STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10745	A. BUILDING _____ B. WING _____	10/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA CARE HOME	5700 EXOTIC ROSETTE AVE, LAS VEGAS, NEVADA ,89139

(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 State Licensure survey completed at your facility on 10/16/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and 6 employee files were reviewed. The facility received a grade of B. 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		
0074 SS= D	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	0074	Employee #5 completed Elder Abuse Training on October 17, 2023 with the Certificate of completion attached. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training	10/17/2023

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	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 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		renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	

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	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 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 annual elder abuse training was completed for 1 of 6 employees (Employee #5). Findings include: Employee #5 (E5) E5 was hired on 11/01/22 as Owner/Caregiver. E5 completed initial elder abuse training on 10/07/22. E5's file did not contain documented evidence of annual elder abuse training. On 10/16/23 in the afternoon, the Administrator acknowledged E5 had not completed annual elder abuse training, and was unable to provide documentation of training completed within one year of initial training. Severity: 2 Scope: 1			

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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 interview and record review, the facility failed to ensure an initial tuberculosis (TB) screening was completed, per the requirement for 1 of 8 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 05/01/23 with diagnoses including Atherosclerotic Heart Disease, Diabetes Mellitus II, and abnormality of gait and mobility. Review of R5's medical record revealed an initial TB test administered on 05/10/22 and read on 05/12/22, with a negative result. There was no second step TB test recorded in the resident file. On 10/16/23 in the morning, the Administrator confirmed the most recent TB test in R5's record was dated 05/12/22, and there was no documentation of a completed two-step TB test. Severity: 2 Scope: 1	0936	Resident #5 had the 2nd step TB administered and then read and completed on Oct 19, 2023. Test result was negative. File attached. Administrator Basilia Casibang will be responsible in ensuring that required Initial and Annual TB requirements are completed for both Staff and Residents. Administrator will be using a Reminders/Notes Application to set up reminders to monitor renewal due dates.	10/19/2023

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1001 SS= E	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on interview and record review, the facility failed to ensure 3 of 6 employees had initial training in Caregiving for elderly or disabled persons within 60 days of hire (Employees #1, #3, and #4). Findings include: Employee #1 (E1) E1 was hired on 03/27/23 as a Caregiver. E1's file lacked documented evidence E1 had received 4 hours of Caregiving training within 60 days of hire. Employee #3 (E3) E3 was hired on 07/03/23 as a Caregiver. E3's file lacked documented evidence E3 had received 4 hours of Caregiving training within 60 days of hire. Employee #4 (E4) E4 was hired on 04/02/23 as a Caregiver. E4's file lacked documented evidence E4 had received 4 hours of Caregiving training within 60 days of hire. On 10/16/23 in the afternoon, the Administrator acknowledged the missing caregiver training for Employees #1, #3, and #4 and was unable to provide the missing documentation. Severity: 2 Scope: 2	1001	Employees #1, #3, and #4 completed their Elderly and Disabled Training on October 20, 2023 with the Certificates of completion attached. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	10/20/2023

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1035 SS= E	Care to Persons with Dementia - NAC 449.2768 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: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 6 employees received two hours of initial Alzheimer's/dementia training within the first 40 hours of employment (Employees #1, #3, and #4). Findings include: Employee #1 (E1) E1 was hired on 03/27/23 as a Caregiver. E1's file lacked documented evidence E2 received two hours of initial Alzheimer's/dementia training within the first 40 hours of employment. Employee #3 (E3) E3 was hired on 07/03/23 as a Caregiver. E3's file lacked documented evidence E2 received two hours of initial Alzheimer's/dementia training within the first 40 hours of employment. Employee #4 (E4) E4 was hired on 04/02/23 as a Caregiver. E4's file lacked documented evidence E4 received two hours of initial Alzheimer's/dementia training within the first 40 hours of employment. On 10/16/23 in the afternoon, the Administrator acknowledged the missing Alzheimer's/dementia training for Employees #1, #3, and #4 and was unable to provide the missing documentation. Severity: 2 Scope: 2	1035	Employees #1, #3, and #4 completed their Initial Alzheimer's/Dementia Training (2 hour) on October 19, 2023 with the Certificates of completion attached. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	10/19/2023
1036 SS= F	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides	1036		10/25/2023

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	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 training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 6 employees received an additional 8 hours of Alzheimer's/dementia training within 3 months of employment (Employees #1, #2, #3, and #4). Findings include: Employee #1 (E1) E1 was hired on 03/27/23 as a Caregiver. E1's file lacked documented evidence E1 received an additional 8 hours of Alzheimer's/dementia training within 3 months of employment. Employee #2 (E2) E2 was hired on 03/06/23 as a Caregiver. E2's file lacked documented evidence E2 received an additional 8 hours of Alzheimer's/dementia training within 3 months of employment. Employee #3 (E3) E3 was hired on 07/03/23 as a Caregiver. E3's file lacked documented evidence E3 received an additional 8 hours of Alzheimer's/dementia training within 3 months of employment. Employee #4 (E4) E4 was hired on 04/02/23 as a Caregiver. E4's file lacked documented evidence E4 received an additional 8 hours of Alzheimer's/dementia training within 3 months of employment. On 10/16/23 in the afternoon, the Administrator acknowledged the missing additional Alzheimer's/dementia training for Employees #1, #2, #3, and #4 and was unable to provide the missing documentation. Severity: 2 Scope: 3		Employees #1, #2, #3, and #4 completed their Alzheimer's/Dementia Training on October 25, 2023 with the Certificates of completion attached. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	

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1540 SS= F	Cultural Competency Training - R016-20 Section 14.1 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. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 6 employees received cultural competency training within 30 days of hire (Employees #1, #2, #4, and #5). Findings include: Employee #1 (E1) E1 was hired on 03/27/23 as a Caregiver. E1's file lacked documented evidence cultural competency training was completed. Employee #2 (E2) E2 was hired on 03/06/23 as a Caregiver. E2's file lacked documented evidence cultural competency training was completed. Employee #4 (E4) E4 was hired on 04/02/23 as a Caregiver. E4's file lacked documented evidence cultural competency training was completed. Employee #5 (E5) E5 was hired on 11/1/22 as Owner/Caregiver. E5's file lacked documented evidence cultural competency training was completed. On 10/16/23 in the afternoon, the Administrator acknowledged cultural competency training was not completed for E1, E2, E4 and E5.. Severity: 2 Scope: 3	1540	Employees #1, #2, #4 and #5 completed their Cultural Competency Training on October 25, 2023 with the Certificates of completion attached. Administrator Basilia Casibang will be responsible in ensuring that required annual trainings are completed for both Administrator and Staff. Administrator will be using a Reminders/Notes Application to set up reminders to monitor credentials and training renewal due dates. Staff will be notified by the Administrator at least a week prior to their credentials/trainings expiration dates to give them ample time to fulfill the requirement.	10/25/2023