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
	10602	A. BUILDING _____ B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 08/27/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 126 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with Alzheimer's disease, Category II residents, and assisted living services. The census at the time of the survey was 78. Twenty resident files and ten employee files were reviewed. The facility received a grade of C. 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 deficiencies were identified:	0000		

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled employees received 1) initial 16 hours of medication management training or 2) annual eight hours of medication management training (Employee #9 and #10). Findings include: Employee #9 (E9) E9 was hired on 07/11/23, as a Med Tech. E9's file lacked documented evidence of annual eight hours of medication management training. Employee #10 (E10) E10 was hired on 05/25/24, as the Memory Care Director. E10's file lacked documented evidence of initial 16 hours of medication management training. On 08/27/24 in the afternoon, the Business Office Manager confirmed the employees did not have the required medication management training. Severity: 2 Scope: 1	0072	As of 9/16/24 employees #9 and #10 are scheduled to attend medication management training to be completed by 9/30/24. All employees who work as a medication assistant will be confirmed to have initial 16 hour medication management training and all annual trainings as applicable before passing medications. A tickler report has been created to track expiration dates for medication management training to ensure timely completion of renewals. The business office manager will be responsible for the oversight of medication management training certification and tickler report.	09/30/2024
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of	0074	As of 8/27/24 employees #3, 4, 7, 8 and 9	09/16/2024

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	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 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		have completed elder abuse training. All newly hired employees will be required to have completed the elder abuse training prior to working with residents. As of 9/16/24 a tickler report has been created to track the initial and annual elder abuse training for all employees. The business office manager will be responsible for the oversight of elder abuse training and tickler report.	

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	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 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			

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	action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview and record review, the facility failed to ensure annual elder abuse training was completed for 5 of 10 sampled employees (Employee #3, #4, #7, #8, and #9). Findings include: Employee #3 (E3) was hired on 04/28/24, as a Medication Technician (Med Tech). E3's file documented initial elder abuse on 04/28/23, and lacked documented evidence of annual elder abuse training for 2024. Employee #4 (E4) was hired on 06/06/23, as a Caregiver. E4's file documented initial elder abuse on 06/06/23 and lacked documented evidence of annual elder abuse training for 2024. Employee #7 (E7) was hired on 10/04/22, as a Caregiver. E7's file documented initial elder abuse on 10/11/22 and lacked documented evidence of annual elder abuse training for 2023. Employee #8 (E8) was hired on 07/20/23, as a Caregiver. E8's file documented initial elder abuse on 07/10/23 and lacked documented evidence of annual elder abuse training for 2024. Employee #9 (E9) was hired on 07/11/23, as a Med Tech. E9's file documented initial elder abuse on 07/11/23 and lacked documented evidence of annual elder abuse training for 2024. On 08/27/24 in the afternoon, the Business Office Manager was unable to provide annual elder abuse training for the employees. Severity: 2 Scope: 2			

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0102 SS= E	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 interview and record review, the facility failed to ensure 1) an initial two-step tuberculosis (TB) was completed upon hire, 2) an annual TB test was completed, or 3) a physical examination was completed upon hire for 5 of 10 sampled employees (Employee #3, #4, #7, #9, and #10). Findings include: Employee #3 (E3) E3 was hired on 04/28/24, as a Medication Technician (Med Tech). E3 had a QuantiFERON blood test on 04/25/23 and lacked documented evidence an annual 2024 TB test. Employee #4 (E4) E4 was hired on 06/06/23, as a Caregiver. E4 had a QuantiFERON blood test on 10/15/21 and last annual TB test was on 10/22/22. E4's file lacked documented evidence an annual 2023 TB test. Employee #7 (E7) E7 was hired on 10/04/22, as a Caregiver. E7 completed a two-step TB test on 09/16/22. E7's file lacked documented evidence an annual 2023 TB test. Employee #9 (E9) E9 was hired on 07/11/23, as a Med Tech. E9 had a QuantiFERON blood test on 07/17/23 and lacked documented evidence an annual 2024 TB test. Employee #10 (E10) E10 was hired on 05/25/24, as the Memory Care Director. E10's file lacked documented evidence of an initial two-step TB test and physical examination upon hire. On 08/27/24 in the afternoon, the Business Office Manager confirmed the employees did not complete the missing TB tests and physical examination. Severity: 2 Scope: 2	0102	As of 9/16/24 employees #3, 4, 7, 9 and 10 have received their TB testing. All newly hired employees will be required to have the initial TB test results prior to beginning work. A tickler report has been created to track the initial and annual TB testing for all employees to ensure timely completion. The business office manager will be responsible for the oversight of employee TB testing and tickler report.	09/16/2024

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 10 sampled employees received initial and/or annual cardiopulmonary resuscitation (CPR) and first aid training (Employee #2, #4, #7, #8, #9, and #10). Findings include: Employee #2 (E2) E2 was hired on 12/20/21, as a Medication Technician (Med Tech). E2's CPR and first aid expired on 07/21/24, and E2's file lacked documented evidence E2 was re-trained in CPR and first aid. Employee #4 (E4) E4 was hired on 06/06/23, as a Caregiver. E4's file lacked documented evidence of initial CPR and first aid training. Employee #7 (E7) E7 was hired on 10/04/22, as a Caregiver. E7's CPR and first aid expired on 01/16/24, and E7's file lacked documented evidence E7 was re-trained in CPR and first aid. Employee #8 (E8) E8 was hired on 07/20/23, as a Caregiver. E8's file lacked documented evidence of initial CPR and first aid training. Employee #9 (E9) E9 was hired on 07/11/23, as a Med Tech. E9's file lacked documented evidence of initial CPR and first aid training. Employee #10 (E10) E10 was hired on 05/25/24, as the Memory Care Director. E10's file lacked documented evidence of initial CPR and first aid training. On 08/27/24 in the afternoon, the Business Office Manager confirmed the employees did not have current CPR and first aid training. Severity: 2 Scope: 3	0106	As of 9/16/24 employees #2, 4, 7, 8, 9, and 10 have been scheduled to complete CPR certification course to be completed by 9/30/24. All newly hired employees will obtain their CPR certification within 30 days of starting employment. A tickler report has been created to track expiration dates for CPR training to ensure timely completion of renewals. The business office manager will be responsible for the oversight of initial and renewal training of CPR and renewals and tickler report.	09/30/2024

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0220 SS= D	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 3 dryers was ventilated to the outside of the building. Findings include: On 08/27/2024 in the morning, the facility had three floors that housed residents. Each floor had a laundry room which was equipped with a washing machine and dryer. The laundry room located on the first floor had a layer of lint lining the walls to the ceiling. The end of the flexible dryer vent hose was lying in a plastic trash can. The dryer was not ventilated to the outside of the building. On 08/27/2024 in the morning, the Maintenance Director acknowledged the first floor laundry room dryer was not properly ventilated to the outside of the building. Severity: 2 Scope: 1	0220	As of 8/27/24 the dryer was made non-operable until appropriate venting to the outside of the building can be completed. Any future additions of a dryer will have proper ventilation to the outside of the building prior to being used. The maintenance director will be responsible for the oversight of any new dryer placement and ensuring appropriate ventilation to the outside of the building at that time, prior to any use.	08/27/2024
0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits	0255	#01 As of 8/27/24 all expired items were disposed of. As of 9/3/24 dietary department employees have been retrained to check expiration dates. The Kitchen Manager and Dietary Services Director will be responsible for oversight of training staff on expiration dates and ensuring the	09/03/2024

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	from the Division. Inspector Comments: Based on observation on 08/27/24, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The following items were expired: In the walk-in cooler - two cartons of buttermilk on 07/24/24, a container of pasta salad on 07/29/24, a carton of half & half on 08/12/24 and a carton of potato salad on 08/25/24. In the reach-in refrigerator - lemon juice on 08/24/24 and four containers of yogurt on 08/24/24. b. In the walk-in cooler, raw salmon was stored over pre-made sandwiches on a speed rack. 2. Major Violations: a. In a bulk container of flour, a scoop was stored inside the container with the handle touching the product. b. The following non-food contact surfaces of equipment were soiled with grease, dust and/or debris: cook's line equipment, mixers, deli slicer and lower shelves on tables and equipment around the kitchen. c. In the memory care serving kitchen, there were no paper towels or soap provided at the hand washing sink. d. There was dust build-up on the ceiling air vents around the kitchen. Severity: 2 Scope: 3		kitchen is free of expired items. #04 As of 8/27/24 all items that were possibly exposed to the raw salmon were disposed of. As of 9/3/24 the dietary department employees were retrained on safe product storage. The Kitchen Manager and Dietary Services Director will be responsible for oversight of training staff on safe storage and ensuring items are stored safely. #17 As of 8/28/24 the Dietary Service Director has ordered new scoops and scoop holders. The Dietary Service Director will be responsible for ensuring the reordering as needed of scoops and appropriate holders. #28 As 8/28/24 a cleaning log assigning cleaning tasks to cooks has been implemented. The Kitchen Manager will inspect for cleanliness weekly. The Kitchen Manager and Dietary Services Director will be responsible for the oversight of the log and ensuring the cleanliness of the kitchen. #33 8/27/24 the handwash area was restocked with paper towels and soap. Housekeeping has been trained to check the dining room hand sink in the morning and afternoon. The Housekeeping Manager and Maintenance Director will be responsible for the oversight of ensuring the dining room hand sink is stocked with paper towels and soap. As of 8/27/24 all dishes were removed from the hand sink in memory care. All memory care employees were trained that dishes are not to be placed in the hand sink. The Memory Care Director will be responsible for the oversight of the hand sink cleanliness. #37 As of 9/2/24 the cleaning of the ceilings and vents have been scheduled. The Dietary Services Director and the Maintenance Director will be responsible for ensuring the ongoing cleanliness.	

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1036 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled employees received initial Alzheimer's training (Employee #10). Findings include: Employee #10 (E10) E10 was hired on 05/25/24, as the Memory Care Director. E10 received four hours of Alzheimer's training on 06/19/24 and was missing six hours of initial Alzheimer's training. On 09/06/24 in the morning, the Administrator confirmed E10 was missing six hours of initial Alzheimer's training. Severity: 2 Scope: 1	1036	As of 9/22/24 Employee #10 completed the required dementia training. All newly hired employees will obtain 8 hours of dementia training within 3 months of starting employment. A tickler report has been created to track new hire dementia training within first 3 months of employment. The business office manager will be responsible for the oversight of dementia training and tickler report.	09/22/2024

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VOLANTE OF LAS VEGAS	2320 IONE ROAD, LAS VEGAS, NEVADA ,89183

(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
1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 10 sampled employees (Employees #2, #3, #4, #7, #8 and #9) completed the required infection control training through a nationally recognized organization. Findings include: Employee #2 (E2) was hired on 12/20/21, as a Medication Technician (Med Tech). Employee #3 (E3) was hired on 04/28/24, as a Med Tech. Employee #4 (E4) was hired on 06/06/23, as a Caregiver. Employee #7 (E7) was hired on 10/04/22, as a Caregiver. Employee #8 (E8) was hired on 07/20/23, as a Caregiver. Employee #9 (E9) was hired on 07/11/23, as a Med Tech. E2, E3, E4, E7, E8, and E9's employee files lacked documented evidence infection control training was completed through a nationally recognized organization. On 09/06/24 in the morning, the Administrator acknowledged the employees did not receive infection control training through a nationally recognized course. Severity: 2 Scope: 3	1840	Employees #2, 4, 7, 8 and 9 will have completed the caregiver training on infection control by a nationally recognized organization by 9/30/24. Employee #3 is no longer employed. All newly hired employees will be required to complete the approved infection control training. A tickler report has been created to track new hire infection control training. The business office manager will be responsible for the oversight of infection control training and tickler report.	09/30/2024