Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10017	A. BUILDING _____ B. WING _____	07/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STEPPING STONE APARTMENTS	**1405 SOUTH MOJAVE ROAD, LAS VEGAS, NEVADA ,89104**

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and infection control State Licensure survey completed at your facility on 07/20/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Groups beds for elderly and disabled persons and/or persons with Chronic Illness, and/or persons with Mental Illness, and/or persons with Intellectual Disabilities, five Category I and five Category II residents. The census at the time of the survey was eight. Eight resident files and eight employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		

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	Name: SHELLE SPONSELLER	Title: Administrator	Date: 09/02/2022

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1540 SS= D	Pursuant to subsection 1 of NRS 449.103 Inspector Comments: Based on record review and interview, the facility failed to ensure annual cultural competency training was completed for 1 of 8 employees. (Employee #1). Findings include: Employee #1 (E1) E1 was hired as a Program Service Specialist on 09/08/14. E1's file contained evidence of cultural competency training completed on 01/29/21. E1's file lacked documented evidence of cultural competency training for 2022. On 07/21/22, in the afternoon, the Administrator acknowledged E1 had not taken a cultural competency training in 2022. Severity: 2 Scope: 1	1540	1. All employees are required to participate in Cultural Competency within the first 30 days of hire. Employee #1 had participated in Cultural Competency in 2021 when the regulation was initiated, but upon renewing her certification took a course intended for State of NV Workers and not for Direct Service Professionals (that course certificate was in file). Employee #1 took the appropriate Cultural Competency course on 7/22/2022 and is in compliance with the standard. 2. The supervisor on site has been retrained on which courses are approved and meet regulations and how to register employees for those classes. She has been updated to the requirement of Cultural Competency being 30 days and not 60 days. 3. Supervisor and Administrator will continue to complete ongoing QA measures to review staff files to assure that all staff remain in compliance with required trainings and that approved certificates of attendance are in their file. 4. Program Supervisor and Licensed Administrator will assure compliance with 30-day training requirement 5. 7/22/2022 6. CERTIFICATE ATTACHED 7. Supervisor and Administrator will continue to complete ongoing QA measures to review staff files to assure that all staff remain in compliance with required trainings and that approved certificates of attendance are in their file.	09/02/2022