DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**02/28/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT ESTATES SENIOR LIVING	**222 EAST PATRIOT BLVD, RENO, NEVADA ,89511**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey and complaint (CPT) investigations conducted in your facility on 02/28/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 134 Residential Facility for Group beds, which provides assisted living services for elderly and disabled persons and/or persons with Alzheimer's disease, 57 Category I residents, 45 Category II (non-Alzheimer's) and 32 Category II (Alzheimer's) residents. The census at the time of the survey was 102. There were 25 resident records and 15 employee records 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. There were two complaints investigated. CPT #NV00070248 with the following allegations was substantiated without deficient practice: Allegation #1: Caregivers in the Memory Care Unit could not understand/communicate in English. Allegation #2: A male resident would enter female resident rooms in the Memory Care Unit. Allegation #3: Resident medications were not secured. Allegation #4: A Medication Technician was yelling at residents in Assisted Living. Allegation #5: There were not enough caregivers working	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: TIMOTHY M GRAFTON | Title: Executive Director | Date: 07/09/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	on the Memory Care Unit night shift. The investigation into the allegations included: Observation of resident and staff interactions during activities and medication administration; observation of resident to resident interactions in the Memory Care Unit; observation of resident monitoring and redirecting in the Memory Care Unit; and observation of the 2nd floor Assisted Living and Memory Care Unit Medication Rooms. Interviews conducted with several residents in the Assisted Living and Memory Care Units, the Director of Wellness, a Resident Care Partner in the Memory Care Unit and three Medication Technicians. Review of 25 resident records, including resident Service Plans and Incident Reports. Review of 15 employee records, including three closed employee records, reviewing employee initial and annual training and Incident Reports. Review of facility documents including census and staffing schedules for the Memory Care Unit between 12/01/23 and 01/31/24. CPT #NV00070252 with the following allegations could not be substantiated due to lack of evidence: Allegation #1: The facility was not completing service plans to meet resident care's needs. Allegation #2: Service plans were not updated when a resident had a change in condition. Allegation #3: Resident medications were not accurate. Allegation #4: Other staff completing required training for staff not wanting to take the training. The investigation into the allegation included the following: Observation of resident and staff interactions during activities, and dining. Interviews were conducted with a Resident Care Partner in Memory Care, three Medication Technician in Memory Care and Assisted Living, and the Director of Wellness. Review of 25 resident files, including review of Service Plans. Review of 15 employee files, including three closed record employee files, reviewing employee initial and annual training. Review of the facility policy for Change of Condition and staffing schedules for Memory Care for the			

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	time period of January 2024. 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 investigation, 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:			
0053 SS= C	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 record review and interview, the Administrator failed to ensure the facility maintained complete and accurate records. Findings include: On 02/28/24, the facility lacked the following records: Policies addressing dangerous and toxic items in the memory care unit. At 11:23 AM, the Administrator confirmed the facility did not have policies addressing dangerous and toxic items. Pharmacy Medication Reviews On 02/28/24 at 3:00 PM, the Administrator confirmed the facility lacked a policy related to pharmacy medication reviews. Severity: 1 Scope: 3	0053	1) Staff updated/trained with daily/weekly/Monthly/Checklist which will be in addition to the current memory Care orientation specifying examples of dangerous and toxic items in memory care area. Daily task to include room checks with sign off of task completed. 2)Staff Checklist updated to reflect room checks for specific dangerous and toxic items 3) Checklist will be reviewed by Director of Wellness weekly. 4) Executive Director and Director of Wellness 5) 02/28/2024	02/28/2024
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	0074	1) BOM will complete new hire checklist for required training and certifications within the regulation. New system updates include alerts for training due dates. 2) New Hire electronic system will track due dates of new employees for initial training and annual training due. 3) Monthly review of employee files to ensure initial training and annual training completed and audited by BOM 4) Business Office manager and Executive Director 5) Employee had completed the training albeit late. Schedule for audits completed 2/28/2024 and ongoing.	02/28/2024

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	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 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			

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	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 action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on personnel file review and interview, the Administrator			

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	failed to ensure 1 of 15 sampled employees received initial elder abuse training prior to beginning work at the facility and annually, thereafter (Employee #9). Findings include: On 02/28/24 at 10:11 AM, the Business Office Manager was provided with the Personnel Check List to complete for 15 sampled employees. On 02/28/2 at 3:12 PM, the Business Office Manager provided the completed form with the following information: Employee #9 Employee #9 was hired by the facility as a Resident Care Partner with a start date of 07/21/22. Employee #9's personnel file contained elder abuse training certificates dated 01/31/24, after the employee's start date. On 02/28/24 at 3:12 PM, the Business Office Manager provided the Attestation of Compliance form, signed and dated 02/28/24, confirming a thorough review of the personnel records was conducted to determine compliance and any noncompliance found. The Business Office Manager verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1			

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0160 SS= C	Advertising - NAC 449.205 Advertising and promotional materials. (NRS 449.0302) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility. Inspector Comments: NAC 449.169 "Medical professional" defined. "Medical professional" means a physician or a physician assistant, advanced practice registered nurse, registered nurse, physical therapist, occupational therapist, speech-language pathologist or practitioner of respiratory care who is trained and licensed to perform medical procedures and care prescribed by a physician. Based on document review and interview, the facility failed to ensure promotional language on the facility's website and internal job descriptions were accurate and did not misrepresent services offered by the facility. Findings include: A review of the facility's promotional website revealed, on the memory care page, the facility offered, "24/7 trained and certified medical professionals who remain on-site to assist seniors at anytime." On 02/28/24 at 1:49 PM, the Administrator confirmed the website contained information misrepresenting the facility's services. Severity: 1 Scope: 3	0160	1) Website host contacted day of survey and specific language removed. 2) Third party website host updated with regulation and any site updates will be reviewed by Executive Director before posting 3) Website updates will be forward to Executive Director for review before posting are made public4 4) Executive Director 5) 2/28/2024	02/28/2024

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure first aid and cardiopulmonary resuscitation (CPR) training was received within 30 days of employment for 1 of 9 sampled employees working in the facility greater than 30 days (Employee #5). Findings include: On 02/28/24 at 10:11 AM, the Business Office Manager was provided with the Personnel Check List to complete for 15 sampled employees. On 02/28/2 at 3:12 PM, the Business Office Manager provided the completed form with the following information: Employee #5 Employee #5 was hired by the facility as a Medication Technician with a start date of 09/05/23. Employee #5's personnel file contained documented evidence of first aid and CPR completed 11/07/23, greater than the required 30 days. On 02/28/24 at 3:12 PM, the Business Office Manager provided the Attestation of Compliance form, signed and dated 02/28/24, confirming a thorough review of the personnel records was conducted to determine compliance and any noncompliance found. The Business Office Manager verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0450	1) Staff member missed training that was scheduled and had to reschedule. Staff member obtained certification on next training date. 2) In the future, if a staff member is unable to complete training in the appropriate time, the staff members will be removed of caregiving duties and off the work schedule until training is completed. 3) New Hire electronic system will monitor and alert for upcoming deadlines for training. BOM will alert specific department of need for staff member training and if need to removal from schedule is needed. 4) Business office manager and Executive Director 5) 2/28/2024	02/28/2024

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 1 of 25 residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted on 08/10/16 with diagnoses including dementia and dyslipidemia. On 02/28/24 in the afternoon, Resident #11 was observed lying in bed, with half bed rails up on one side of the bed. Resident #11 was unable to indicate if they knew how to lower the bedrail. On 02/28/24 in the afternoon, the Med Tech confirmed half bed rails were in use for Resident #11, and acknowledged they should not be in place. Severity: 2 Scope: 1	0557	1) Bedrail removed day of survey. Resident had become weaker and no longer able to utilize the rail for adjustments. 2) facility policy to longer accept bedrails in community. 3) No bedrails will be accepted and will be monitored with each resident placed on hospice 4) Wellness Director Executive Director 5) 2/28/2024	02/28/2024

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0859 SS= D	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 an annual physical examination was completed for 1 of 25 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted on 08/31/19 with diagnoses including hypertension and arthritis. Resident #2's clinical record documented Resident #2's last physical examination was completed on 02/15/23. Resident #2's clinical record lacked documented evidence of an annual physical examination. On 03/01/24 in the afternoon, the Wellness Director acknowledged physical examinations should be completed annually and verbalized Resident #2 had a physical examination done in October 2023. As of 03/04/24, the Wellness Director had not provided documented evidence of an annual physical examination for Resident #2. Severity: 2 Scope: 1	0859	1) Resident had completed physical and Dr. screening 2) Monthly resident checklist for upcoming annual physicals to be reviewed by leadership. This resident had cancelled and rescheduled his annual physical which put the resident out of range for timeframe. Checklist will allow to ensure appointments are scheduled within appropriate timeframe to allow for contingencies. 3) Leadership to review and address annual physicals due dates in weekly leadership meetings 4)Wellness Director and executive Director 5)2/28/2024	02/28/2024
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the	0874	1) New Executive Director in place at facility as of January 2024 2) Executive Director to review/sign reviews once completed by pharmacy as per policy. 3) Executive Director to review timeline for upcoming pharmacy review and schedule accordingly 4) Wellness Director and Executive Director 5) 02/28/2024	02/28/2024

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	resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review, document review, and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was reviewed and initialed by the Administrator within 72 hours for 21 of 25 sampled residents residing in the facility for longer than six months and requiring a six-month medication profile review (Resident #1, #6, #9, #10, #12, #18, #22, #23, #2, #3, #4, #11, #16, #20, #21, #5, #8, #13, #14, #17, and #25). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/24/23, with diagnoses including cognitive deficits, hypertension and depression. Resident #1's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #6 Resident #6 was admitted to the facility on 09/19/22, with diagnoses including left lower quadrant abdominal pain, primary hypertension and bradycardia. Resident #6's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #9 Resident #9 was admitted to the facility on 04/24/23, with diagnoses including non insulin dependent diabetes mellites, history of stroke and hypertension. Resident #9's record documented a six-month medication profile review dated 12/30/23. The medication profile review lacked the Administrator's initials and dates reviewed. Resident #10 Resident #10 was admitted to the facility on 10/17/22, with diagnoses including hypothyroidism, hyperlipidemia and chronic kidney disease.			

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	Resident #10's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #12 Resident #12 was admitted to the facility on 03/31/22, with diagnoses including Alzheimer's disease, glaucoma and congestive heart failure. Resident #12's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #18 Resident #18 was admitted to the facility on 10/20/20, with a diagnosis of mild dementia, confusion. Resident #18's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #22 Resident #22 was admitted to the facility on 07/24/22, with a diagnosis of dementia. Resident #22's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #23 Resident #23 was admitted to the facility on 03/24/23, with diagnoses including cognitive deficits, hypertension and depression. Resident #23's record documented six-month medication profile reviews dated 06/30/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #2 Resident #2 was admitted to the facility on 08/31/19, with diagnoses including hypertension and arthritis. Resident #2's record documented a six-month medication profile review dated 12/30/23. The medication profile review lacked the Administrator's initials and date reviewed. Resident #3 Resident #3 was admitted to the facility on 02/23/23, with diagnoses including mild cognitive impairment and chronic obstructive pulmonary disease. Resident #3's record documented a six-			

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		A. BUILDING _____ B. WING _____	**02/28/2024**

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	month medication profile review dated 06/31/23 and 12/30/23. The medication profile reviews lacked the Administrator's initials and dates reviewed. Resident #4 Resident #4 was admitted to the facility on 12/05/18, with diagnoses including arrythmia and hyperlipidemia. Resident #4's record documented a six-month medication profile review dated 06/31/23 and 12/30/23. The 06/31/23 medication profile review lacked the date reviewed by the Administrator and the 12/30/23 medication profile review lacked the Administrator's initials and date reviewed. Resident #11 Resident #11 was admitted to the facility on 08/10/16, with diagnoses including dementia and dyslipidemia. Resident #11's record documented a six-month medication profile review dated 06/31/23 and 12/30/23. The medication profile reviews lacked the dates reviewed by the Administrator. Resident #16 Resident #16 was admitted to the facility on 07/20/22, with diagnoses including senile degeneration of the brain and dementia. Resident #16's record documented a six-month medication profile review dated 06/31/23 and 12/30/23. The 06/31/23 medication profile review lacked the date reviewed by the Administrator and the 12/30/23 medication profile lacked the Administrator's initials and date reviewed. Resident #20 Resident #20 was admitted to the facility on 02/05/21, with diagnoses including coronary artery disease and hypertension. Resident #20's record documented a six-month medication profile review dated 06/31/23 and 12/30/23. The medication profile reviews lacked the dates reviewed by the Administrator. Resident #21 Resident #21 was admitted to the facility on 05/10/21, with a diagnosis of dementia. Resident #21's record documented a six-month medication profile review dated 06/31/23 and 12/30/23. The medication profile reviews lacked the dates reviewed. Resident #5 Resident #5 was admitted to the facility on 01/17/23, with diagnoses including anxiety, hypothyroidism, heart			

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	failure, edema, lymphedema, and depression. Resident #5's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the dates of the Administrator's review. Resident #8 Resident #8 was admitted to the facility on 12/12/19, with diagnoses including hypertension, hyperglycemia, gout, edema, dyslipidemia, asthma, and chronic kidney disease. Resident #8's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the dates of the Administrator's review. Resident #13 Resident #13 was admitted to the facility on 08/30/21, with diagnoses including hyperkalemia, anemia, hypertension, and bradycardia. Resident #13's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the dates of the Administrator's review. Resident #14 Resident #14 was admitted to the facility on 05/31/22, with diagnoses including Parkinson's Disease, chronic pain, dysphasia, osteoarthritis, depression, and hypotension. Resident #14's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the dates of the Administrator's review. Resident #17 Resident #17 was admitted to the facility on 10/11/16, with diagnoses including closed fracture of sternum with routine healing, hypotension, and hypovolemia. Resident #17's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the dates of the Administrator's review. Resident #25 Resident #25 was admitted to the facility on 06/15/21, with diagnoses including hypertension, chronic obstructive pulmonary disease, and cognitive impairment. Resident #25's six-month medication reviews dated 06/30/23 and 12/30/23, lacked the Administrator's initials and the dates reviewed. On 02/28/24 at 11:30 AM, the Wellness Director confirmed the six-month medication reviews dated 06/30/23 and 12/30/23, for Resident's #1, #6, #9, #10, #12, #18, #22, #23, #2, #3, #4, #11, #16, #20, #21, #5, #8, #13, #14, #17, and			

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	#25, lacked the Administrator's initials and/or the date reviewed. On 02/28/24 at 3:01 PM, the Administrator confirmed the six-month medication reviews dated 06/30/23 and 12/30/23, lacked initials and/or the date reviewed. The Administrator verbalized the medication reviews should have been reviewed, initialed and dated within 72 hours after receiving the report from the pharmacy. The Administrator verbalized the facility lacked a policy related to pharmacy medication reviews. Severity: 2 Scope: 3			
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1)	0878	1) Physician order update and recorded according in MAR on date of Survey 2) Licensed Medication Tech to review and approve order before it can be entered into MAR. Wellness Director to review approvals weekly 3) Medication Tech to complete weekly medication cart audits to include medication orders. Wellness Director to review completed cart audits for accuracy 4) Medication Tech, Wellness Director. Executive Director 5) 2/28/2024	02/28/2024

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	Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the Administrator failed to administer a medication per the physician's order. Findings include: Resident #18 Resident #18 was admitted to the facility on 10/20/20 with diagnoses to include mild dementia - confusion. Resident #18's physician order dated 09/26/23 and medication label documented Omeprazole 20 milligram capsule CPDR. Take one capsule by mouth twice daily for gastroesophageal reflux disease. Resident #18's February 2024 Medication Administration Record (MAR) documented Omeprazole Dr 20 milligram capsule. Take one capsule by mouth daily for gastroesophageal reflux disease. The resident's MAR documented the medication had been administered once daily. On 02/28/24 at 2:26 PM, the Medication Technician confirmed the MAR did not reflect the physician order. The Medication Technician verbalized the medication had been administered once daily, not as ordered. Severity: 2 Scope: 1			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete and accurate for 9 of 25 sampled residents. (Resident #11, #15, #16, #18, #20, #21, #22, #23 and #24) Findings include: Resident #11 Resident #11 was admitted on 08/10/16 with primary diagnoses including dementia and dyslipidemia. On 02/28/24 at 2:00 PM, six medications for the 02/07/24 8:00 AM doses and six medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. A physician order dated 09/27/23 for Acetaminophen 325 milligrams (mg) take 2 tablets every 8 hours for pain,	0895	1) No residents were harmed in this citation. Issue with new EMAR system had been resolved before day of survey. Training of new EMAR system completed for new Med Techs. 2) Weekly paper MARs printed and utilized if EMAR system issue arise. Paper MARS will be utilized in the even staff are unable to record administration in EMAR system. 3) Daily system checks for admin times reviewed by each medication tech. Weekly paper MARS printed as to reflect updated physician orders. 4) Medication Tech, Wellness Director 5) 2/28/2024	02/28/2024

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	was not documented on the MAR as administered for the 10:00 PM doses on 02/10/24, 02/15/24, 02/21-23/24 and 02/25/24. On 02/28/24 at 2:00 PM, observed three packets of Intensive Skin Therapy/Zinc Oxide Paste (Calazine) for Resident #11 in the medication cart. The medication was not listed on the MAR. On 02/28/24 at 2:00 PM, the Medication Technician (Med Tech) confirmed the Calazine was not listed on Resident #11's MAR, and reported the medication was not needed and may have been discontinued. The Med Tech confirmed the blank spaces on the MAR for the 10:00 PM doses of Acetaminophen, and explained being unaware of whether the medication was administered or not. Resident #15 Resident #15 was admitted on 01/31/24 with primary diagnoses including dementia and Parkinson's disease. On 02/28/24 at 2:00 PM, three medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. Resident #16 Resident #16 was admitted on 07/20/22 with primary diagnoses including senile degeneration of the brain, high blood pressure and depression. On 02/28/24 at 2:00 PM, six medications for the 02/07/24 8:00 AM doses and six medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. Resident #20 Resident #20 was admitted on 02/05/21 with primary diagnoses including advanced dementia, coronary artery disease and hypertension. On 02/28/24 at 2:00 PM, three medications for the 12:00 PM doses, three medications for the 02/07/24 8:00 AM doses, two medications for the 02/14/24 12:00 PM doses and six medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. Resident #21 Resident #21 was admitted on 05/10/21 with primary diagnoses including dementia, osteoarthritis and chronic pain. On 02/28/24 at 2:00 PM, five medications for the 02/07/24 8:00 AM doses and seven medications for the 02/26/24 8:00 AM doses were not noted on			

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	the MAR as administered. Resident #22 Resident #22 was admitted on 07/24/22 with primary diagnoses including advanced dementia, lumbar radiculopathy and depression. On 02/28/24 at 2:00 PM, five medications for the 02/07/24 8:00 AM doses, two medications for the 02/25/24 12:00 PM doses, five medications for the 02/26/24 8:00 AM doses and two medications for the 02/26/24 12:00 PM doses were not noted on the MAR as administered. Resident #23 Resident #23 was admitted on 03/24/23 with primary diagnoses of cognitive deficits, depression, dermatitis and hypertension. On 02/28/24 at 2:00 PM, one medication for the 02/07/24 6:00 AM dose, five medications for the 02/07/24 8:00 AM doses, two medications for the 02/14/24 11:00 AM doses, one medication for the 02/14/24 12:00 PM dose, two medications for the 02/25/24 11:00 AM doses, one medication for the 02/25/24 12:00 PM dose, three medications for the 02/26/24 8:00 AM and 11:00 AM doses, and four medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. Resident #24 Resident #24 was admitted on 01/31/24 with primary diagnoses including osteoarthritis, anxiety disorders, hypertension and depression. On 02/28/24 at 2:00 PM, six medications for the 02/07/24 8:00 AM doses and eight medications for the 02/26/24 8:00 AM doses were not noted on the MAR as administered. On 02/08/24 in the afternoon, the Med Tech confirmed all of the blank spaces on the MARs for Resident #11, Resident #15, Resident #16, Resident #20, Resident #21, Resident #22, Resident #23 and Resident #24, and explained being unaware of whether the medications were administered or not. On 02/08/24 at 4:05 PM, the Director of Wellness explained there may have been a glitch in the eMAR system on 02/07/24 and 02/26/24 and the facility maintained a written MAR when needed. Facility staff were not able to provide documented evidence of the written			

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	MARs described by the Director of Wellness. Resident #18 Resident #18 was admitted to the facility on 10/20/20 with diagnoses to include mild dementia - confusion. On 02/28/24 at 2:26 PM, three medications for the 02/07/24 and 02/08/24 morning doses and two medications for 12:00 PM doses were not noted on the MAR as administered. A physician order dated 09/06/23 for Acetaminophen 500 milligrams (mg) take 2 tablets twice daily at 10:00 AM and at 6:00 PM was not documented on the MAR as administered for the 10:00 AM and 6:00 PM doses on 02/07/24 and 02/08/24. A physician order dated 09/06/23 for Fiber 85.7 percent powder. Mix one tablespoonful in eight ounces of liquid then drink by mouth every day for regularity was not documented on the MAR as administered for the 8:00 AM doses on 02/07/24 and 02/08/24. A physician order dated 09/06/23 for Omeprazole 20 mg capsules. Take one capsule by mouth twice daily for gastroesophageal reflux disease was not documented on the MAR as administered for the 8:00 AM doses on 02/07/24 and 02/08/24. On 02/28/24 at 2:26 PM, the Medication Technician verbalized the medications were administered; however, due to a system outage, paper MARs were used to document medication administration. Facility staff were not able to provide documented evidence of the written MARs described by the Medication Technician. The facility's Medication Records policy (dated 04/14/23), documented MARs were maintained either on paper or electronically for all medications that community staff store centrally and assist with... all medications are documented contemporaneously with the medication pass. Severity: 2 Scope: 2			
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication,	0920	1) Specific resident medication were locked and resident entry door locked. Resident reminded of the facility policy to keep medications locked or to keep their apartment door closed and locked.	02/28/2024

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	stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 19 resident rooms with residents self-administering medication. Findings include: On 02/28/24 at 9:38 AM, Room 106 - the self-medicating resident had Gabapentin, Amlodipine, Senekot, CoQ10, Ocuvite, Multi for Her, and Magnesium complex stored in the bathroom cabinet. The resident verbalized the door is not locked when the resident is not in the room. The facility policy, "Self-Administration of Medications," effective 04/14/23, documented, "Medications stored in the apartment must always be kept locked in a locked SharePoint, cupboard, or drawer and separate from another's if two residents are living in the same apartment." On 02/28/24 at 9:38 AM, the Maintenance Director confirmed the resident self-administered their medications and the medications were not secured. Severity: 2 Scope: 1		2) Executive Director reiterated to attending residents at the Resident counsel meeting of the requirement of those handling their own medication of the facility policy. 3) Resident caregivers, Med techs and housekeepers in-serviced regarding checking resident doors secured. Reminder to ensure medication are locked entered in Newsletter 4) Medication Tech, Wellness Director, Executive Director 5) 2/28/2024	

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0994 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the Administrator failed to ensure dangerous items were inaccessible to residents housed in the memory care unit. Findings include: On 02/28/24, the following rooms in the memory care unit contained dangerous items: Room 9A - at 8:23 AM, four AA batteries and one AAA battery were in a drawer in the resident's nightstand. Room 4A - at 8:59 AM, a blow dryer was in a dresser drawer. Room 2B - at 9:02 AM, a container of Yahtzee dice was in the resident's dresser. On 02/28/24 at 8:23 AM through 9:02 AM, the Maintenance Director confirmed the above-mentioned items could be dangerous to residents in the memory care unit and should be secured. On 02/28/24 at 11:23 AM, the Administrator verbalized the facility lacked a policy addressing dangerous items in the memory care unit. Severity: 2 Scope: 1	0994	1) Staff updated/trained with daily/weekly/Monthly/Checklist which will be in addition to the current memory Care orientation specifying examples of dangerous and toxic items in memory care area. Daily task to include room checks with sign off of task completed. 2)Staff Checklist updated to reflect room checks for specific dangerous and toxic items 3) Checklist will be reviewed by Director of Wellness weekly. 4) Executive Director and Director of Wellness 5) 02/28/2024	02/28/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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(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
0999 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the Administrator failed to ensure toxic substances were inaccessible to residents housed in the memory care unit. Findings include: On 02/28/24 the following rooms in the memory care unit contained toxic items: Room 9A - at 8:23 AM, a 10-ounce container of Biomega hairspray was in the resident's dresser. Room 14A - at 8:32 AM, a 5.5-ounce tube of Tom's toothpaste was in the resident's nightstand. On 02/28/24 at 8:23 AM through 8:32 AM, the Maintenance Director confirmed the above-mentioned items were toxic and dangerous to residents in the memory care unit and should be secured. On 02/28/24 at 11:23 AM, the Administrator verbalized the facility lacked a policy addressing dangerous items in the memory care unit. Severity: 2 Scope: 1	0999	1) Staff updated/trained with daily/weekly/Monthly/Checklist which will be in addition to the current memory Care orientation specifying examples of dangerous and toxic items in memory care area. Daily task to include room checks with sign off of task completed. 2)Staff Checklist updated to reflect room checks for specific dangerous and toxic items 3) Checklist will be reviewed by Director of Wellness weekly. 4) Executive Director and Director of Wellness 5) 02/28/2024	02/28/2024
1240 SS= C	Patient's Rights - Patient to be informed - NRS 449A.118 Patient to be informed of rights upon admission to facility; required disclosures and notices. [Effective January 1, 2020.] 1. Every medical facility and facility for the dependent shall inform each patient or the patient's legal representative, upon the admission of the patient to the facility, of the patient's rights as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive. 2. In addition to the requirements of subsection 1, if a person with a disability is a patient at a facility, as that term is	1240	1) Resident agreement updated to specify to resident the Ombudsman notification of discharge of resident. 2) Resident Rental Agreement updated to reflect wording in Resident Rights Section 3) New rental agreements to be reviewed by executive director 4) Executive Director 5) 2/28/2024	02/28/2024

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		A. BUILDING _____ B. WING _____	**02/28/2024**

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	defined in NRS 449A.218, the facility shall inform the patient of his or her rights pursuant to NRS 449A.200 to 449A.263, inclusive. 3. In addition to the requirements of subsections 1 and 2, every hospital shall, upon the admission of a patient to the hospital, provide to the patient or the patient's legal representative: (a) Notice of the right of the patient to: (1) Designate a caregiver pursuant to NRS 449A.300 to 449A.330, inclusive; and (2) Express complaints and grievances as described in paragraphs (b) to (f), inclusive; (b) The name and contact information for persons to whom such complaints and grievances may be expressed, including, without limitation, a patient representative or hospital social worker; (c) Instructions for filing a complaint with the Division; (d) The name and contact information of any entity responsible for accrediting the hospital; (e) A written disclosure approved by the Director of the Department of Health and Human Services, which written disclosure must set forth: (1) Notice of the existence of the Bureau for Hospital Patients created pursuant to NRS 232.462; (2) The address and telephone number of the Bureau; and (3) An explanation of the services provided by the Bureau, including, without limitation, the services for dispute resolution described in subsection 3 of NRS 232.462; and (f) Contact information for any other state or local entity that investigates complaints concerning the abuse or neglect of patients. 4. In addition to the requirements of subsections 1, 2 and 3, every hospital shall, upon the discharge of a patient from the hospital, provide to the patient or the patient's legal representative a written disclosure approved by the Director, which written disclosure must set forth: (a) If the hospital is a major hospital: (1) Notice of the reduction or discount available pursuant to NRS 439B.260, including, without limitation, notice of the criteria a patient must satisfy to qualify for a reduction or discount under that section; and (2) Notice of any policies and			

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	procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, which policies and procedures are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260. The notice required by this subparagraph must describe the criteria a patient must satisfy to qualify for the additional reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. (b) If the hospital is not a major hospital, notice of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons. The notice required by this paragraph must describe the criteria a patient must satisfy to qualify for the reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. As used in this subsection, "major hospital" has the meaning ascribed to it in NRS 439B.115. 5. In addition to the requirements of subsections 1 to 4, inclusive, every hospital shall post in a conspicuous place in each public waiting room in the hospital a legible sign or notice in 14-point type or larger, which sign or notice must: (a) Provide a brief description of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, including, without limitation: (1) Instructions for receiving additional information regarding such policies and procedures; and (2) Instructions for arranging to make payment; (b) Be written in language that is easy to understand; and (c) Be written in English and Spanish. (Added to NRS by 1983, 822; A 1985, 1749; 1999, 1053, 3252; 2003, 1880; 2005, 947; 2011, 362, 697; 2019, 537, effective			

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	January 1, 2020) Inspector Comments: Based on record review, document review and interview, the facility failed to notify residents upon admission of the notification of resident discharges to the State Ombudsman's Office and the resident's right to discuss the discharge with the State Ombudsman, as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive. Findings include: Review of the facility's current resident admission packet lacked documented evidence resident's had been notified of the notifications of resident discharges to the State Ombudsman's Office and the resident's right to discuss the discharge with the State Ombudsman or any other person authorized by the resident. On 02/28/24 at 2:39 PM, the Business Office Manager confirmed the notifications related to the State Ombudsman's Office were not included in the resident's admission packet or the resident handbook. On 02/28/24 at 2:41 PM, the Administrator confirmed the facility did not currently have the notification of discharges to the State Ombudsman's Office nor the resident's right related to discharges in the current resident admission packet or handbook. The Administrator verbalized the information provided to the residents upon admission should have include the notifications related to discharges and the State Ombudsman. Severity: 1 Scope: 3			
1540 SS= D	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	1540	1) Employee listed completed training. facility had utilized on specific company that provides monthly training dates. Specified employees missed the monthly training and took next available class. facility has located other companies to provide training if preferred company training date is missed. 2) Business office manager has current list of approved companies to provide specific training 3) Business office manager will enroll new hire employees in classes with contingent	02/28/2024

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	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 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		approved companies avail if needed. 4) Business office manager and executive director 5) 2/28/2024	

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	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 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			

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	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 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			

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	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 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)			

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	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 9 sampled employees required to obtain cultural competency training, working at the facility less than one year (Employee #7 and #10). Findings include: On 02/2824 at 10:11 AM, the Business Office Manager was provided with the Personnel Check List to complete for 15 sampled employees. On 02/28/2 at 3:12 PM, the Business Office Manager provided the completed form with the following information: Employee #7 Employee #7 was hired by the facility as a Resident Care Partner with a start date of 11/06/23. Employee #7's personnel file contained documented evidence of Cultural Competency training completed 01/26/24, greater than the required 30 business days. Employee #10 Employee #10 was hired by the facility as a Medication Technician with a start date of 12/11/23. Employee #10's personnel file contained documented evidence of Cultural Competency training completed 01/26/24, greater than the required 30 business days. On 02/28/24 at 3:12 PM, the Business Office Manager provided the Attestation of Compliance form, signed and dated 02/28/24, confirming a thorough review of the personnel records was conducted to determine compliance and any noncompliance found. The Business Office Manager verbalized			

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	attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1			
1825 SS= D	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 observation, the facility failed to ensure a secondary person responsible for the facilities infection control program was identified. Findings include: On 02/28/24 at 10:15 AM, the facility lacked documented evidence to identify a secondary person responsible for the facilities infection control program. On 02/28/24 at 10:27 AM, the Administrator verbalized the facility had designated the Director of Wellness who would be identified as the primary person for the facilities infection control program. The Administrator confirmed the facility had not yet identified the secondary infection control program person. Severity: 2 Scope: 1	1825	1) New executive Director and new Memory care director will be designated as the primary IC personnel 2) Staffing changes had led to the designated personnel not being available at time of survey 3) New executive Director and new Memory care director designated as the primary IC personnel 4) Executive Director Memory Care Director 5) 3/11/2024	03/11/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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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, document review, and interview, the primary and secondary infection control person lacked the required infection control training potentially affecting 102 of 102 residents. Findings include: On 02/28/24 at 10:27 AM, the personnel files for the Director of Wellness, the primary infection control person, lacked documented evidence of 15 hours of training concerning the control and prevention of infectious disease from the approved nationally recognized organizations. The Business Office Manager confirmed the required infection control and prevention training had not been completed. Severity: 2 Scope: 3	1830	1) New executive Director and new Memory care director will be designated as the primary IC personnel 2) Staffing changes of Wellness Director and naming of new designated personnel completed 3) Executive Director and Memory care director will enroll and complete required training 4) Executive Director and Memory Care Director 5) 4/22/2024	04/22/2024