has held "[g]enerally, arbitration is a matter of contract and a party cannot be required to submit to arbitration any dispute which he has not agreed so to submit" Truck Ins. Exchange v. Swanson, 124 Nev. 629, 634, 189 P.3d 656, 550 (2008). A nonsignatory "may be bound to an arbitration agreement if so dictated by the 'ordinary principles of contract and agency...[:] (1) incorporation by reference; (2) assumption; (3) agency; (4) veil-piercing/alter ego; and (5) estoppel." Id.

NRS 38.221 further provides a specific framework with which this Court must analyze whether a dispute is subject to arbitration:

NRS § 38.221 Motion to compel or stay arbitration.

 On motion of a person showing an agreement to arbitrate and alleging another person's refusal to arbitrate pursuant to the agreement:

APP. 00160

- (a) If the refusing party does not appear or does not oppose the motion, the court shall order the parties to arbitrate; and
- (b) If the refusing party opposes the motion, the court shall proceed summarily to decide the issue and order the parties to arbitrate unless it finds that there is no enforceable agreement to arbitrate.
- 2. On motion of a person alleging that an arbitral proceeding has been initiated or threatened but that there is no agreement to arbitrate, the court shall proceed summarily to decide the issue. If the court finds that there is an enforceable agreement to arbitrate, it shall order the parties to arbitrate.
- 3. If the court finds that there is no enforceable agreement, it may not, pursuant to subsection 1 or 2, order the parties to arbitrate.

. . .

. . .

- 6. If a party makes a motion to the court to order arbitration, the court on just terms shall stay any judicial proceeding that involves a claim alleged to be subject to the arbitration until the court renders a final decision under this section.
- 7. If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim.

NRS 38,221(1)-(3), (6)-(7).

The Estate's claims for Wrongful Death, Elder Abuse, and Negligence are subject to Arbitration because Corrinne Dileo, as the special administrator of the Estate, "succeeds to the rights and obligations of the Estate's decedent, effectively stepping into the shoes of the decedent." *Colo. Nat'l Bank of Denver v. Friedman*, 846 P.2d 159, 163 (Colo. 1993). The Heirs "not have standing to assert an elder abuse or negligence claim." *Echevarria v. Echevarria*, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."); NRS 41.100(1) ("[e]xcept as otherwise provided in this section, no cause of action is lost by reason of the death of any person, but may be maintained by or against the person's executor or administrator.").

The Court finds that there is no evidence the Heirs are bound to the Agreement by virtue of other principles of contract law, i.e., estoppel, assumption, agency. Under NRS 38.221(1), there is not a valid agreement to arbitrate between the Heirs and Defendants.

The Court does find as a matter of law that there is a valid agreement to arbitrate between the Estate and Defendants.

The Court, having considered the arguments of counsel, and good cause appearing, hereby finds and orders as follows:

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that Plaintiff Corinne R. Dileo's, as Special Administrator for the Estate of Thomas Dileo, claims against Defendants for Elder Abuse, Negligence, and Survival Action be referred to binding Arbitration pursuant to the Resident Agreement Addendum attached to Defendants' Motion.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Plaintiffs Thomas Dileo, Jr. and Cindy Dileo's, as statutory heirs to Thomas Dileo, individual claims against Defendants for Wrongful Death are stayed during the pendency of the binding arbitration. IT IS SO ORDERED April DATED this <u>3rd</u> day of March, 2020 DISTRICT COURT JUDGE Submitted By: LEWIS BRISBOIS BISGAARD & SMITH LLP By: /s/ John M. Orr S. Brent Vogel, Esq. John M. Orr, Esq. 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 Attorneys for Defendant

BRISBOIS BISGAARD & SMITH ILP

Electronically Filed 5/5/2020 4:26 PM Steven D. Grierson **CLERK OF THE COURT** 1 S. BRENT VOGEL Nevada Bar No. 006858 Brent.Vogel@lewisbrisbois.com 2 JOHN M. ORR Nevada Bar No. 14251 3 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 702.893.3383 FAX: 702.893.3789 Attorneys for Defendants Maide, L.L.C, d/b/a Gentle Spring Care Home, 7 Sokhena K. Huch, and Mikin Ton DISTRICT COURT 8 9 CLARK COUNTY, NEVADA 10 CASE NO. A-19-797533-C CORINNE R. DILEO as Special 11 Administrator for the ESTATE OF THOMAS Dept. No.: 1 12 DILEO; THOMAS DILEO, JR., as Statutory MAIDE, L.L.C, a Nevada limited-liability Heir to THOMAS DILEO; and CINDY DILEO, as Statutory Heir to THOMAS company d/b/a GENTLE SPRING CARE 13 HOME, and SOKHENA K. HUCH, and DILEO, MIKI N. TON'S OPPOSITION TO 14 PLAINTIFFS' MOTION FOR Plaintiffs, 15 REHEARING VS. 16 MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE 17 HOME; SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE 18 INDIVIDUALS 1-10, inclusive; ROE 19 ENTITIES 11-20, inclusive, 20 Defendants. 21 Defendants MAIDE, L.L.C d/b/a GENTLE SPRING CARE HOME; SOKHENA K. 22 HUCH, and MIKI N. TON (collectively referred to as "Defendants"), by and through their 23 attorneys of record, S. Brent Vogel, Esq. and John M. Orr, Esq. of the Law Firm LEWIS 24 BRISBOIS BISGAARD & SMITH, hereby file this Reply in Support of Defendants' Motion to 25 Compel Arbitration. 26 This Opposition is based upon the papers and pleadings on file in this case, the attached 27 exhibits, the Memorandum of Points and Authorities submitted herewith, and any argument made 28

LEWIS BRISBOIS BISGAARD & SMITHUP

4816-1061-9067.1

1 at the time of hearing in this matter.

DATED this 5th day of May, 2020.

LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ John M. Orr
S. BRENT VOGEL
Nevada Bar No. 6858
JOHN M. ORR
Nevada Bar No. 14251
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Tel. 702.893.3383
Attorneys for Defendants, The Heights of Summerlin, LLC

MEMORANDUM OR POINTS AND AUTHORITIES

I. INTRODUCTION

Plaintiffs' Motion for Reconsideration (the "Motion") should be denied. The Court's initial ruling on Defendants' Motion to Compel Arbitration was correct when it was decided. It is correct now. A copy of the Court's signed Order is attached hereto as **Exhibit "A."** Plaintiffs' Motion for Reconsideration is based on the sole premise that the Court's initial ruling was clearly erroneous. There is no legal or rational basis to conclude that the Court's initial ruling is incorrect. Plaintiffs argue that the arbitration agreement (the "Agreement") is an "entirely separate agreement that lacks NRS 597.995's specific authorization." They suggest that because the Agreement contains a clause regarding "grievances" and another clause regarding "arbitration," Corinne Dileo's signature at the bottom of the Agreement does not constitute a specific authorization as required by NRS 597.995(1). As set forth below, this argument lacks any legal support and disregards the practical purpose of NRS 597.995. In addition to the proceeding arguments, Defendants incorporate by reference all arguments made in their initial briefing on this issue. A copy of Defendants' Reply in Support of their Motion to Compel Arbitration (the "Reply") is attached hereto as **Exhibit "B."**



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II. LEGAL ARGUMENT

a. The Agreement Contains a Specific Authorization As Required By NRS 597.995

NRS § 597.995(1) provides:

- 1. Except as otherwise provided in subsection 3, an agreement which includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement must include specific authorization for the provision which indicates that the person has affirmatively agreed to the provision.
- 2. If an agreement includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement and the agreement fails to include the specific authorization required pursuant to subsection 1, the provision is void and unenforceable.

NRS § 597.995(1)–(2). In *Fat Hat, LLC v. DiTerlizzi*, No. 68479, 2016 Nev. Unpub. LEXIS 762, at *4–*5 (Nev. Sept. 21, 2016), the Supreme Court of Nevada considered what constitutes a "specific authorization" under NRS § 597.995(1). Fat Hat, LLC ("Fat Hat") was sued by several of its employees after they discovered Fat Hat had been secretly filming them in their dressing areas as they changed attire. Fat Hat moved to compel arbitration based on the arbitration clauses in the plaintiffs' independent contractor or employment contracts. The district court denied this request, so Fat Hat appealed.

On appeal, each of the six employee plaintiffs argued that their arbitration agreements did not comply with NRS § 597.995(1) because they did not contain a "specific authorization" for arbitration. The court accepted this argument for four of the six employees. It reasoned

Though the arbitration provision immediately preceded the signature line on the last page for all the contracts, that was a general signature line indicating consent to all the terms of the contract. Thus, those signatures do not qualify as specific authorizations for the arbitration provision. Although Kirtz initialed at the bottom of the page with the arbitration provision, she initialed at the bottom of every page; thus, her initials fail to demonstrate that she affirmatively agreed to the arbitration provision.

Fat Hat, 2016 Nev. Unpub. LEXIS 762, at *4. With the other two employee plaintiffs, the Court held they did specifically authorize arbitration because "[i]n addition to a signature line at the end of the contracts, both Hebert and Mihaylova were required to fill in their names and addresses in

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the blank spaces of the provision, explicitly stating that the agreement to arbitrate was effective." Id. at *4-*5. Based on this, the Court held these two contracts complied with NRS § 597.995(1).

In this case, Mrs. Dileo initially signed a Resident Agreement that contained five pages with a single signature block on page "5" that applied to the whole agreement. Resident Agreement, attached as Exhibit "A" to Deft.'s Reply. She then signed a separate "Resident Agreement Addendum" (the "Addendum") that contained the subject arbitration clause. Resident Addendum, attached as Exhibit "B" to Defendants' Reply. This Addendum contained its own signature line, and, just like the two employee contracts in Fat Hat, Mrs. Dileo was required to fill in her name, date, and her signature. Under Fat Hat, this constitutes a specific authorization under NRS 597.995(1).

Plaintiffs' argument hinges on how broadly or narrowly the Court defines the word "provision" and is tantamount to asking the proverbial question of how many angels can dance on the head of a pin. It is divorced from the practical purpose of NRS 597.995. This statute states that an "agreement which includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement must include specific authorization for the provision which indicates that the person has affirmatively agreed to the provision." NRS 597.995(1). The obvious purpose of this statute is to ensure that a signatory is specifically aware and specifically authorizes an arbitration clause or agreement and does not merely agree to an arbitration clause that is buried in the annals of a multi-page contract.

In this case, the Addendum that Mrs. Dileo signed was separate and apart from the five page Resident Agreement that she signed. Ex. A; Ex. B. The Addendum is labeled in bold, capitalized text "Grievance and Arbitration." The whole Addendum is less than 200 words. It is not buried in the middle of a multipage document that contains one sweeping authorization. It is front and center on a single page. Further diving into linguistic oblivion, Plaintiffs argue that because the Addendum contains two paragraphs labeled "Grievances" and "Arbitration," the Addendum must contain two signature blocks. Based on this, Plaintiffs suggests that the signature at the bottom of the Addendum is not a specific authorization for arbitration because it authorizes both grievances and arbitration. The signature line is literally an inch below the arbitration clause.

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b. The Agreement Substantially Complies with NRS 597.995

The Agreement substantially complies with NRS 597.995. "Generally, in determining whether strict or substantial compliance is required, courts examine the statute's provisions, as well as policy and equity considerations. Substantial compliance may be sufficient to avoid harsh, unfair or absurd consequences." *Leven v. Frey*, 123 Nev. 399, 407, 168 P.3d 712, 717 (2007). Nevada courts subscribe to the general tenant that "time and manner requirements are strictly construed, whereas substantial compliance may be sufficient for "form and content" requirements." *Id.* "The district court has discretion to determine whether there has been substantial compliance with the statute." *Las Vegas Plywood & Lumber, Inc. v. D&D Entprs.*, 98 Nev. 378, 380, 649 P.2d 1367, 1368 (1982). The Nevada Supreme Court has held that when the purpose of a statute is to give notice to a party, the doctrine of substantial compliance applies. *See Las Vegas Plywood & Lumber, Inc. v. D&D Entprs.*, 98 Nev 378, 380, 649 P.2d 1367 (1982) ("The purpose of NRS 108.227(1) is to notify the property owner of the lien; therefore, substantial compliance with the requirements of the statute will suffice if the owner receives actual notice and

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Plaintiffs are essentially arguing that Mrs. Dileo did not specifically authorize the arbitration

agreement because it contained a 54 word sentence about her right to submit grievances to the

group home staff but would ultimately be required to arbitrate any grievances. Mrs. Dileo did not

offer any testimony that she was not aware of the arbitration clause or that she was confused

because the addendum contained two clauses. To say that she was confused or misled would strain

credulity. The Agreement was less than 200 words and was on a single page. Moreover, Plaintiffs

assume that the "Grievances" clause is a separate "provision" for purposes of NRS 597.995. It is

not. It is an introductory clause to the arbitration agreement. It states that residents may voice

grievances to the group home staff. The second clause states that those grievances or disputes are

subject to arbitration. These two clauses comprise a single arbitration agreement. More

importantly, as highlighted above, the signature line for the Addendum was an inch below the

arbitration clause. Plaintiffs' lack any tenable basis to say that Mrs. Dileo was not aware of the

arbitration agreement and did not specifically authorize it. Based on this, this Court correctly ruled

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the Agreement complies with NRS 597.995.

is not prejudiced.").

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NRS 597.995's plain objective is to ensure that a signatory receives adequate notice and specifically authorizes an arbitration agreement. Moreover, its requirement that arbitration agreements have a specific authorization is a clear "form and content" requirement for which substantial compliance is sufficient. See Leven, 23 Nev. at 407, 168 P.3d at 717. The statute has nothing to do with time or manner provisions, so it does not trigger strict compliance. Substantial compliance must apply to all arbitration agreements with regard to their congruity with NRS 597.995 because such agreements come in varied forms and use different language and structures. It would be impossible or impractical to require all persons in Nevada to utilize a uniform arbitration agreement. Such a rigid requirement would unduly infringe on a person's freedom to contract. This practical reality reinforces the need to review arbitration agreements conformity with NRS 597.995 for substantial compliance.

In this case, the subject arbitration agreement substantially complies with NRS 597.995(1). It fulfilled the spirit and purpose of this statute by giving Mrs. Dileo clear notice that any grievances or disputes would be subject to arbitration. Moreover, Mrs. Dileo is not prejudiced by being bound by an agreement that she voluntarily executed. If anything, not enforcing the parties' Agreement prejudices Defendants' by robbing them of the benefit of their bargain, even though they made significant efforts to ensure Mrs. Dileo specifically authorized the arbitration agreement. This is the type of absurd and harsh result that the doctrine of substantial compliance seeks to ameliorate. Mrs. Dileo is engaging in linguistic gymnastics to avoid an Agreement she knowingly and voluntarily signed. Plaintiffs' Motion, on a fundamental level, seeks to capitalize on a cheap technicality to avoid a contract. Plaintiffs present no credible argument that the arbitration agreement was masked with fine print or buried in the annals of a dense contract. The Resident Agreement Addendum that contained the arbitration clause was on a single page, contained less than 200 words, did not contain any fine print, contained its own signature block separate from the rest of the Resident Agreement, and stated in bold, capitalized font, "Grievance and Arbitration." It is as if Plaintiffs are saying that had the grievances clause been attached to the arbitration clause, there would be no issues here. Not only are the grievance and arbitration

clauses part of the same arbitration provision, this argument underscores that Plaintiffs are trying to capitalize on a cheap technicality that has nothing to do with the purpose or substance of NRS 597.995(1). The circumstances and practical reality are important here. That is, Mrs. Dileo had specific notice and specifically authorized the arbitration clause by affixing her signature to the Addendum. Based on this, Defendants respectfully urge this Court to reaffirm is prior ruling and enforce the parties' Agreement consistent with its Order. III. CONCLUSION Based upon the foregoing, Defendants respectfully request that this Honorable Court deny Plaintiffs' Motion for Rehearing and honor its prior ruling. DATED this 5th Day of May, 2020 LEWIS BRISBOIS BISGAARD & SMITH LLP

By /s/ John M. Orr
S. BRENT VOGEL
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Tel. 702.893,3383
Attorneys for Defendant The Heights of Summertin, LLC



4816-1061-9067.1

CERTIFICATE OF SERVICE

I hereby certify that on this 5 th day of May 2020, a true and correct copy
of MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARI
HOME, and SOKHENA K. HUCH, and MIKI N. TON'S OPPOSITION TO PLAINTIFFS
MOTION FOR REHEARING was served by electronically filing with the Clerk of the Cour
using the Wiznet Electronic Service system and serving all parties with an email-address or
record, who have agreed to receive Electronic Service in this action.

Hunter S. Davidson, Esq.
COGBURN LAW OFFICES
2580 St. Rose Parkway, Suite 330
Henderson, NV 89074
Tel: 702.748.7777
Fax: 702.966.3880
Attorneys for Plaintiffs

Jamie S. Cogburn, Esq.

By /s/ Roya Rokui an Employee of

LEWIS BRISBOIS BISGAARD & SMITH LLP

LEWIS BRISBOIS BISGAARD & SMITH ILIP ATDRNEYSATLAW

4816-1061-9067.1

EXHIBIT A

EXHIBIT A

Electronically Filed 4/7/2020 6:20 PM Steven D. Grierson CLERK OF THE COURT

S. BRENT VOGEL Nevada Bar No. 06858 Brent.Vogel@lewisbrisbois.com JOHN M. ORR Nevada Bar No. 14251 John.Orr@lewisbrisbois.com **LEWIS BRISBOIS BISGAARD & SMITH LLP** 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, NV 89118 Tel.: 702.893.3383 Fax: 702.893.3789 6 7 Attorneys for Defendants 8 Maide, LLC d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki N. Ton 9 10 DISTRICT COURT CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special Administrator for the ESTÂTE OF THOMAS 13 DILEO; THOMAS DILEO, JR., as Statutory CASE NO. A-19-797533-C Heir to THOMAS DILEO; and CINDY 14 DEPT. NO. 14 DILEO, as Statutory Heir to THOMAS 15 DILEO, ORDER ON DEFENDANTS' MOTION TO **COMPEL ARBITRATION** Plaintiffs, 16 17 VS. MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE HOME; SOKHENA K. HUCH, an individual; 19 MIKI N. TON, an individual; DOE INDIVIDUALS 1-10, inclusive; ROE 20 ENTITIES 11-20, inclusive, 21 Defendants. 22 23 24 25 26 27 28

BRISBOIS BISGAARD & SMITH LLP

4842-5222-7510.1 Page 1 of 5

Case Number: A-19-797533-C

The above-entitled matter having come on for hearing upon Defendants Maide, LLC, Sokhena Huch, and Miki Ton's (collectively referred to as "Defendants") Motion to Compel Arbitration on January 28, 2020. Defendants, appearing by and through John M. Orr, Esq. and Plaintiffs Cindy Dileo, as the Administrator of the Estate of Thomas Dileo (the "Estate"), Thomas Dileo, Jr., an heir of Thomas Dileo, and Cindy Dileo, an heir of Thomas Dileo (Thomas Dileo, Jr. and Cindy Dileo collectively referred to as the "Heirs"), appeared by and through Hunter Davidson, Esq. The Court having reviewed the pleadings and papers on file, being fully advised in the premises, having heard the oral argument of counsel and good cause appearing therefore, the Court finds as follows:

The Court finds Corinne Dileo executed a valid arbitration agreement (the "Agreement") on behalf of Thomas Dileo on January 30, 2015, when Mr. Dileo became a resident a Gentle Spring Care Home. On June 27, 2019, Plaintiffs Corinne Dileo, Thomas Dileo, Jr., and Cindy Dileo, filed a Complaint against Defendants, asserting claims under NRS § 41.1395 ("Elder Abuse"), NRS 48.105 ("Wrongful Death"), and for Negligence under NRS § 41.100. Cindy and Thomas Dileo, Jr. were not a signatories to the Agreement.

The Supreme Court of Nevada has held "[g]enerally, arbitration is a matter of contract and a party cannot be required to submit to arbitration any dispute which he has not agreed so to submit" *Truck Ins. Exchange v. Swanson*, 124 Nev. 629, 634, 189 P.3d 656, 550 (2008). A nonsignatory "may be bound to an arbitration agreement if so dictated by the 'ordinary principles of contract and agency...[:] (1) incorporation by reference; (2) assumption; (3) agency; (4) veil-piercing/alter ego; and (5) estoppel." *Id.*

NRS 38.221 further provides a specific framework with which this Court must analyze whether a dispute is subject to arbitration:

NRS § 38.221 Motion to compel or stay arbitration.

1. On motion of a person showing an agreement to arbitrate and alleging another person's refusal to arbitrate pursuant to the agreement:

LEWIS BRISBOIS BISGAARD & SMITH LIP ATTORNEYS AT LAW 3

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(a) If the refusing party does not appear or does not oppose the motion, the court shall order the parties to arbitrate; and

(b) If the refusing party opposes the motion, the court shall proceed summarily to decide the issue and order the parties to arbitrate unless it finds that there is no enforceable agreement to arbitrate.

- 2. On motion of a person alleging that an arbitral proceeding has been initiated or threatened but that there is no agreement to arbitrate, the court shall proceed summarily to decide the issue. If the court finds that there is an enforceable agreement to arbitrate, it shall order the parties to arbitrate.
- 3. If the court finds that there is no enforceable agreement, it may not, pursuant to subsection 1 or 2, order the parties to arbitrate.

- 6. If a party makes a motion to the court to order arbitration, the court on just terms shall stay any judicial proceeding that involves a claim alleged to be subject to the arbitration until the court renders a final decision under this section.
- 7. If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim.

NRS 38,221(1)-(3), (6)-(7).

The Estate's claims for Wrongful Death, Elder Abuse, and Negligence are subject to Arbitration because Corrinne Dileo, as the special administrator of the Estate, "succeeds to the rights and obligations of the Estate's decedent, effectively stepping into the shoes of the decedent." Colo. Nat'l Bank of Denver v. Friedman, 846 P.2d 159, 163 (Colo. 1993). The Heirs "not have standing to assert an elder abuse or negligence claim." Echevarria v. Echevarria, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."); NRS 41.100(1) ("[e]xcept as otherwise provided in this section, no cause of action is lost by reason of the death of any person, but may be maintained by or against the person's executor or administrator.").

The Court finds that there is no evidence the Heirs are bound to the Agreement by virtue of other principles of contract law, i.e., estoppel, assumption, agency. Under NRS 38.221(1), there is not a valid agreement to arbitrate between the Heirs and Defendants.

The Court does find as a matter of law that there is a valid agreement to arbitrate between the Estate and Defendants.

The Court, having considered the arguments of counsel, and good cause appearing, hereby finds and orders as follows:

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that Plaintiff Corinne R. 10 Dileo's, as Special Administrator for the Estate of Thomas Dileo, claims against Defendants for Elder Abuse, Negligence, and Survival Action be referred to binding 12 | Arbitration pursuant to the Resident Agreement Addendum attached to Defendants' 13 | Motion.

& SMITH LLP

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that Plaintiffs Thomas Dileo, Jr. and Cindy Dileo's, as statutory heirs to Thomas Dileo, individual claims against Defendants for Wrongful Death are stayed during the pendency of the binding arbitration. IT IS SO ORDERED April DATED this <u>3rd</u> day of March, 2020 DISTRICT COURT JUDGE Submitted By: LEWIS BRISBOIS BISGAARD & SMITH LLP By: /s/ John M. Orr S. Brent Vogel, Esq. John M. Orr, Esq. 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 Attorneys for Defendant

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& SMITH ЦР

EXHIBIT B

EXHIBIT B

Electronically Filed 10/10/2019 5:05 PM Steven D. Grierson CLERK OF THE COURT 1 S. BRENT VOGEL Nevada Bar No. 006858 Brent.Vogel@lewisbrisbois.com JEFFREY H. BALLIN Nevada Bar No. 004913 3 Jeffrey.ballin@lewisbrisbois.com JOHN M. ORŘ Nevada Bar No. 14251 John.Orr@lewisbrisbois.com LEWIS BRISBOIS BISGAARD & SMITH LLP 6385 S. Rainbow Boulevard, Suite 600 Las Vegas, Nevada 89118 702.893.3383 FAX: 702.893.3789 8 Attorneys for Defendants Maide, L.L.C, d/b/a Gentle Spring Care Home, Sokhena K. Huch, and Miki Ton 9 DISTRICT COURT 10 CLARK COUNTY, NEVADA 11 12 CORINNE R. DILEO as Special CASE NO. A-19-797533-C Administrator for the ESTATE OF THOMAS 13 Dept. No.: 1 DILEO; THOMAS DILEO, JR., as Statutory Heir to THOMAS DILEO; and CINDY MAIDE, L.L.C, a Nevada limited-liability DILEO, as Statutory Heir to THOMAS company d/b/a GENTLE SPRING CARE 15 DILEO, HOME; SOKHENA K. HUCH, an individual; MIKI N. TON's REPLY IN 16 Plaintiffs, SUPPORT OF DEFENDANTS' MOTION TO COMPEL ARBITRATION 17 18 MAIDE, L.L.C, a Nevada limited-liability **HEARING DATE: 10/17/2019** company d/b/a GENTLE SPRING CARE IN CHAMBERS HOME: SOKHENA K. HUCH, an individual; MIKI N. TON, an individual; DOE 19 20 INDIVIDUALS 1-10, inclusive; ROE ENTITIES 11-20, inclusive, 21 Defendants. 22 23 Defendants MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING 24 CARE HOME; SOKHENA K. HUCH, an individual; MIKI N. TON (collectively referred to as 25 "Defendants"), by and through their attorneys of record, S. Brent Vogel, Esq., Jeffrey H. Ballin, 26 Esq., and John M. Orr, Esq. of the Law Firm LEWIS BRISBOIS BISGAARD & SMITH, hereby 27 file this Reply in Support of Defendants' Motion to Compel Arbitration. 28 4825-3635-7801.1

Case Number: A-19-797533-C

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This Motion is based upon the papers and pleadings on file in this case, the attached exhibits, the Memorandum of Points and Authorities submitted herewith, and any argument made at the time of hearing in this matter.

DATED this 10th day of October, 2019.

LEWIS BRISBOIS BISGAARD & SMITH LLP

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MEMORANDUM OR POINTS AND AUTHORITIES

I. INTRODUCTION

Plaintiffs' claims against Defendants are subject to binding arbitration in accordance with the arbitration agreement (the "Agreement") that Corrine Dileo signed as the personal representative of Thomas Dileo. Plaintiffs make three principle arguments against the enforceability of the Agreement. First, Plaintiff argues that the Agreement is unenforceable because it does not contain a specific authorization as required by NRS § 597.995(1). The argument misstates facts. The Agreement is clearly labelled "Grievances and Arbitration" and is set aside from the rest of the resident agreement on its own page. It also contains its own signature line, which the Supreme Court of Nevada has held constitutes a "specific authorization" for purposes of NRS § 597.995(1). See Fa Hat, LLC v. DiTerlizzi, No. 68479, 2016 Nev. Unpub. LEXIS 762, at *4–*5 (Nev. Sept. 21, 2016). Ms. Dileo signed this Agreement on a separate signature line, demonstrating her assent to the Agreement.



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Second, Plaintiffs argue the Agreement is unenforceable because it incorrectly contains the name of another residential group home owned by Maide, LLC, Bella Estate Care Home. Mr. Dileo was a resident at Gentle Springs Care Home ("Gentle Spring), not Bella Estate Care Home ("Bella Estate"). Plaintiffs conveniently ignore, however, that Ms. Dileo was fully aware that her agreement was with Gentle Spring based on the circumstances of the transaction and the obvious fact that Mr. Dileo was a resident of Gentle Spring, not Bella Estate. Moreover, the Agreement did not need to be signed by Defendants to be enforceable. In accordance with the plain language of NRS § 597.995 and well-settled principles of contract law only, the Agreement only needed to contain the signature of the person being compelled to arbitrate, i.e. Ms. Dileo.

Plaintiffs lastly argue that they cannot be compelled to arbitrate their claims because Ms. Dilco only signed the Agreement in her representative capacity as Mr. Dilco's power of attorney. This argument disregards the nature of Plaintiffs' claims. Plaintiffs have asserted claims for negligence, elder abuse under NRS § 41.1395, and wrongful death under NRS § 48.105. As the personal representative of Mr. Dilco's Estate, Ms. Dilco "succeeds to the rights and obligations of the Estate's decedent, effectively stepping into the shoes of the decedent." *Colo. Nat'l Bank of Denver v. Friedman*, 846 P.2d 159, 163 (Colo. 1993). The heirs do not have standing to assert an elder abuse or negligence claim. *Echevarria v. Echevarria*, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."). NRS 41.100(1) ("[e]xcept as otherwise provided in this section. no cause of action is lost by reason of the death of any person, *but may be maintained by or against the person's executor or administrator*." (emphasis added). These claims belong to Ms. Dilco as the personal representative of Mr. Dilco's estate. The Estate's claims are unequivocally subject to arbitration because Ms. Dilco is subject to Mr. Dilco's contractual right and obligation.

With regard to the heirs' wrongful death claim, this claim is subject to arbitration because it is not severable from the Estate's claims. It would be a waste of time, resources, and an affront to judicial economy to try these claims in separate forums. NRS § 38.221(7). To any extent the Court determines the heirs' are claims are severable, NRS § 38.221(7) requires the Court to stay these claims during the pendency of the arbitration, given these claims all stem from a common



nucleus of operative facts. NRS § 38.221(7) ("If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim."). For these reasons, Defendants move this Court to dismiss Plaintiffs' Complaint and refer this case to binding arbitration.

II. LEGAL ARGUMENT

A. The Agreement Complies with NRS § 597.995(1).

NRS § 597.995(1) provides as follows:

- 1. Except as otherwise provided in subsection 3, an agreement which includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement must include specific authorization for the provision which indicates that the person has affirmatively agreed to the provision.
- 2. If an agreement includes a provision which requires a person to submit to arbitration any dispute arising between the parties to the agreement and the agreement fails to include the specific authorization required pursuant to subsection 1, the provision is void and unenforceable.

NRS § 597.995(1)–(2). In *Fat Hat*, the Supreme Court of Nevada considered what constitutes a "specific authorization" under NRS § 597.995(1). Fat Hat, LLC ("Fat Hat") was sued by several of its employees after the employees discovered Fat Hat had been secretly filming them in their dressing areas as they changed attire. Fat Hat moved to compel arbitration based on the arbitration clauses in the plaintiffs' independent contractor or employment contracts. The district court denied this request, so Fat Hat appealed.

On appeal, each of the six employee plaintiffs argued that their arbitration agreements did not comply with NRS § 597.995(1) because they did not contain a "specific authorization" for arbitration. The court accepted this argument for four of the six employees. It reasoned

Though the arbitration provision immediately preceded the signature line on the last page for all the contracts, that was a general signature line indicating consent to all the terms of the contract. Thus, those signatures do not qualify as specific authorizations for



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the arbitration provision. Although Kirtz initialed at the bottom of the page with the arbitration provision, she initialed at the bottom of every page; thus, her initials fail to demonstrate that she affirmatively agreed to the arbitration provision.

Fat Hat, 2016 Nev. Unpub. LEXIS 762, at *4. With regard to the other two employee plaintiffs, the Court held they did specifically authorize arbitration because "[i]n addition to a signature line at the end of the contracts, both Hebert and Mihaylova were required to fill in their names and addresses in the blank spaces of the provision, explicitly stating that the agreement to arbitrate was effective." Id. at *4-*5. Based on this, the Court held these two contracts complied with NRS § 597.995(1).

In this case, Ms. Dileo initially signed a Resident Agreement that contained five pages with a single signature block on page 5 that applied to the whole agreement. Resident Agreement, attached hereto as Exhibit "A." She then signed a separate "Resident Agreement Addendum" that contained the subject arbitration clause. Resident Addendum, attached hereto as Exhibit "B." This Agreement contained its own signature line, and, just like the two employee contracts in Fat Hat, Ms. Dileo was required to fill in her name, date, and her signature. Under Fat Hat, this constitutes a specific authorization under NRS 597.995(1). Plaintiff incorrectly argues that the arbitration agreement only includes "a sole signature line at the bottom of the page wherein Plaintiff Corinne R. Dileo generally acknowledges all of the listed provisions." Pltfs.' Oppo. at 5. Plaintiffs' ironically ignore that the arbitration and grievance clause is the only provision on the page and contains a signature block separate and apart from the rest of the Resident Agreement. The Court's reasoning in Fat Hat suggests that NRS 597.995(1) is designed to ensure that signatories specifically acknowledge an arbitration clause rather than agreeing to a myriad of contractual provisions buried in the annals of an agreement with one sweeping authorization. This is not a concern in this case. Ms. Dileo separately signed the Agreement separate and apart from the total Resident Agreement. Her signature on the addendum reflects her specific acknowledgement and

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27 VIS ²⁸ assent to the arbitration clause.

B. The Agreement Is Valid and Enforceable

Plaintiffs further suggest that the Agreement is not a valid contract because the letterhead on the Agreement reads "Bella Estate Care Home," rather than Gentle Spring Care Home. Plaintiffs suggest that this does not sufficiently identify the parties to the Agreement and somehow makes the Agreement invalid. This argument lacks any legal foundation. Indeed, Plaintiffs cite no legal authority to support this flimsy argument. Both Bella Estate and Gentle Spring are residential group homes owned and operated by Maide, LLC. Ton, M. Decl., attached hereto as Exhibit "C." "Although the party seeking to enforce an arbitration clause bears the burden of proving the clause's valid existence, any party opposing arbitration must establish a defense to enforcement." D.R. Horton, Inc. v. Green, 120 Nev. 549, 553, 96 P.3d 1159, 1162 (2004). Defendants have met their burden of showing the arbitration clause is enforceable by producing a signed copy of the original arbitration agreement. Plaintiffs do not dispute that Ms. Dileo signed this Agreement. The Agreement otherwise satisfies Nevada's statute of frauds because it contains the signature of the party to be charged. Nevada courts follow the Restatement, which requires the contract to be "signed by the party to be charged" and state "with reasonable certainty . . . each party to the contract either by his own name, or by such a description as will serve to identify him." Stanley v. A. Levy & J. Zentner Co., 60 Nev. 432, 112 P.2d 1047, 1053 (Nev. 1941) (quoting Restatement (First) of Contracts § 207 (1932)); ("In the following cases every agreement is void, unless the agreement, or some note or memorandum thereof expressing the consideration, is in writing, and subscribed by the person charged therewith..."); Wiley v. Cook, 94 Nev. 558, 563, 583 P.2d 1076, 1079 (1978)) ("A memorandum, in order to make enforceable within the Statute, any document or writing, formal or informal, [s]igned by the party to be charged or by his agent actually or apparently authorized thereunto.").

To any extent the Agreement is ambiguous because it contains the name of Bella Estate, rather than Gentle Spring, Nevada law permits parol evidence to clear up supplemental details of an agreement. See Butler v. Lovoll, 96 Nev. 931, 620 P.2d 1251, 1253 (Nev. 1980). It is disingenuous for Plaintiffs to suggest that they were not aware that the correct entity was Gentle

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Spring. The circumstances of this transaction clearly demonstrate that both parties understood that Mr. Dilco and Gentle Spring were parties to the Agreement. The fact Mr. Dilco was admitted into Gentle Spring reflects this intent. Ms. Dilco has not asserted that she thought the Agreement was with a different entity or that there was not otherwise mutual assent to the substance of the Agreement. Plaintiffs' argument reflects a desperate attempt to capitalize on a cheap technicality, rather than the true intent of the parties. See Hilton Hotels Corp. v. Butch Lewis Productions, 107 Nev. 226, 231–32, 808 P.2d 919, 922 ("the better approach is for the courts to examine the circumstances surrounding the parties' agreement in order to determine the true mutual intentions of the parties. Courts today tend to be willing to look beyond the written document to find the "true understanding of the parties."). Both Gentle Spring and Bella Estate are owned and operated by Maide, LLC, Ex. C., so on a practical level, the Agreement identifies the correct party.

C. Plaintiffs Are Bound to the Arbitration Agreement

Plaintiffs' argument that Ms. Dileo is not bound to the Agreement misapprehends her role as Mr. Dileo's personal representative and the nature of her claims. As Plaintiffs point out, they have asserted claims for negligence, elder abuse under NRS § 41.1395, and for wrongful death under NRS § 41.085. The Nevada Supreme Court has specifically held that an heir does not have standing to assert an elder abuse claim under NRS 41.085. *Echevarria v. Echevarria*, No. 66618, 2015 WL 7431757 (Nov. 19, 2015) ("nothing in NRS 41.085 authorizes an heir to maintain an action for elder abuse or neglect on behalf of a decedent."), NRS 41.100(1) provides: "[e]neept as otherwise provided in this section, no cause of action is lost by reason of the death of any person, *but may be maintained by or against the person's executor or administrator*." NRS 41.100(1) (emphasis added). NRS § 41.085 allows the personal representative to maintain an action for wrongful death and recover damages on behalf of the decedent. NRS § 41.085(5). The personal representative of an Estate steps into the decedent's shoes and inherits the decedent's contractual

¹ Plaintiffs claim they also asserted a survivor action under NRS 41,100. There is no distinct cause of action entitled a survivor action. NRS 41,100 simply confers standing on a personal representative to assert claims on behalf of a decedent.

rights, obligations, and causes of action. Colo. Nat'l Bank of Denver v. Friedman, 846 P.2d 159, 163 (Colo. 1993); Farm Bureau Mut. Ins. Co. of Idaho v. Eisenman, 286 P.3d 185, 189 (Id. 2012) ("the personal representative "steps into the shoes" of the decedent to administer the estate, and may sue on causes of action the decedent may have pursued, the personal representative may not bring an action that abated upon the death of the decedent.'). Mr. Dileo's heirs do not have standing to assert a negligence or elder abuse claim against Defendants. Those claims belong to Ms. Dileo as the Estate's personal representative under NRS § 41.100. Given Ms. Dileo inherits Mr. Dileo's contractual rights and obligations, the Estate's claims for elder abuse, negligence, and wrongful death are subject to arbitration.

The heirs should also be compelled to arbitrate their wrongful death claim because it is not severable from the Estate's claims. NRS 38.221(7) provides: "If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim." NRS 38.221(7) (emphasis added). The heirs' claims are not severable. Claims are severable when they rest on different facts and legal theories. Coutin v. Young & Rubicam Puerto Rico, Inc., 124 F.3d 331, 339 (5th Cir. 1997) ("When different claims for relief are not interconnected—that is, when the claims rest on different facts and legal theories—they are by definition severable and unrelated."); Figueroa-Torres v. Toledo-Davila, 232 F.3d 270, 278 (1st Cir. 2000) ("We recently held that when different claims for relief are not interconnected that is, when the claims rest on different facts and legal theories they are by definition severable and unrelated.") (internal alterations omitted). The heirs' claims are based on Mr. Dileo's residency at Gentle Spring. It would waste the parties' and this Court's time and resources to essentially litigate the same set of facts twice, and it hazards leading to inconsistent results. All claims will require Plaintiffs to prove that Defendants breached the applicable standard of care and that those breaches caused Mr. Dileo's death or other injuries. These claims are so intertwined that it would



be a waste of judicial resources and the parties' resources to litigate identical claims in two forums. Moreover, the Supreme Court of Nevada has held that all doubts regarding the scope of an arbitration agreement are resolved in favor of arbitration *Kindred v. 2nd Jud. Dist. Court*, 116 Nev. 405, 411, 996 P.2d at 907 ("in judging the scope of the arbitration agreements, we resolve all doubts concerning the arbitrability of the subject matter of a dispute in favor of arbitration").

In the event the Court determines that the heirs' wrongful death claim is not subject to arbitration, NRS 38.221(7) requires these claims to be stayed during the pendency of the arbitration of the Estates' claims. NRS § 38.221(7) ("If the court orders arbitration, the court on just terms shall stay any judicial proceeding that involves a claim subject to the arbitration. If a claim subject to the arbitration is severable, the court may limit the stay to that claim.").

III. CONCLUSION

Based upon the foregoing, Defendants respectfully request that this Honorable Court grant Defendants' Motion to Compel Arbitration.

DATED this 10th day of Ocotber, 2019

LEWIS BRISBOIS BISGAARD & SMITH LLP

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Attorneys for Defendant The Heights of
Summerlin, LLC



CERTIFICATE OF SERVICE

I hereby certify that on this 10 day of October, 2019, a true and correct copy
of MAIDE, L.L.C, a Nevada limited-liability company d/b/a GENTLE SPRING CARE
HOME; SOKHENA K. HUCH, an individual; MIKI N. TON's REPLY IN SUPPORT OF
DEFENDANTS' MOTION TO COMPEL ARBITRATION was served by electronically
filing with the Clerk of the Court using the Wiznet Electronic Service system and serving all
parties with an email-address on record, who have agreed to receive Electronic Service in this
action.

By /s/ Roya Rokui

an Employee of

LEWIS BRISBOIS BISGAARD & SMITH LLP

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Attorneys for Plaintiffs

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EXHIBIT 'A'

ADMISSION AGREEMENT

This is a a dult, group care. Facility licensed by the Bureau of Licensure and Certification.
Facility shall provide the following basic services:
1) ADMISSIONS:
 a) Admissions to this facility are accorded to residents without discrimination because of race, creed, color, religion, or national origin.
b) It is hereby understood and agreed upon that the resident's age, pre- admission appraisal information, emergency information, financial information, health history, physician's report, and any other misrepresentation or omission by the resident or responsible party shall render this agreement voidable at the option of the facility, with appropriate notice. In any time, the facility may request an updated copy of the above- forms. The facility maintains the right to legal recourse for damages to misrepresentation during admission.
2) BASIC GENERAL SERVICES:
a) Room: Private Semi-Private
b) Food Service: Three Nutritious meals daily. We have snack available for all residents but we serve formal setting snack in the afternoon only. Snacks maybe limited as per diet requirement of the individual. A fruit tray is available in the counter for anyone anytime during the day.

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- c) Laundry Service: Facility is not responsible for dry cleaning & any other special laundering needs of the resident.
- d) Cleaning of the resident's room.
- e) Comfortable twin size bed. Linens changed bi-weekly or as often as needed.
- f) Bedside care for minor temporary illnesses.
- g) The facility will not be responsible for any cash resources and other belongings not entrusted to the facility. At the time of admission, facility shall provide Theft & Loss Policy.
- h) The facility maintains to contact the resident physician or in his absence an alternate physician or the paramedics at the expense of the resident. All expenses incurred shall be the resident's responsibility.
- i) If the resident becomes afflicted with a contagious disease or sustained an illness that would jeopardize the safety & health of the residents and the facility, or for which the facility is not allowed to provide care, the facility shall have the authority to relocate the resident to a hospital or an appropriate placement for such care at the expense of the resident or the resident's representative.

3) ACCOMODATIONS:

- a) Furnishings such as twin size bed, dresser drawer, small chair and night stand shall be provided by the facility. The resident is permitted to personalize their individual accommodations by decorating and providing their own furnishings
- b) The resident agrees not to change the lock of said premises without prior consent of the facility.
- 4) OPTIONAL SERVICES: Other optional services may be agreed upon. The family shall be responsible for the payment of optional services.
 - a) Cable TV.
 - b) Incontinence & Skin Care Supplies (diapers, bed pads, creams, etc)
 - c) First Aid Supplies Minor wound creams, etc
 - d) Beauty or Barber Shop
 - e) Long Distance Phone Call Clients may have telephone or cable TV on their own room at the resident's expense.
 - f) Nourishment (Ensure, etc as ordered by the physician)

5) MONTHLY COST:

6) OTHER FEES:

A one time fee of \$250.00 for set up and administrative fee shall be assessed and payable on admission. This is non refundable irregardless of how long the clients stay at the facility.

7) REFUND POLICY:

- a) The resident is required to give 30 days written notice of intent to move.
- b) Tenancy with Gentle SPRING is a MONTH to MONTH tenancy; therefore resident/responsible party is completely responsible for the entire month whether resident leaves before the month is over for any reason such as HOSPITALIZATION, RELOCATION TO A NURSING HOME, RELOCATION TO ANOTHER GROUP CARE FACILITY, GOING ON VACATION, and AND DEATH.

8) TEMPORARY ABSENCE:

In cases of temporary absence the monthly rate remains the same. In case of absence due to hospitalization, family vacation or any other reason, daily rate will continue to incur until the resident's belongings are removed from the room.

9) RATE INCREASES:

The facility shall notify the resident 30 days prior to any change in the residents monthly rate as assessed that may be due to change in level of care and or other needs not determined during pre-placement.

10) EVICTION PROCEDURE:

- a) The licensee/administrator upon 30 days written notice to the resident, evict the resident for any of the following reasons:
 - i) Non-payment of monthly fee within 5 days of the due date.

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- ii) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.
- iii) Failure of the resident/representative to comply with the facility's policies and/or House Rules as signed on admission. The facility retains the right to revise the House Rules as needed to ensure safe and efficient services; the resident agrees to abide by the House Rules and any of its revisions.
- b) The licensee or administrator of the facility, upon obtaining written and/or documented telephone approval from the licensing agency, evict the resident upon 3 days written notice to quit. The licensing agency may grant approval for the eviction upon finding a good cause. 'Good cause' is engaging in a behavior which is a threat to the mental and physical health and safety to himself or to the other residents or to the staff.

11) RESIDENT'S NEEDS:

If a re-evaluation of a resident indicates that we were unable to provide appropriate care provided to applicable regulations, the resident and/or his representative will be notified and given ample time to relocate with a minimum of 15 days written notice.

12) VISITING POLICY:

The Visiting hours shall be 000am to 7pm. Otherwise; advance arrangement with the facility may be needed. The Right to Privacy will be observed at all times, therefore, visiting in a shared room may not be allowed. Visitors are requested to sign the Visitor's Log Book. Resident and/or representative should log out when they are going out and should log in when they return in the Resident Absence Log Book.

- 13) PAYEE: is the responsible party for paying the basic monthly rate. The above listed person shall make sure they or the resident:
 - a) Pays the monthly fee by the first of the month
 - b) Cooperate with the House Rules of the facility.

14) FUNDING SOURCE:

The resident's funding source is: Private

Government _______

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15) INSPECTION RIGHTS:

The BLC, licensing agency, to ensure the best of care the facility is providing them has the right to interview the resident and inspect the resident's record.

16) COMPLAINT PROCEDURE:

Should there be a problem or questions, the administrator could be contacted on the house or cell phone. Administrator may then suggest a meeting to discuss and resolve questions in the facility.

The licensee and resident or responsible party shall comply with all terms and conditions set forth in this agreement. My signature below as a resident or authorized representative indicates that I have read, or had read and explained to, the provisions of this agreement, and enter this agreement voluntarily.

Licensee/ Administrator

0-1-1

Responsible Party

_

Date

NO REFUND POLICY ~
I,(Resident), AND/OR OV(IVI)) CResponsible
Party) acknowledged the receipt of the Admission Contract, datedInitial
"NO REFUND POLICY" do not apply on the SECURITY DEPOSIT.
The "NO REFUND POLICY" is binding upon the Heirs, Relatives, Assigned Friends, and Successors in interest to the parties.
Tenancy with the group care facility is a MONTH TO MONTH Tenancy, therefore you are completely responsible for the entire month whether you leave before the month is over. In short, NO REFUND will be given for the remaining days of the month whether having left the facility due to HOSPITALIZATION, RELOCATION TO A NURSING HOME RELOCATION TO ANOTHER GROUP CARE FACILITY, GOING ON VACATION OR DEATH, or any other circumstances.
No verbal agreements will enter into this written agreement.
By signing below, I (WE) acknowledge the No Refund Policy. The facility has fully explained to me of us the terms and conditions of the Admission Contract. It is very clear and explicit, NO REFUNDS, NO EXCEPTIONS. I (WE) have read, understood, and agreed to all the terms mentioned above.
Corenne R Dileo 190/1
Signature of Resident or Responsible Party (Guardian, Guarantor, Conservator, or POA)
pri re Delia
Print Name A
Facility Administrator Date

NO REFUND POLICY

Facility Policy

Resident shall not be segregated or restricted on the grounds of race, color or National origin. (Nondiscrimination policy is posted in the facility)

Residents admitted numst:

- a. Have the physical and cognitive capabilities that meet the standards under which the facility is Eccused.
- b. be at least 12 years of age
- c. be free of active TB
- d. not require restraint (cither physical or chemical)
- c. not be required to be confined in locked quarters
- f. not require 24 hr. skilled narring or medical supervision

The residential facility shall maketain conditions in which the residents may exercise the following rights:

- a. To be free from abuse, neglect and exploitation on the part of residential facility staff
- h. To be free from above and exploitation the part of other residents or visitors.
- c. To speak with advocates.
 d. To be be treated with respect and dignity.
- c. To live in a safe and comfortable caviron
- f. Precion to have social interaction and communication that are without restriction and to cagage in private conversation.
- g. To be able to lodge a complaint or grievance and receive a response in a timely manner.
- h. To institute an advance directive and/or power of attorney for healthcare decisions and to have the wishes contained in such documents compiled.

All prievances shall be directed to the administrator and shall be responded to shortly. The facility shall maintain a record of grievances and the facility's response to the resident shall be documented.

Residents shall be the opportunity to attend religious services of bis/her choice and participate in person and partneral commedity.

Residents will be allowed to color or leave the facility at any time (depending on Physical and mental abilities) and with prior notice to facility staff.

Residents allowed to rest to their mean as desired.

Activities wited to resident interests and capabilities will be provided. Residents that be excouraged to contribute to the planning activities.

Protective aspervision and adequate staffing will be provided for residents at all times.

Residents to receive their own mail.

Evacuation plan will be posted in the facility and understood by employees and residents.

All residents will be instructed regarding the facility's evacuation procedures.

Resident signature:

Administrator signature

Facility Policies
Page 2

A list of emergency numbers will be posted by the facility telephone. (Fire Dept, paramedics (911) and physicians).

Residents admitted will have doctor statement describing their physical and medical conditions, medications and ambulating status.

Resident's personal physicism will be notified in case of illness, injury or accident. This will be recorded in the resident file.

A written record of all accidents, injuries and illnesses of residents will be kept.

A temporary illusis may be cared for in this facility if approved by the ductor.

The resident doctor must approve all medication, isolading over-the-counter meds.

All medication will be kept in the original container.

All ongoing list of media taken and/or discassissed will be on file. As individual record will be kept daily to ensure that the resident has taken medication as prescribed.

The prescription bottle will identify the frequency of the medication. Changes in frequency will be documented in the file and validated by the doctor.

Refrigerated medications with resident name, kept is locked box.

Discontinued meds flushed into the toilet. This is documented in the resident's med record and signed by the administrator and a witness.

A current state license will be posted to validate compliance with state requirements for Group Care

Ramps will be provided at exits for residents who are wheelchairs. Accessible bathrooms and bathing facilities will be provided for residents with wheelchairs or walkers.

Caregivers all trained in first aid and CPR. At least one caregiver on duty at all times. First aid kit available in the facility.

Landity done on a daily basis,

An adequate lines supplies always available for weekly lines changes or more if necessary. Clean towels and washcloths provided for each bath.

Meal times are at follows: Breakfast: 7:30 am

Lunck: noom

Dinner: 5:10 PM

Snacks provided midafternoon and evening.

Telephone available for the residents use, local calls only.

Smoking permitted OUTSIDE ONLY.....

Facility Policies
Page 3

Visiting hours are \$6:00 AM to 700 PM.

Supervision provided at all times for residents at the facility.

I have read the facility policies.

Resident or Responsible Party

Dated

Resident's Money and Personal Property Notice

This facility will not be responsible for money or personal property. We suggest that the resident keep no more than \$50.00 in the facility. No employee shall keep any personal belongings or money for any resident.

This facility will make arrangements for any resident to go to his/her bank or ATM machine to withdraw needed funds during normal business hours on each business day.

If a member of the staff of this facility receives a request from a resident to make a withdrawal of money in such an amount that the member of the staff has reason to believe the resident is being or has been exploited, the member of the staff shall report the transaction to:

DIVISION OF AGING SERVICES, THE WELFARE DIVISION, CLARK COUNTY SENIOR PROTECTIVE SERVICES OR THE METROPOLITAN POLICY DEPARTMENT OF LAS VEGAS.

The Administrator, Owner or Staff member shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.

If a resident whose only source of income is in the form of monthly checks is legally determined to be unable to manage this money and documentary evidence can be produced showing that efforts to obtain a legal guardian have failed, the facility will no longer be able to provide care for the resident.

NO MONEY WILL BE HELD BY THIS FACILITY ON BEHALF OF ANY RESIDENT.

NO RESIDENT SHALL LEND MONEY TO AN EMPLOYEE OF THIS FACILITY. NO EXCEPTIONS!

Signature of Resident/Responsible Party

Administrators Signature

EXHIBIT 'B'

BELLA ESTATE CARE HOME

Resident Agreement Addendum

Grievance and Arbitration

- 1. Grievances: Resident may voice reasonable grievances about services rendered by staff or other personnel and the Home shall record such grievances upon request to do so. In the event of a written grievances, the Home shall investigate it and make written reply to residents of the Home's findings with a reasonable period thereafter.
- 2 Arbitration: Any controversy, dispute or disagreement, whether sounding in tort or contract to law, arising out of or relating to this Agreement, the breach thereof, or the subject matter thereof, shall be settled exclusively by binding arbitration, which shall be conducted in (City, State) in accordance with American health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration, and which to the extent of the subject matter of the Arbitration, shall be binding of all parties to the agreement and judgment on the award rendered by the arbitrator maybe entered in any court having jurisdiction thereof. The parties shall agree upon a sole arbitrator of their choice and if they cannot agree on a single arbitrator there shall be three arbitrators with the neutrals arbitrator chosen by the parties' nominated arbitrators.

Resident Responsible Party

Resident Responsible Party

Date

EXHIBIT 'C'

DECLARATION OF MIKITON

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

I, MIKI TON, being first duly sworn, depose and state as follows:

- I make this Declaration in support Defendants' Motion to Compel Arbitration. I
 make this declaration from my personal knowledge and, if called upon to do so,
 could and would competently testify to the matters set forth herein in a court of law.
- 2. I am the operations manager for Maide, LLC ("Maide"), which owns and operates several residential homes for groups throughout Las Vegas, including Gentle Spring Care ("Gentle Spring") and Bella Estate Care Home ("Bella Estate"). Maide owns and operates both of these residential facilities under a fictitious names that have been registered with the Nevada Secretary of State's Office.
- I have reviewed the Resident Agreement Addendum that is attached to Defendants'
 Motion to Compel Arbitration as Exhibit "A."
- 4. I can attest that this document is a true and accurate copy of the Resident Addendum Agreement that Corinne Dileo signed on behalf of Thomas Dileo prior to his residency at Gentle Spring.
- 5. The Resident Addendum Agreement reads "Bella Estate Care Home" at the top of the document because we at times use resident intake paperwork interchangeably because each facility is owned and operated by Maide.
- 6. I can attest that at the time of Mr. Dileo's admission, Corinne Dileo was made aware that Mr. Dileo was being admitted into Gentle Spring and that all paperwork she was signing was in relation to Mr. Dileo's admission to Gentle Spring. All parties understood that any agreements Corinne Dileo signed with Gentle Spring on

4820-0970-7177 1

Thomas Dileo's behalf were between Maide, LLC dba Gentle Spring Care Home and Corinne Dileo on behalf of Mr. Dileo.

FURTHER YOUR DECLARANT SAYETH NAUGHT.

Subscribed to and sworn this th day of October, 2019

Miki Ton for Maide, LLC as its Operations Manager

No notarization required pursuant to NRS 53.045