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
	10176	A. BUILDING _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY HOME CARE RHL	**975 CORDONE AVENUE, RENO, NEVADA ,89502**

(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 a State Licensure annual grading survey conducted at your facility on 07/25/2024. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and six employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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. There following regulatory deficiencies were 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: FLORENTINO LEANILLO	Title: administrator	Date: 10/20/2024

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0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, document review, record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0053, Y0074, Y0102, Y0515, Y0520, Y0859, Y0870, Y0936, Y0938, Y1011, Y1540, Y1700, Y1825, Y1830. Severity: 2 Scope: 3	0053	Y053 -The facility will ensure that all the records of the facility are complete and accurate -The facility administrator will appoint the caregiver to take care of all the recording, dated and sign by the caregiver assigned to monitor the records are complete and accurate - The facility will ensure that all the medical records of all the residents are complete and in accordance with the state regulation.	09/17/2024
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or	0074	Y074 -Employee #3 and #6 has completed their elder abuse training and downloaded. The facility will make sure that employees has completed their elderly abuse training before hiring and then annually. The facility will assign personnel to monitor chart and files of all employees elder abuse training so this problem will not recur. -The administrator of the facility will make sure that that this plan of correction will be implemented.	09/20/2024

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	home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant			

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	to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure employees completed elder abuse prevention training timely for 2 of 6 sampled employees (Employee #3 and #6). Findings include: Employee #3 Employee #3 was hired as a Cook on 07/16/2019. The employee's personnel file documented annual elder abuse training completed on 07/11/2024. The personnel file lacked documented evidence an annual elder abuse training was completed in 2023. On 07/25/2024 at 12:37 PM, the Caregiver verbalized Employee #3 did not have elder abuse prevention training completed in 2023 and confirmed the elder abuse prevention training was not completed. Employee #6 Employee #6 was hired as a Caregiver on 01/04/2024. Employee #6's personnel file documented initial elder abuse prevention training completed 04/17/2024, 104 days after Employee #6 was hired. On 07/25/2024 at 1:15 PM, the Caregiver verbalized Employee #6's elder abuse prevention training was completed late. Severity: 2 Scope: 2			

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1) a tuberculosis (TB) screening was completed for 1 of 6 sampled employees (Employee #6), and 2) a pre-employment physical examination was completed for 1 of 6 sampled employees (Employee #6). Findings include: Employee #6 Employee #6 was hired as a Caregiver on 01/04/2024. TB Screening Employee #6's personnel file lacked documented evidence of a TB screening completed prior to hire. Physical Examination Employee #6's personnel file lacked documented evidence of a physical examination completed prior to hire. On 07/25/2024 at 1:15 PM, the Caregiver confirmed Employee #6's personnel file lacked documented evidence of a completed TB screening and physical examination completed prior to hire. Severity: 2 Scope: 1	0102	Y102 - The facility will ensure employees/applicant/caregivers will complete all the training before hired. - The facility will ensure that caregivers completed all the training, Two step TB test before hired to work. - The facility will ensure that caregivers have physical examination, TB screening before hired to work. - The facility will assign one personnel to screen, compile all the documents of all the applicants before hired to work. - The facility will ensure that evidence of TB, physical examination is completed before hire. - The facility will ensure that this problem will not happen again.	09/17/2024
0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed prior to admission or annually for 4 of 8 residents (Resident #3, #5, #7, and	0859	y0859 Resident #7 was admitted to the hospital but decided not to returned back to the facility. The facility will ensure that residents physical examination is complete prior to admission. The facility will ensure that residents annual physical examination is done every year in timely manner. The facility will ensure that this problem will not happen again by monitoring the chart and files of the residents physical examination more frequently. -	09/17/2024

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	#6). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/08/21, with diagnoses including schizophrenia, and insomnia. Resident #3's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2024. On 07/25/2024 at 9:55 AM, the Caregiver confirmed Resident #3's physical examination was not located in the resident file. Resident #5 Resident #5 was admitted to the facility on 02/16/2024, with diagnosis including major depressive disorders, and insomnia due to other mental disorders. Resident #5's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission to the facility. On 07/25/2024 at 10:16 AM, the Caregiver confirmed Resident #5's physical examination was not located in the resident file. Resident #7 Resident #7 was admitted to the facility on 03/22/2024, with diagnosis including anxiety, depression, chronic pain, and polyarthritis, hypothyroidism. Resident #7's clinical record lacked documented evidence of a physical examination, with a review of systems completed prior to admission to the facility. On 07/25/2024 at 10:43 AM, the Caregiver confirmed Resident #7's physical examination was not located in the resident file. Resident #6 Resident #6 was admitted to the facility on 11/17/2021, with diagnoses including Human leukocyte antigen (HLA) B27 positive, long-term use of Plaquenil, and cognitive changes. Resident #6's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2023 or 2024. On 07/25/2024 at11:01 AM, the Caregiver verbalized all completed physicals for Resident #6 would be in their file. Severity: 2 Scope: 3			
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews	0870	y870 -The facility will ensure that all resident will have medication review every six months. -The facility will ensure that medication review are done by physicians, pharmacist or nurses. -The facility will ensure that all medication reviews is initialed by the facilities administrator within 72 hours. The facility will assign personnel to monitor	09/17/2024

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	for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and resident record review, the facility failed to ensure a pharmacy review was completed at least once every six months for 5 of 8 sampled residents (Residents #1, #4, #6, #3, and #8). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/08/2011, with diagnoses including psychosis, hyperlipidemia, and schizophrenia. Resident #1's file included pharmacy reviews dated 02/27/2023, and 04/10/2024, however, the resident's record lacked documented evidence of a six-month medication review performed in August 2023. Resident #4 Resident #4 was admitted to the facility on 03/23/2018, with diagnoses including seizures, atrial fibrillation, hyperlipidemia, and stroke. Resident #4's file included pharmacy reviews dated 02/27/2023, and 04/10/2024; however, the resident's record lacked documented evidence of a six-month medication review performed in August 2023. Resident #6 Resident #6 was admitted to the facility on 11/17/2021, with diagnoses including Human leukocyte antigen (HLA) B27 positive, long-term use of Plaquenil, and cognitive changes. Resident #6's file included pharmacy reviews dated 06/01/2023, and 04/10/2024; however, the resident's record lacked documented evidence of a six-month medication review performed in December 2023. On 07/25/2024 at 9:48 AM, the Caregiver confirmed pharmacy reviews for		the chart and files of the residents medication review. The facility will ensure that medication review of all residents are done every 6 months. The facility will ensure that this problem will not happen again.	

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	Residents #1, #4, and #6 were completed late. Resident #3 Resident #3 was admitted to the facility on 02/08/21, with diagnoses including schizophrenia, and insomnia. Resident #3's record contained medication reviews dated 02/27/2023 and 04/10/2024; however, the resident's record lacked documented evidence of a six-month medication review performed in October 2023. Resident #8 Resident #8 was admitted to the facility on 02/08/21, with diagnoses including vascular dementia, schizoaffective disorder, and insomnia. Resident #8's record contained medication reviews dated 02/27/2023 and 04/10/2024; however, the resident's record lacked documented evidence of a six-month medication review performed in October 2023. On 07/25/2024 at 9:48 AM, the Caregiver confirmed the pharmacy reviews for Residents #3 and #8 were completed late. Severity: 2 Scope: 3			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 8 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 02/16/2024, with diagnosis including major depressive disorders, and insomnia due to other mental disorders. Resident #5's clinical record documented evidence of a one-step TB test given on 02/23/2024 and read negative on 02/26/2024. The resident's record lacked documented evidence of a second-step TB test upon admission. On 07/25/2024 at 10:13 AM, the Caregiver confirmed Resident #5 lacked evidence of a second-step TB test upon admission. Severity: 2 Scope: 1	0936	y936 The facility will ensure that 1st and 2nd step T.B.skin test are completed before admission to the group home. The facility will ensure that all residents and employees will have annual T.B. Test done in timely manner except when they are allergic or positive and with neg. xray, will do sign and symptoms screening test. The facility will monitor the annual T.B. chart of all residents and employees more frequently so the problem will not happen again.	09/17/2024

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual Activities of Daily Living (ADL) assessment was completed timely for 1 of 8 sampled residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 11/17/2021, with diagnoses including Human leukocyte antigen (HLA) B27 positive, long-term use of Plaquenil, and cognitive changes. Resident #6's file included an ADL assessment dated 01/06/2023, and an ADL assessment dated 02/26/2024, 50 days late. On 07/25/2024 at 10:22 AM, the Caregiver confirmed Resident #6's ADL assessments were completed 01/06/2023, and 02/26/2024, and confirmed the 02/26/2024 ADL assessment was completed late. Severity: 2 Scope: 1	0938	y0938 The facility will make sure that all new admission will have ADL assessment done and place in their files. The facility will also ensure that resident's ADL can be change if resident's activity has change. The facility will assign personnel to make sure that residents ADL chart and their file are monitored more frequently so this problem will not happen again.	09/17/2024

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1011 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees completed eight hours of mental illness training within 60 days of hire. (Employee #6) Findings include: Employee #6 Employee #6 was hired as a Caregiver on 01/04/2024. Employee #6's personnel file lacked documented evidence of mental illness training. On 07/25/2024 at 1:15 PM, the Caregiver confirmed Employee #6's personnel file lacked mental illness training. Severity: 2 Scope: 1	1011	y1011 - The facility will make sure that employee #6 completes her mental health training. - The facility will ensure that all caregivers complete mental illness training within 60 days after hiring and the certificate of training are filed. - The facility will assign one personnel to monitor all employees mental illness training to be submitted in timely manner so this problem will not happen again. - The administrator of this facility will make sure that plan of correction will be implemented. - problem will not happen again.	09/17/2024
1540 SS= E	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the	1540	Y1540 -The facility will ensure that all employees old and new will take competency training and certificates are filed. -The facility will make sure that newly hired employees complete competency training within 30 days after hiring. -To ensure that this problem will not happen again, the facility will monitor the competency training chart and individual files more frequently.	09/17/2024

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	10176	A. BUILDING _____ B. WING _____	07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY HOME CARE RHL	**975 CORDONE AVENUE, RENO, NEVADA ,89502**

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	Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address			

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	of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits			

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	pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a			

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	welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 2 of 6 sampled employees required to obtain cultural competency training, working at the facility less than one year (Employee #4 and #6). Findings include: Employee #4 Employee #4 was hired by the facility as a Caregiver with a start date of 06/28/2023. Employee #4's personnel file contained documented evidence of Cultural Competency training completed 05/04/2024, greater than the required 30 business days. On 07/25/2024 at 12:37 PM, the Caregiver confirmed Employee #4 did not completed Cultural Competency training within the first 30 days of employment. Employee #6 Employee #6 was hired as a Caregiver on			

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	01/04/2024. Employee #6's personnel file contained documented evidence of Cultural Competency training completed 05/03/2024, more than 30 days after hire. On 07/25/2024 at 1:15 PM, the Caregiver confirmed Employee #6 did not complete Cultural Competency training within the first 30 days of employment. Severity: 2 Scope: 2			
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet	1700	y1700 -The facility will ensure that standard placement determination of all resident is complete before admission. - The facility will assign personnel to monitor the standard placement determination for all residents and keep in their files. The facility will ensure that annual placement determination of all residents are done in timely manner every year or when it is necessary.To ensure that this problem will not happen again the facility will monitor the residents chart and files of the annual placement determination frequently.	09/17/2024

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	the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Placement Determination annually for 1 of 8 residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 02/08/21, with diagnoses including vascular dementia, schizoaffective disorder, and insomnia. Resident #8's clinical record contained a Standard Placement Determination dated 04/05/2022. The clinical record lacked documented evidence of an annual Standard Placement Determination completed annually. On 07/25/2024 at 11:10 AM, the Caregiver confirmed a Standard Physician Assessment and Placement Determination had not been completed annually for Resident #8. Severity: 2 Scope: 1			

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified with the potential to affect 8 of 8 residents. Findings include: On 07/25/2024 at 12:05 PM, the facility lacked documented evidence to identify a primary and secondary person responsible for the facility's infection control program. On 07/25/2024 at 12:05 PM, the Caregiver verbalized the facility had not designated a primary and secondary person responsible for the facility's infection control program. Severity: 2 Scope: 3	1825	Y1825 - The facility will ensure that the secondary person is responsible for infectious control when primary person is absent to ensure that someone is responsible for inspection control at all times. - The facility will ensure that this problem will not happen again.	09/17/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review and interview, a primary infection control staff lacked the required infection control training. Findings include: Employee personnel files lacked the required infection control and prevention training required for an infection control staff. On 07/25/2024 at 12:05 PM, the Caregiver confirmed the facility had not designated a primary and secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 3	1830	Y1830 - The facility will ensure that the responsible person for infection control, completed at least 15 hours of training concerning the control and prevention of infection provided by the association that is professional in infection control and epidemiology inc. - All caregiver should at least completed one time course provided of free charge. - Certificate of training must be maintained in the the personnel file of the caregiver. - Completed training should be kept 3 years in the file. - The facility will ensure that all employees infection control training. - The facility will ensure that a primary and secondary person responsible has completed inspection control program. - The facility will ensure that primary and secondary person is assigned or responsible for the facility inspection control program. - The facility will ensure that this problem will not happen again	09/17/2024